

**STRENGTHENING HEALTH INSTITUTIONS FOR
CHILD HEALTH:**

NCPCR INTERVENTIONS

AUG 2012 - OCTOBER 2013

PART II-

**STRENGTHENING OF PUBLIC HEALTH SERVICES IN
GORAKHPUR REGION FOR CHILDREN WITH JE/AES**

STRENGTHENING OF PUBLIC HEALTH SERVICES IN GORAKHPUR REGION FOR CHILDREN WITH JE/AES



NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

EXECUTIVE SUMMARY

The National Commission for Protection of Child Right has taken cognizance of the large scale child deaths occurring in Gorakhpur region of Uttar Pradesh due to Japanese Encephalitis and Acute Encephalitis (JE/AES). AES, which includes JE, is caused by several different viruses, bacteria, fungus, parasites etc. While outbreak of JE is usually witnessed during the monsoons and post monsoon period where the density of mosquitoes increases, encephalitis is a water borne disease caused due to other viruses that occur throughout the year.

The Commission observed poor State mechanism to address the situation, especially low coverage of JE immunization, poor capacities of the local health systems to handle JE/AES cases leading to delay in diagnosis/referral/treatment, over burden on the Gorakhpur Medical College (nodal Hospital for treating JE/AES patients in the region), lack of awareness amongst the communities, poor drinking water and sanitation conditions, and lack of any kind of rehabilitation services for children who survived with disabilities from JE/AES etc. The Understanding the complexity of the disease, the Commission has emphasized the need for a multi pronged strategy with convergence in efforts from across departments of Health, Drinking Water and Sanitation, Women and Child Development, Social Justice and Empowerment, Animal Husbandry and Education.

The Commission over a span of two years has repeatedly engaged with the State Government and Gorakhpur Division/ District Officials to provide recommendations as measures for prevention and cure of the disease and address the existing gaps in delivery of services. However, as the State was unable to take prompt action to improve the JE/AES situation, the Commission held a Summons hearing in its office 3 October, 2012 and further facilitated a Public Hearing on JE/AES in the Gorakhpur region on 11-12 September, 2013.

The Commission, with its consistent efforts, has been able to create momentum amongst various departments at the Central and State level to respond and take swift action to improve the JE/AES situation. The Department of Disability Affairs and Department of Basic Education of Uttar Pradesh are working towards providing rehabilitation, education and training, care givers and counseling to guardians of affected children. As a consequence of the Public Hearing organized by the Commission a single window counter opened for JE/AES affected children and their families at the BRD Medical College for a week. The counter provided services such as conducting checkups of disabled children suffering from JE/AES, providing disability certificates to JE/AES survivors with residual disabilities and provision of death certificates for pending cases. The Commission's

continuous interventions at state and centre level resulted in increase in vaccination coverage from 78.4% to 97.8% in the Gorakhpur region, as on 29 March 2013; and also 78% coverage in installation of India Mark II hand pumps, as per data provided on September 2013. The Commission has also played an active role to ensure strengthening of local health infrastructure and that of BRD Medical College in terms of provision of Human Resource, drugs etc; and has contributed in converging the efforts of various departments to address the issues that surround JE/AES. This report is a culmination of the works and the actions taken by the Commission to improve the JE/AES situation in the Gorakhpur region.

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List of Acronyms

| | |
|--------|---|
| AES | Acute Encephalitis Syndrome |
| ANM | Auxiliary Nurse midwife |
| ASHA | Accredited Social Health Activist |
| ATR | Action Taken Reports |
| AWW | Anganwadi Worker |
| BCC | Behaviour Change Communication |
| CHC | Community Health Centre |
| CMO | Chief Medical Officer |
| CSO | Civil Society Organizations |
| DC | Divisional Commissioner |
| DDA | Department of Disability Affairs |
| DDRC | District Disability Rehabilitation Centre |
| DM | District Magistrate |
| DPM | Division Programme Manager |
| GOM | Group of Ministers |
| GOI | Government of India |
| IEC | Information, Education and Communication |
| JE | Japanese Encephalitis |
| LAMA | Left Against Medical Advice |
| MCI | Medical Council of India |
| NCDC | National Centre for Disease Control |
| NCPCR | National Commission of Protection of Child Rights |
| NGO | Non- governmental Organization |
| NRHM | National Rural Health Mission |
| NVBDP | National Vector Borne Disease Control Programme |
| RTE | Right to Education |
| SCPCR | State Commission of Protection of Child Rights |
| UNICEF | United Nations Children’s Fund |
| PHC | Primary Health Centre |
| WHO | World Health Organisation |

I. Introduction

About Japanese Encephalitis (JE) and Acute Encephalitis Syndrome (AES)

Japanese Encephalitis is caused by JE virus carried by Culex mosquitoes which thrive in unclean and insanitary surroundings. AES, which includes JE is a group of clinically similar neurologic manifestation caused by several different viruses, bacteria, fungus, parasites, spirochetes, chemical/ toxins etc. The outbreak of JE usually coincides with the monsoon and post monsoon period when the density of mosquitoes increases while encephalitis due to other viruses especially entero-viruses occurs throughout the year, as it is a water borne disease¹. The majority of cases of viral Acute Encephalitis Syndrome (~90%) have no specific treatment².

The transmission of the JE virus has been widespread in India. JE was clinically diagnosed for the first time in 1955 at Vellore in the North Arcot district of Tamil Nadu. In subsequent years, outbreaks have occurred in various States and UTs in the country. The first major JE epidemic was reported from the Burdwan and Bankura districts of West Bengal in 1973 followed by another outbreak in 1976. Outbreaks have been reported from states like Uttar Pradesh, West Bengal, Assam, Andhra Pradesh, Karnataka, Bihar, Tamil Nadu, Haryana and other states through the years. Though cases of JE have been reported from 26 States and UTs occasionally since 1978 repeated outbreaks have been reported only from 12 States.

The JE/AES is thus a complex disease which requires a multipronged strategy that would require convergence in interventions from across ministries of Health, Drinking Water & Sanitation, Women and Child Development, Social Justice and Empowerment, Animal Husbandry and Education.

According to The National Vector Borne Disease Control Programme (NVBDP)³, “prompt and effective case management needs improved inputs viz service from health care providers (medical and paramedical), laboratory facilities for diagnosis of JE cases and sufficient availability of drugs and equipment in treatment centres. Infrastructure of clinical management with Standard Operating Procedures/ guidelines for management of cases should be available at District/CHC/PHC level. Experience gained from recent outbreaks has shown that due to lack of common understanding at all

¹ Immunization Division, Department of Family Welfare, Ministry and Health and Family Welfare, Government of India, (September 2010), “Operational Guide Japanese Encephalitis Vaccination in India”

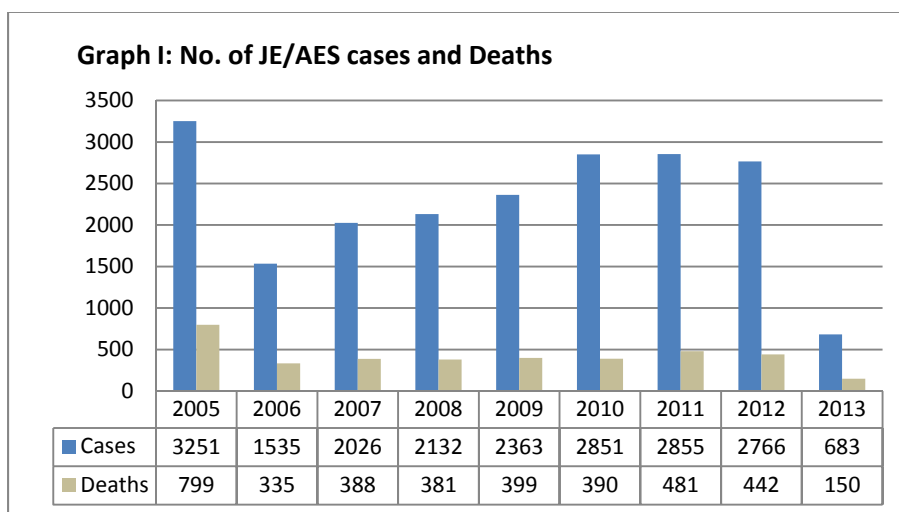
² <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3531018/>, accessed on 4 November 2013

³ Directorate of National Vector Borne disease Control Programme, Government of India (November 2009), “Guidelines – Clinical Management of Acute Encephalitis Syndrome including Japanese Encephalitis”

levels of health care delivery system there was confusion about management of cases and their timely referral”.

Prevalence of JE/AES

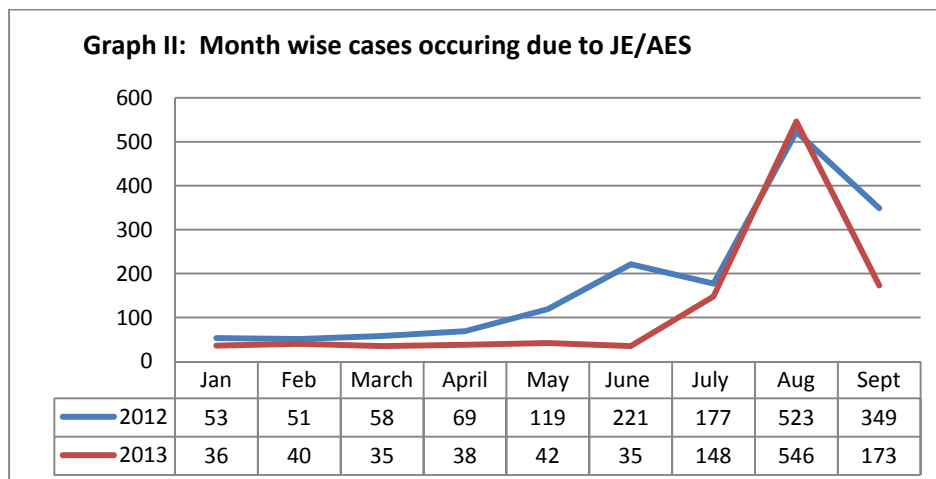
JE/AES was reported from 171 endemic districts in 17 states of India with 70-75% of disease burden in Uttar Pradesh.⁴ As per NVBDP large number of JE and AES affected child deaths have occurred in Uttar Pradesh, especially in the 9 districts of Gorakhpur and Basti Revenue Divisions in 2005. According to the data provided by the Gorakhpur Division Officials, while the number of JE/AES cases reduced by only 14% from 2005 to 2010 (with 3251 cases in 2005 and 2851 cases in 2010) but sharply reduced from 2851 cases in 2010 to 683 in 2013. Graph I displays the number of cases and the percentage of deaths per year as a result of JE/AES from 2005 to 2013. The data reveals that while the number of JE/AES cases has reduced in the Gorakhpur region, the reason for concern is that the ratio of deaths to the number of cases remains consistent with an increase from 18.95% in 2011 to 20.86% in 2012.



**Please note that the data for 2013 is until 9 September 2013.*

Also as demonstrated in the Graph below, there is an increase in the number of cases around monsoon months of August and September, as compared to other months.

⁴ Ibid. Ref. 2



Measures to address the issue

The Commission has always emphasized the complexity of the JE/AES problem and the urgency to address the issue. Thus a need for a multipronged strategy with increased emphasis to: strengthen and expand JE vaccination in affected districts; strengthen surveillance, vector control, case management and timely referral of serious and complicated cases; increase access to safe drinking water and proper sanitation facilities to the target population in affected rural and urban areas; estimate disability burden due to JE/AES, and to provide for adequate facilities for physical, medical, neurological and social rehabilitation; and improve nutritional status of children at risk of JE/AES.

The Commission through repeated interventions by means of providing recommendations and holding multiple meetings with State/Division and District Officials has directed the State towards taking action to improve the above mentioned action points. The State however was unable to take prompt action on most of the recommendations apart from a few positive developments such as increase in immunization coverage in the Gorakhpur region from 78.4% in 31 March 2013 to 97.8% on 24 July 2013⁵; and (i) 78% coverage of installation of India Mark II hand pumps for Gorakhpur division⁶. Thus with regard to other recommendations due to poor response by the State and lack of actions taken to improve the JE/AES situation in the region the Commission held a summons hearing of the State/Division and District Officials on 3 October 2012 followed by a Public Hearing on 11-12 September in Gorakhpur.

⁵ Refer Letter no. 22F/EPI/2013/3992 dated 29 July 2013

⁶ As per the presentation by Division Officer (Division Program Manager, NRHM) on 10 September 2013 to The Commission in Gorakhpur

This report provides in detail of all the actions taken by the Commission to strengthen the State's Public Health services and other related issues to address the JE/AES situation in Gorakhpur region. Wherein Section II Includes all activities undertaken by the Commission from November 2011 to October 2012 which includes Summons Hearing of the State/Division and District officials held on 3 October 2012 at the NCPCR office; Section III discusses the activities undertaken from October 2012 to August 2013 which includes recommendations provided by the Commission to the State post the Summons Hearing, the Action Taken Reports received from the State, and the activities undertaken by the Commission from October 2012 to August 2013; Section IV details the JE/AES Public Hearing held in Gorakhpur on 11-12 September 2013; Section V provides the activities undertaken by the Commission post the Public Hearing; and Section VI concludes the report with highlighting the Key Achievements as a result of Commission's engagements on JE/AES in the region.

II. A Background: Activities undertaken from November 2011- August 2012

Activities undertaken by the Commission from November 2011 to August 2012⁷

- i) The Commission has been gravely concerned about the large number of child deaths happening in the Gorakhpur region due to JE/AES and made multiple efforts to highlight the urgency of this matter to the State government. A team from the Commission led by Member Dr. Yogesh Dube visited Gorakhpur division of U.P from Lucknow on 11 November 2011. Dr. Dube also held a meeting with Director General of Health, Govt. of Health. The Commission's team visited BRD Medical College Hospital, Gorakhpur; District Hospital Gorakhpur; District Hospital Padrauna, Kushinagar; District Hospital Deoria from 5-8 December 2011 to see the conditions of patients who were being treated and also the facilities and amenities being provided for such treatment. The Commission also made recommendations to the State Government and Division/District Administration. The recommendations majorly included improvement and strengthening of local health infrastructure and to address the shortage of doctors; arrange a team of expert doctors from National Level Institutions for screening of patients so that a clear identification of cases; a survey to identify number of disabled children due to JE/AES and provide the identified with rehabilitation services; to send a proposal to Central Government for having JE vaccination under Routine Immunization programme; to remove all shallow hand pumps and replace them with India Mark II hand pumps and listed other measures to improve the water and sanitation condition of the Division; and approve of IEC and BCC activities to carry out awareness campaigns in all affected villages.
- ii) Dr. Dube revisited BRD Medical College Hospital between 23 & 24 July 2012 to meet the parents and relatives of the affected children and review compliance of the recommendations made during his earlier visit. The team also met with NGOs, other Social, educational and health activists and media persons. The Commission team found the steps taken by the Government for both prevention and cure of JE/AES to be poor and unsatisfactory. Moreover the State Government had taken little or no action on the recommendations provided by the Commission during the December 2011 visit. (Details of visits enclosed in Annexure I)

⁷ File with JE/AES correspondence: UP-13016/27271/2010-11/SM Comp and F. No. 35/01/2012- NCPCR (PD) – Vol. II to IV

iii) The Commission received Action Taken Reports (ATRs) in receipt of communication 21F/AES-JE/2012/2975 dated 23 August 2012 from the Director General, Health & Medical Services, Uttar Pradesh. The ATRs are in response to the recommendations made by Member Dr. Yogesh Dube during his visits in December 2011 and 23 and 24 July 2012.

III. Activities undertaken from August - October 2012

i. Activities undertaken by the Commission from August- October 2012

- i) Following the recommendations, Member Dr. Vandana Prasad sent a letter dated 17 August 2012 to Dr. AC Mishra, Director National Institute of Virology, Pune to seek Institute's opinion on JE/AES situation in Gorakhpur and Basti Division and for them to share analysis of etiology and determinants of deaths (F. No. 35/01/2012-NCPCR (PD)/25092). The Commission received a response from NIV Pune stating its understanding of the JE/AES situation in Gorakhpur region. (Refer to F. No 35/01/2012-NCPCR (PD- Vol II)) (Letter and NIV's response as Annexure II)
- ii) The Commission found the ATRs received to have severe deficiencies, where it was incomplete in many respects, factually inaccurate in few and not detailed in responses to the recommendations made by the Commission. Especially in response to strengthening the existing PHC/CHC infrastructure, survey to identify disabled and malnourished children, death audit, testing of contaminated water that had unspecific details and lack of evidence provided in response. However some positive developments included providing JE immunization under Routine Immunization and installation of 3322 deep bore India Mark II hand pumps in affected villages, with efforts to increase awareness amongst the community. (An analysis of the actions taken against the recommendations and Commission's remarks enclosed as Annexure III).
- iii) As an appropriate next step the Commission decided to hold a Summons Hearing of the concerned officials on 3 October 2013. The Commission sent Summons to Principal Secretary (Health), Government of Uttar Pradesh. Communication F. No. 35/01/2012- NCPCR (PD)- Vol- II 25296-25298, dated 4 September 2012 and F. No. 35/01/2012- NCPCR/25529-25531) dated 25 September 2012 to Principal Secretary (Medical Health), DG (Health Services, Uttar Pradesh and Director (Epidemic), Government of Uttar Pradesh, and also to all other concerned with the Summons Hearing on 3 October 2012.
- iv) The State officials sent a letter dated 27 September 2012 to Medical Heads of AIIMS and Ram Manohar Lohia Hospital to request for a team of expert from AIIMS, Ram Manohar Lohia Hospital and other National Level Institutes and sent them for screening of patients so that clear identification of the cases at the earliest. (Letter no. 21 F/AES-JE/2012/3536)

ii. Summons Hearing held on 3 October 2012 at NCPCR office, New Delhi

The Principal Secretary, Health and Family Welfare; Special Secretary of the Department; Divisional Commissioner, Gorakhpur; DG Health services and other senior officers of the Department appeared before members of the Jury of NCPCR on the appointed date and time. During the Summons Hearing Divisional Commissioner explained the stand of the State Govt. and actions taken by the Divisional and District Administration on the various recommendations made by the NCPCR team. During his presentation he shared that as per State Health Department, the JE disease has been controlled in Gorakhpur, while currently majority of the cases were of AES. Details of the presentation are available in F.No. 35/01/2012- NCPCR (PD)- Vol II (minutes enclosed at Annexure IV). Other key points highlighted by the Commission at the Summons are below:

- Member, NCPCR Dr. Vandana Prasad expressed her concern on the poor response by State to address the issue and an imperative need for collected and united efforts. She emphasized:
 - Need for meticulous planning for every activity with regard to physical infrastructure, deployment of manpower, human resource development, procurement, installation and utilization of equipments, continuous vigilance and surveillance;
 - Involvement of WHO and UNICEF for technical inputs and expert advice on issues such as scientific management of water, waste disposal and sanitation;
 - Need to implement the operational guidelines in regard to immunization as a preventive measure for JE issued by the Department of Family Welfare in the Ministry of Health and Family Welfare (Immunization Division); and
 - To work on all shortcomings in the existing reporting system to make it more foolproof and credible.
- Member, NCPCR Dr. Yogesh Dube highlighted issues from his previous visits and State's poor compliance with the recommendations provided by the Commission during these visits, towards improving the JE/AES situation in the region. These included issues of water and sanitation, need for a death audit, a need for a survey report of all the malnourished children and JE/AES survivors with disabilities, no follow up plans regarding provision of rehabilitation services for mentally challenged children and other issues, as have been provided in the Summons meeting minutes.
- Chairperson, NCPCR made the following key observations while summing up -
 - All births must be registered under the Registration of Births and Deaths Act, 1999.

- State can emulate the model set by Sri. S.K. Rao, Municipal Commissioner of Surat in 1977, to promote environmental sanitation through community mobilization.
- Existing human settlement with piggery units should not be shifted on the outskirts of Gorakhpur or any other city without making alternative arrangements for rehabilitation of the displaced families. In case, any such families have already been shifted, then apart from promoting personal hygiene and environmental sanitation, the children of such families need to be vaccinated in full measure and as per desired frequency.
- A drive should be launched for certification of all mentally challenged children so that they can receive benefits of inclusive education under RTE Act, 2009 through *Sarva Shiksha Abhiyaan*.

Based on the presentation and discussions with the State, Division and District Administration at the Summons meeting, the Commission issued recommendations that could provide as concrete steps towards improving the JE/AES situation in the region. Mentioned recommendations are listed in the next section.

Following the Summons, the Commission received technical inputs regarding the usage of chlorine tablets at household level for prevention of enteroviral related AES from Director, National Centre for Disease Control (NCDC), dated 9th October 2012. Communication No. Z-21011/5/2012-PRC (NCDC).

IV. Activities undertaken: November 2012- August 2013

Despite the repeated deliberations by the Commission to address this issue there was poor or very little initiative taken by the State government. The Commission also highlighted the need for a Technical Panel to look into the technical aspect of cause/causes of the disease, and issue of drinking water that would help provide concrete preventive and curative solutions to improve the JE/AES situation the State. The recommendations below have highlighted these points along with some other key action points that the State needed to urgently to address the JE/AES situation.

i. Recommendations issued by the Commission – 22 November 2012

The Commission following the summons sent the following recommendations (issued on 22 November 2012) to the State Government of Uttar Pradesh to take necessary action:

- i) The Commission was deeply concerned to note that over 6,500 survivor children have suffered from residual disability following JE/AES. The State Government was not found to be adequately seized of the matter. The State Government is, therefore, to provide details of disability-certification for these children as well as support services including inclusive education as per the RTE Act. This requires convergence with social welfare department as well as education Department and the District Authorities are directed to ensure that the systems for this are set up. In particular, fresh cases of JE/AES displaying signs of permanent residual disability at discharge must receive certificates before leaving the hospital. ***There must be a system of review and follow up to ensure children who show delayed signs of disability are identified and provided due support. Compensation must be provided to all children who have suffered from disability from JE/AES.***
- ii) The Commission notes that JE Immunization has not been achieved 100% amongst the target population. The children up to 15 years were only immunized in 2009 in camp mode. However, mop-up rounds were done for those who were left uncovered at the time. Subsequently, the immunization has covered only children under two years and that too has not achieved 100% coverage. ***If any bottlenecks exist to achieving this target they must be reported to the Commission.***
- iii) ***A system of verbal death autopsy for children who have died following a febrile illness must be instituted to determine systemic gaps in early diagnosis and referral of JE/AES cases.***

- iv)** There is an urgent need to strategise for improving the situation of drinking water and sanitation in the district. The Commission did not find the State Government prepared for the same. Hence, ***the State Government to hold a consultation with experts from WHO and UNICEF within a period of 30 days and develop a strategy paper with time lines.***
- v)** The State Government to act upon the opinion of the National Centre for Disease Control (NCDC) on the usefulness of Chlorine tablets at the household level for the prevention of cases of enteroviral related AES cases. *Subsequently, the State Government is to furnish the ATR of the Commission on the household level water safety.*
- vi)** **Some piggeries have been relocated by the Administration. The Commission requires a report on their rehabilitation and also urges upon State Government to ensure immediate and 100% immunization with priority to all children of families dealing with pigs to ensure protection against JE.**
- vii)** No families to be displaced without due to consideration to adequate rehabilitation and appropriate compensation. The piggeries that persist in human habitation must receive maximum and most immediate attention to their situation of hygiene and sanitation. *The Commission expects a report on all these aspects.*
- viii)** The Commission has taken note of the provision of extra beds and ventilation in BRD Medical College, Gorakhpur, dedicated JE/AES patients for the affected region. However, these will not be effective in the absence of well trained personnel. The Commission has been assured that training is in process and will be completed by December 2012. *The Commission is to provided a report of the same.*
- ix)** Though some pediatricians have been redeployed to cover the requirement in the affected area, there continues to be a shortage of doctors and pediatricians/specialists. *The State Government may consider the three year course of BSc in community health for persons to b appointed at PHC level to deliver basic medical services which has been recently accepted by the MCI.*
- x)** The State Government may share with the Commission, the proposals of financial support rejected by the Central Government citing reasons for rejection in each case.
- xi)** ***The Commission will review the situation within 3 months.***

ii. Actions taken by the State Government and Division/District officials from October 2012- August 2013

In the following months of the summons issued, the Commission received a few Action Taken Reports by the State Government of concerned departments, as detailed below:

- i) In response to the Summons held on 3 October 2012, The Commission received ATRs from October to December 2012, stating the various actions taken post the summons, details of which are in the table below. The Letters were issued to the concerned officials of concerned depts., further details of the same can be found in Annexure V.
- ii) The Commission received a consolidated Action Taken Report (ATR) on 3 January 2013, Communication No. 21F/AES/JE/2013/66. The ATR grid (see table below) listed all the actions taken by the UP State Government in response to the recommendations provided after the Summons meeting. The Commission was concerned about State's response to the second recommendation which stated that the State unable to launch 100% JE immunization due to the non availability of JE vaccine as it has been diverted to Bihar, letter no. 21 F/AES/JE/RBASAP-2/2012/5109 dated 19 December 2012. In this regard the Commission received a response from Deputy Commissioner (Immunization), Ministry of Health and Family Welfare, letter no. T. 13020/28/2012-CC&V, which clarified that there was no diversion of JE vaccine and that the State of UP had been supplied 100% vaccine for all children to be covered under Routine Immunization.
- iii) The Commission's interventions resulted in increase in vaccination coverage from 78.4% in March 2013 to 97.8% in July 2013. Analysis of ATRs received till July 2013
 - o Gorakhpur had received 88% coverage with JE vaccine till 31 March 2013 in Gorakhpur as 78.4% overall.
 - o They had sufficient doses of vaccine in stock to cover left out children on 1.4.2013 (4,84,070)
 - o Vaccination drive has been carried out subsequently (30.6.2013) and status till 24.7.2013 shows 99.14% coverage in Gorakhpur and 97.8% overall.
- iv) The Commission received a Letter no. 22F/EPI/2013/ 3992 dated 29 July 2013 providing the status of left out children for JE immunization.

UPDATED GRID OF THE COMPLIANCE BY THE GOVERNMENT OF UTTAR PRADESH IN RESPONSE TO THE RECOMMENDATIONS BY THE COMMISSION (ATRs provided as Annexure V)

| Directions by NCP CR | Compliance | Remarks |
|---|---|--|
| <p>1. The Commission was deeply concerned to note that over 6,500 survivor children have suffered from residual disability following JE/AES. The State Government was not found to be adequately seized of the matter. The State Government is, therefore, to provide details of disability-certification for these children as well as support services including inclusive education as per the RTE Act. This requires convergence with social welfare department as well as education Department and the District Authorities are directed to ensure that the systems for this are set up. In particular, fresh cases of JE/AES displaying signs of permanent residual disability at discharge must receive certificates before leaving the hospital. There must be a system of review and follow up to ensure children who show delayed signs of disability are identified and provided due support. Compensation must be provided to all children who have suffered from disability from JE/AES.</p> | <ul style="list-style-type: none"> • In compliance to the directions by Hon'ble NCP CR Gol, concerned authorities have been instructed by 21F/AES/JE/RBASA-P-1/2012/4974-76 dated 11.12.2012. • Chief Secretary, Government of Uttar Pradesh reviews the Status of prevention & Control of AES/JE. <ul style="list-style-type: none"> ○ Principal Secretary, Medical, Health and Family Welfare asked the Chief Secretary to have a school for education and rehabilitation of JE/AES survivors with mental and physical disabilities but currently there no such provision under any policy. Thus, to this the Prin. Sec. has directed to have a meeting under his chairmanship with all the concerned departments including Health, Basic Education and Dept. of Disability Affairs to plan for further prompt action. • A meeting of the medical & health department with Viklang Kalyan Vibhag & Basic Shiksha Vibhag under the Chairmanship of Chief Secretary, Uttar Pradesh is likely to be held in the month of January, 2013. The deliberations of the meeting & its compliance will be communicated to Hon'ble NCP CR. | <ul style="list-style-type: none"> • The Commission has recommended for inclusive education, wherein the affected children have provision to attend regular school. |
| <p>2. The Commission notes that JE Immunization has not been achieved 100% amongst the target population. The children up to 15 years were</p> | <ul style="list-style-type: none"> • In compliance to direction by Hon'ble NCP CR Gol, concerned authorities were instructed & Government of UP has planned a special routine Immunization of 16- | <ul style="list-style-type: none"> • The Commission was not satisfied with the response and on further investigation it was found from the Deputy |

| Directions by NCP CR | Compliance | Remarks |
|--|--|---|
| <p>only immunized in 2009 in camp mode. However, mop-up rounds were done for those who were left uncovered at the time. Subsequently, the immunization has covered only children under two years and that too has not achieved 100% coverage. If any bottlenecks exist to achieving this target they must be reported to the Commission.</p> | <p>24 months target children & left out and drop out in most affected districts of 4 divisions viz. Gorakhpur, Basti, Devipatan, & Azamgarh division from 1 December 2012 to 31 December 2012. Necessary planning, micro planning and sensitization activities were conducted by the State & District Officials but due to non availability of JE vaccine the same could not be done. The State is ever ready to launch 100% JE immunization to the target population in the affected divisions of Eastern UP.</p> <p>Communication details for reference, enclosed as Annexure V</p> <ul style="list-style-type: none"> • Letter No. 21 F/AES/JE/2012/3741-42 dated 9.10.2012 • Letter No. 21F/AES/JE/2012/ 3853 dated 15.10.2012 • 2845/Sek-5- Panch- 2012 dated 12.11.2012 • Letter No. 21F/AES/JE/RBASA-P-2/2012/5109 dated 19.12.2012 • Letter no. 22F/EPI/2013/ 3992 dated 29 July 2013 providing the status of left out children for JE immunization. | <p>Commissioner (Immunization), Ministry of Health and Family Welfare, letter no. T. 13020/28/2012-CC&V, which clarified that there was no diversion of JE vaccine and that the State of UP had been supplied 100% vaccine for all children to be covered under Routine Immunization.</p> |
| <p>3. A system of verbal death autopsy for children who have died following a febrile illness must be instituted to determine systemic gaps in early diagnosis and referral of JE/AES cases.</p> | <ul style="list-style-type: none"> • There is already a system for verbal death autopsy existing from CMO to ASHA level, this system is being strengthened by regular training of Medical & Para medicals (ANM & ASHA) which is a continuous exercise. | |
| <p>4. There is an urgent need to strategise for improving the situation of drinking water and sanitation in the district. The Commission did not find the State Government prepared for the same. Hence, the State Government</p> | <ul style="list-style-type: none"> • The meeting under the Chairmanship of Chief Secretary was conducted under whose direction the concerned departments- Urban Development, Rural Development, Panchayati Raj Development etc. were instructed to act and ensure the safe drinking water (under | |

| Directions by NCPDR | Compliance | | | Remarks |
|---|---|---|--|---------|
| <p>to hold a consultation with experts from WHO and UNICEF within a period of 30 days and develop a strategy paper with time lines.</p> | <p>Nirmal Bharat Abhiyan &TSC) under this Mini Water Supply tanks and deep bore India Mark-II hand pumps are being installed as per time schedule submitted before Chief Secretary , UP as mile stones, details given below-</p> | | | |
| | Sl. No. | Type of work | Status | |
| | 1. | Mini Water Supply tanks | In affected villages 3357 MPWs to be installed by July 2013. | |
| 2. | India Mark II hand pumps | In affected villages installation and re-boring of 18,882 India Mark II hand pumps to be completed by July 2013 | | |
| <p>5. The State Government to act upon the opinion of the National Centre for Disease Control (NCDC) on the usefulness of Chlorine tablets at the household level for the prevention of cases of enteroviral related AES cases. Subsequently, the State Government is to furnish the ATR of the Commission on the household level water safety.</p> | <ul style="list-style-type: none"> It is submitted that the safety of drinking water supply at household level can be ensured only on the basis of proposal submitted to GoI through PIP 2012-13 and if any alternative of the said proposal is available the GoI may be asked kindly to communicate the same along with expertise support, however the State Government is ensuring safe water supply through different means viz. MPWS, India Mark- II hand pumps. | | | |

| Directions by NCP CR | Compliance | Remarks |
|---|--|---|
| <p>6. Some piggeries have been relocated by the Administration. The Commission requires a report on their rehabilitation and also urges upon State Government to ensure immediate and 100% immunization with priority to all children of families dealing with pigs to ensure protection against JE.</p> | <ul style="list-style-type: none"> • In Compliance the concerned authorities have been firmly instructed. Refer to- • Letter No. 21F/AES/JE/RBASA-P-6/2012/5166 dated 21.12.2012 • Letter No. 21F/AES/JE/RBASA-P-6-7/2012/5178 dated 21.12.2012 | <ul style="list-style-type: none"> • No concrete response received of the actions taken with regard to relocation of families living in piggeries and immunization of children from piggeries. |
| <p>7. No families to be displaced without due to consideration to adequate rehabilitation and appropriate compensation. The piggeries that persist in human habitation must receive maximum and most immediate attention to their situation of hygiene and sanitation. The Commission expects a report on all these aspects.</p> | <ul style="list-style-type: none"> • For compliance instructions to Director, Animal Husbandry issued vide letter no. 21 F/AES/JE/ RBASA-P-6-7/2012/5178 dated 21.12 2012. | <ul style="list-style-type: none"> • No concrete response received of the actions taken with regard to relocation of families living in piggeries and immunization of children from piggeries |
| <p>8. The Commission has taken note of the provision of extra beds and ventilation in BRD Medical College, Gorakhpur, dedicated JE/AES patients for the affected region. However, these will not be effective in the absence of well trained personnel. The Commission has been assured that training is in process and will be completed by December 2012. The Commission is to provided a report of the same.</p> | <ul style="list-style-type: none"> • In compliance to this instruction training of personnel are being conducted are being conducted and is continuing till all the Medical officers and Staff nurses of the most affected four division (Gorakhpur, Basti, Azamgarh & Devipatan) are trained in BRD Medical College, Gorakhpur in Medical & ICU Management etc. of AES/JE patients vide Letter no. 21F/AES/JE/2012/4822-23 dated 4.12.2012 | |

| Directions by NCP CR | Compliance | Remarks |
|---|--|---------|
| <p>9. Though some pediatricians have been redeployed to cover the requirement in the affected area, there continues to be a shortage of doctors and pediatricians/specialists. The State Government may consider the three year course of BSc in community health for persons to be appointed at PHC level to deliver basic medical services which has been recently accepted by the MCI.</p> | <ul style="list-style-type: none"> • It is a policy decision to be taken at higher level in collaboration with MCI, India. | |
| <p>10. The State Government may share with the Commission, the proposals of financial support rejected by the Central Government citing reasons for rejection in each case.</p> | <ul style="list-style-type: none"> • It is submitted that the PIP 2012-13 was proposed to Government of India for its approval but the proposals related to various activities to the GoI, out of which some were considered and grant was sanctioned to a sum of Rs. 4 crore. • The proposal for prevention activities including disinfection of water (S.N. -2). Funds for treatment facilities (S.N. -3) and strengthening of HQ Lab (S.N. -10) were not sanctioned nor assigned any rejection reasons and as such require for further attention for their consideration. | |
| <p>11. The Commission will review the situation within 3 months</p> | <ul style="list-style-type: none"> • The review will be solicited. | |

It was observed from the ATRs received that the State Government had not taken many concrete steps to improve the JE/AES situation in the Division and visible gaps to comply with the recommendations provided by the Commission.

iii. Activities undertaken by the Commission from October 2012 to August 2013

- i) Member Dr. Vandana Prasad along with the Chairperson met with Secretary, Health & Family Welfare, GOI on 11 March 2013 to discuss various issues including action plan for coverage of all immunized children with respect to JE/AES. Letter No. T.13020/28/2012-CC&V dated 28 February 2013 was received by Member Dr. Vandana Prasad in this meeting. The names of Dr. P.K Halder, Deputy Commissioner (Immunization) and Dr. V.K. Raina, Jt. Director, NVBDCP were provided for participation in the meeting for formulating Action Plan to achieve time bound coverage all unimmunized children under the age of 15 years with respect to JE. It was decided that the Commission would call for the meeting to be held on 2 April 2013. Names of concerned officials of Govt. of UP to be invited were provided by Dr. Halder vide Letter No. T.13020/28/2012 CC&V (Concerned letters in annexure VI).
- ii) Member Dr. Vandana Prasad held a meeting at NCPCR office on 2 April 2013 for formulating an action plan for JE immunization of children under 15 years of age. During the meeting Dr. Gupta, SPO (AES/JE), DG, MHS, Lucknow stated that they could not achieve the desired immunized target as the doses of vaccine were diverted to Bihar. Dr. Halder, Deputy Commissioner (Immunization) explained that there is no shortage of vaccine for routine immunization and provided RI details for 2013 to which Dr. Rishi Jaiswal, Assistant Director NVBDCP also informed that during his visit to Gorakhpur, he found no shortage of vaccines. Dr. Gupta, SPO (AES/JE), DG, MHS, Lucknow did not have a micro plan for the same. The Commission was very unsatisfied with the poor and slow progress and the lack of initiatives taken by the State in this matter. Dr. Gupta, SPO (AES/JE), DG, MHS, Lucknow assured that he will work on all the details, formulate a plan and share the same with the Commission within a fortnight of the meeting.
- iii) Member Dr. Vandana Prasad met with Shri. Pravir Kumar, Principal Secretary Health 16 April 2013 to brief him on the Commission's expectation from the State Government on JE/AES. Refer D.O. No. 35/01/2012- NCPCR (PD). Vol. III/-29088 dated 30 May 2013 (enclosed as annexure VII)
- iv) Team led by Member Dr. Vandana Prasad visited Lucknow on 7 August 2013 discussing the preparation of Public Hearing (11 & 12 September 2013) at Gorakhpur. (Minutes enclosed as annexure VIII)

- v) Member Dr. Vandana Prasad met with Secretary, Health & Family Welfare on 8 August 2013 to child health related issues amongst which an action plan for JE immunization both under RI and mop up for all left out children under 15 were discussed.
- vi) Member Dr. Vandana Prasad sent a Letter (No. 35/01/2012- NCPCR (PD) (Vol. II)/ 30301 enclosed at annexure IX) dated 12.08.2012 to Joint Secretary, Department of Health & Family Welfare highlighting concerns from the meetings held with senior State Health officials on 7 August 2013 and of further discussions of a meeting with Secretary (Health & Family Welfare) on 8 August 2013. The Letter highlighted concerns of inadequate personnel to handle JE/AES cases requiring hospitalization and special care despite the fact that 100 ventilators have been purchased by the State from Group of ministers (GOM) funds for BRD Medical College; an urgent need to expedite the process of sending guidelines to set up a Physical Medical Rehabilitation Unit; and for Ministry to liaise with the State government to resolve the financial crisis resulting in potentially grave decline in services for children with JE/AES.

V. The JE/AES Public Hearing in Gorakhpur, 11-12 September, 2013

As mentioned previously, The Commission was not satisfied with the subsequent steps made by the State Government to address the JE/AES problem in the region, it was decided organize a JE/AES Public Hearing/*Jan Sunwai* in Gorakhpur on the 11-12 September 2013.

Preparation towards the Public Hearing

During the preparatory phase, the Commission made multiple visits to the Gorakhpur region, to do background research on the progress of JE/AES related work. It was planned to have a structured engagement with Civil Society Organizations (CSOs enclosed as annexure X) to identify cases that highlighted the lack of services, systemic gaps or poor accountability by the State/District Government. The Commission had its first meeting with local CSOs and State Government officials on 7th August 2013 at Balrampur Hospital, Lucknow. The meeting highlighted the Commission's work on JE/AES and planning towards the Gorakhpur Public Hearing. This meeting was followed with regular visits to Gorakhpur to work closely with the CSOs to identify specific cases for the Public Hearing. The cases that were thus identified based on but not limited to the recommendations provided by the Commission to the State Government. On the eve of the Public Hearing, the Commissioner organized a briefing meeting, which included a presentation by Division Programme Manager (DPM), Uttar Pradesh NRHM that highlighted the status of JE/AES in the Division, actions and initiatives by the Division pertaining to JE/AES.

The Public Hearing

At the JE/AES Public Hearing/*Jan Sunwai* the Commission heard 22 identified cases and 15 additional new complainant cases. The Public Hearing gathered over 500 people from across Gorakhpur region and registered total of over 80 new complaints. The Jury from NCPCR for the Public Hearing included Chairperson, Member – Dr. Vandana Prasad, and Member Dr. Yogesh Dube; Member Secretary, Director and other concerned team members of NCPCR also attended. Public Hearing also had a Panel of Experts which had members from Ministry of Health and Family Welfare, Government of India; National Vector Borne Disease Control Programme; and Kalwati Saran Children's Hospital.

Summons for the Public Hearing had been issued to Pr. Secretaries of concerned departments, of which Pr. Sec. Health and Rural Development, and DG Health attended, while the others were unable to attend. Gorakhpur Divisional Commissioner (DC); District Magistrates (DMs) and Chief Medical Officers

(CMOs) of the 4 districts of Gorakhpur, Deoria, Kushinagar, and Maharajganj were present along with District Officials of concerned departments. Communication to the Divisional Commissioner for the Public Hearing F. No. 35/01/2012-NCPCR (PD) 29831; Summons were letters sent to 14 concerned officials F. No. BR- 11011/24440/2010-2011/Comp/30578-82, 30587, 30584-85, 30632-34 dated 29 August 2013 and F. No. BR-11011/24440/2010-11/Comp/30742, 30746 dated 6 September 2013.

A detailed report of the Public Hearing, which includes cases shared along with the directions and policy recommendations and annexures of all relevant details and can be accessed from F. No. 35/01/2012-NCPCR (PD)- Vol III.

Recommendations provided at the Public Hearing

The Commission also provided recommendations to State and District administration to work at certain systemic actions and policy revisions that are required for effective case management of JE/AES. The following are listed below:

CENTRAL LEVEL

1. The Commission noted a severe dearth of doctors at BRDMC during the Public Hearing and remains concerned in this regard. The Commission has noted a communication (2215/BRG/MC-13/Mastishq Jwar/NRHM/PIP dated 10 September 2013) from the State Government to the Ministry, for additional budget regarding the of 164 staff of the BRD Medical College, 214 additional staff for the new 100 bedded AES ward and additional funding for Rs. 11.98 crore for treatment of AES patients and for medicines.
2. The Commission was concerned to note that JE/AES is not yet a notifiable disease, leading to many patients who have been entertained in the private sector going un-registered.
3. It was entirely clear during the public hearing that the public health institutions were minimally involved in dealing with cases of JE/AES which were mostly getting directly referred to BRDMC, leading to a severe crisis of space and human resource within the apex institution. We feel that the Ministry may play a leadership role in proposing a 'hub and spoke' system whereby there is a step-up and step down system of referrals between the PHCs, CHCs, DH and BRD Medical College, leading to an overall systems strengthening and allowing BRDMC to perform its function as a resource and mentoring institution in addition to providing referral tertiary level services. This could serve as an important model for the rest of the country in how to link the Medical Colleges to district level services under the public health system.

4. An urgent need to provide rehabilitation services to JE/AES affected children, make provision for their regular education and to open a District Disability Rehabilitation Centre (DDRC). There is also a need to provide them access to relevant aids and appliances and training to use them and other entitlements such as bus pass, disability pension as well as relief.

STATE LEVEL

- State to submit an affidavit to the Commission regarding the status of JE vaccination in the State including action plan for covering **all left out children up to age 15 yrs.**
- Provision to be made in medical documents for registration, treatment etc. to record mother's name/ administration details.
- The Commission highlighted the need to have a child death audit system in the region to better understand the causes and factors of the disease.
- Schools for special children have been cut down in these districts. Commission has asked the concerned department to put a proposal regarding the following.
- Recommendations related to provisions to be made for **Disabled** Children:
 - All children with disability in the relevant age groups must be ensured Anganwadi services and education from Government Schools.
 - Children with disabilities must have the right to go everyday to school like other children. This must be facilitated by respective DMs and the schools and a provision to be made to have special educators available at all schools and for teaching to be provided throughout the week rather than only days when the special educator is attending.
 - It was noted that no transportation costs are currently available for transporting children to school.
 - No financial support is currently available to children with disability under any scheme.
- The Ministry of Social Justice (Centre and State) is to provide a formal response to these policy issues.
- State to make a provision to continue compensation for JE/AES deaths and survivors. Prin. Sec (H) said they would look into this matter and explore to provide the same through the Chief Minister's Relief Fund.
- The Commission has asked for all Districts to put up a concrete micro plan on the issues raised above, with action plans and timelines.

- Commission raised an urgent need for an SCPCR in the State.
- A prescription/chit from a Government Hospital to be honored at the local CHC and PHC, where the patient's can follow up for their treatment or medicines.
- All Action Taken Reports (ATRs) related to JE/AES from the State will be submitted as affidavits to NCPDR.

DISTRICT/DIVISION LEVEL

- The Commission recommended the Division to hold a follow up Public Hearing/Jan Sunwai.
- The Commission has demanded an analysis of the trainings done so far and a report for possible convergence of all departments such as disaster management, animal husbandry etc. and highlighted an imperative need to provide training to piggery owners.
- The Commission observed that there is no DDRC and there's an urgent need to make all DDRCs in the region operational.
- The Commission identified a need to track the LAMA (Left against Medical Advice) cases and has recommended for involvement of ASHAs and AWWs to track such cases.
- The Commission asked the Chief Medical Officer of Gorakhpur to advertise for the process of availing a disability certificate.
- The Commission has asked the District to build a mechanism for quick referral, follow up and fever tracking by ASHAs, and ANMs.
- The Commission has asked the Divisional Commissioner to ensure installation of deep water hand pumps in all Districts within 3 months. And to build a strategy to improve drinking water quality.
- District to ensure that all patients to get free treatment and medication at Government Hospitals.
- District to set up a separate desk at BRD Medical Hospital for providing Death and Disability certification for JE/AES affected. It was decided that the Medical Board will sit twice a week (Monday and Thursday) to give Disability certificates.
- A prescription slip/*parcha* from BRD Medical College to be honored at local PHC/CHCs across the District.
- PHCs in the District to register the patient at site provide a formal referral and make available the 108 transportation service to the patient.

- Prin. Sec (H) observed that the cases are coming for treatment very late, at an advanced stage. ASHA needs to detect these cases early and make use of the 108 transport service to take the patient immediately for check up.
- District to strengthen the CHC and PHC infrastructure to get proper treatment, referral and follow up treatment and medication locally.
- District to use the *Tehsil Diwas* forum to hear and address grievances of the public.
- Division to ensure that all children below 15 years need to be vaccinated against JE at the earliest.
- District to provide Citizen's charter- as wall writings at PHCs, CHCs, and AWCs and wherever appropriate; make all wall writings and other information at PHCs, CHCs, and BRD in urdu as well; and advertise and make available all Helpline numbers on walls of Hospitals/PHCs/CHCs etc.

Key Observations from the Public Hearing

The Chairperson NCPCR concluded the Public Hearing highlighting: that water and sanitation remains a major issue across the four districts of Gorakhpur division with lack of provision for availability of drinking water for the rural population; lack of capacities and poor services of local health centers continues to be a major constraint in the region; increased financial burden on patients for treatment in BRD Medical College emerged as a major issue at the Hearing and needs further enquiry; an urgent need to streamline the process of providing Death certificates to JE/AES deaths; need for increased awareness amongst the communities for the process of availing a Disability certificate and the need for a medical board to sit twice a week to provide the same; compensation issues to be resolved at the earliest by the Division administration; and lastly the Public hearing highlighted an urgent need to strengthen the rehabilitation mechanism of survivors of JE/AES with disabilities of the region and highlighted poor or lack of systems currently in place.

VI. Activities/Actions taken by the Gorakhpur Division post the JE/AES Public Hearing

- i) Following the Public Hearing held in Gorakhpur on 11-12 September 2013, NCPCR received a letter (R.P. No./2965/2013-14 enclosed as annexure XI) dated 24 September 2013 addressed to the District Basic Education Official. The letter highlights the case of Ms. Saumya (who is an AES patient), which was shared at the second day of the Public Hearing. At the hearing her mother raised concerns for her daughter's education, as the itinerant teacher came only for a day to the local government school. To this the State official has directed the District officials to ask all school teachers to encourage and inspire the JE/AES affected children and other Children with Special Needs to attend the school every day, even if the itinerant teacher comes once a week. Also school teachers must focus on providing education based on the points from the itinerant teacher.
- ii) Chairperson, NCPCR sent copies of report of the Public Hearing on JE/AES held in Gorakhpur on 11-12 September to Chief Minister, Uttar Pradesh; Secretary, MWCD; Secretary, Health & Family Welfare; and Secretary, Department of Disability Affairs (DDA), Government of India (GOI). Refer letter D.O. No. 35/01/2012- NCPCR (Vol. III)/31200, 31201, 31202, & 31202 dated 15 October 2013 (enclosed as annexure XII).
- iii) A letter has been addressed by Member Dr. Vandana Prasad dated 17 October 2013 to Secretary, Health & Family Welfare, GOI highlighting some additional key issues related to strengthening BRD Medical College which require attention at National level. Refer letter D.O. No. 35/01/2012- NCPCR (PD) (Vol. III)/ 31276(enclosed as annexure XIII).
- iv) A letter dated 1 October 2013 from Member Dr. Vandana Prasad to Secretary DDA, GOI to discuss issues that emerged out of the Public Hearing in respect to the children who have become disabled as a result of JE/AES in the area. Office of Member Dr. Vandana Prasad is in contact with the office of Secretary, DDA for a meeting. Refer letter D.O. No. 35/01/2012- NCPCR (PD) (Vol. III)/ 31125 (enclosed as annexure XIV).
- v) A copy of letter received (Letter No. C-2292 VK/BAA/JE-AES/2013-14 dated 25 September 2013 enclosed as annexure XV) from Director, Disability Welfare, Uttar Pradesh to Chairperson National Trust, New Delhi indicating that NCPCR during its Public Hearing on JE/AES on 11-12 September at Gorakhpur directed that immediate arrangement be made for rehabilitation, education and training, care givers and counseling to guardians of affected children. In addition

these children may also be provided the facilities of regular physiotherapy, occupational therapy & home based education training and rehabilitation. It has further been mentioned that National Trust is providing the above mentioned services to children with mental & multiple disabilities but the same are not available in Gorakhur, Basti etc. of Easter UP. National Trust is requested to provide the mentioned services to these blocks immediately.

VII. Key Achievements

A number of different agencies have been involved with monitoring the situation of JE / AES in the recent past along with NCPDR; namely the National Human Rights Commission and the National Disaster Management Authority, apart from the Group of Ministers and the Central Ministry of Health and Family Welfare. While the Commission cannot take credit for being the sole facilitator of positive action in the context of JE / AES, it has played a significant role in raising critical issues, with special emphasis on residual disability, immunization and water and sanitation. It has also been instrumental in facilitating convergence between various involved departments and ministries through its summons hearings and follow-up meetings at State and Centre. In summary, key issues in which NCPDR has intervened with positive results are as follows:

I. REHABILITATION SERVICES FOR CHILDREN WITH RESIDUAL DISABILITY

The Commission has been making concentrated efforts for the State to provide adequate Rehabilitation services (including physical, mental and educational) to the children affected by JE/AES. After the Public Hearing, there was a single window counter opened for JE/AES affected children and their families at the BRD Medical College for a week. The counter provided services such as conducting checkups of disabled children suffering from JE/AES, providing Disability certificates to JE/AES survivors with residual disabilities and provision of Death certificates for pending cases.⁸

The Department of Disability Affairs and Department of Basic Education of Uttar Pradesh are working towards providing rehabilitation, education and training, care givers and counseling to guardians of affected children. The Commission also continues to engage with the Department of Disability Affairs, GOI to ensure provision of disability certificates, relevant aids and appliances, access to other entitlements such as bus passes, disability pension etc.

II. IMMUNIZATION

It was found that there were large information gaps regarding the status of immunization with JE vaccine, vaccine stocks and policies relating to carrying out routine and mop-up vaccinations. The Commission's continuous interventions at state and centre level resulted in increase in vaccination coverage in the Gorakhpur region from 78.4% in March 2013 to 97.8% in July 2013. Gorakhpur received 88% coverage with JE vaccine till 31 March 2013 in Gorakhpur and 78.4% overall, they have sufficient

⁸ Information via personal communication

doses of vaccine in stock to cover left out children on 1.4.2013 (4, 84,070). Subsequently, State carried out a vaccination drive (30.6.2013) and status till 99.14% coverage in Gorakhpur and 97.8% overall, as on 24 July 2013.

III. STRENGTHENING HEALTH SYSTEMS

The Commission has been continuously engaged with the Central and State Government to strengthen existing Health Systems and Infrastructure in the region for early identification and management of cases of JE/AES.

The State Government recently inaugurated a 100 bed JE/AES ward in BRD Medical College⁹. But Commission has brought to notice on multiple occasions of inadequate HR, drugs etc in the College that would hinder functionality and would require further attention. Proposals that have been put forth by the State Government to the Centre for additional support towards these have been seconded by the Commission.

IV. PROVISION OF SAFE DRINKING WATER

The Commission and various experts suggested various ways for the State to improve the quality of drinking water, such as installation of deep/ India Mark II hand pumps and removal of shallow hand pumps, development of alternative sources of water to be developed like supply through the taps or rain water harvesting system, use of chlorine/bleaching tablets, and create awareness amongst the community about usage of safe drinking water. According to the latest data provided by the Division, Government of Uttar Pradesh, Division has been able to achieve 78%¹⁰ coverage of installation of India Mark II hand pumps in affected villages under the *Nirmal Bharat Abhiyan* and the Total Sanitation Campaign¹¹.

During the Public Hearing organized by the Commission, the issue of poor drinking water was again highlighted in various cases, to which the Commission has asked the Divisional Commissioner to ensure 100% coverage in installation of deep water hand pumps in all the four Districts within three months. And also to build a strategy to improve drinking water quality. The Divisional Commissioner ensured that

⁹ <http://m.timesofindia.com/city/varanasi/lf-centre-permits-Gorakhpur-may-get-states-first-AIIMS-CM/articleshow/23782952.cms> , accessed October 31, 2013

¹⁰ Ibid. Ref. 6

¹¹ Refer Letter no. 21F/AES/JE/2013/66 dated 3.01.2013

all districts across the Division will have sufficient Mark II hand pumps with complete access to the public of safe drinking water.

Also Principal Secretary, Rural Development ensured that each family where a child is suffering from JE/AES would be provided with a personal hand pump.

V. CONVERGENCE

The Commission has always emphasized the need for a multipronged strategy that would address the JE/AES situation in a holistic manner with convergence in interventions from across ministries of Health, Drinking Water & Sanitation, Women and Child Development, Social Justice and Empowerment, Animal Husbandry and Education. The Commission's role has been instrumental in converging efforts of different ministries towards addressing the issue of JE/AES in the State, through the medium of repeated consultations to provide focused recommendations, Summons meetings and the Public Hearing. Especially, the Public Hearing of JE/AES in Gorakhpur on the 11-12 September, 2013 brought together stakeholders of the government and the beneficiaries the government services. This initiative served as platform to put forward to the government various issues faced by the public, based on which the Commission provided concrete directions to the State Government and Division/District officials which would help expedite the process of addressing these issues.

These are but a few preliminary steps to prevent and alleviate the massive suffering being undertaken by children and their families as a result of JE/AES. The National Commission for Protection of Child Rights stands committed to continuing its monitoring of the situation till it is brought under control.

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Immunization Division, Department of Family Welfare, Ministry and Health and Family Welfare, Government of India, (September 2010), "Operational Guide Japanese Encephalitis Vaccination in India"

JE/AES correspondence: UP-13016/27271/2010-11/SM Comp; and F. No. 35/01/2012- NCPCR (PD) – Vol. II to IV

Presentation by Division Officer (Division Program Manager, NRHM) on 10 September 2013 to The Commission in Gorakhpur

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| Annexure VI | <ul style="list-style-type: none">⇒ D.O. No. 35/01/2012-NCPCR (PD) (Vol. II)/ 27042 dated 15.02.2013 addressed to Deputy Commissioner (Immunization), GOI regarding a meeting to formulate a JE vaccination action plan.⇒ D.O. No. 35/01/2012- NCPCR (PD) (Vol. II)/ 27479-83, 27485 dated 18.03.2013, and D.O. No. 35/01/2012- NCPCR (PD) (Vol. II)/ 27607, 27614-15 dated 25.03. 2013for a meeting to NCPCR to formulate a action plan for JE immunization for children below 15 years of age.⇒ N. T. 13020/28/2012-CC&V dated 13.03.2013 regarding meeting for action plan to achieve time bound coverage of all unimmunized children under the age of 15 for JE. |
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8.08.2013

- Annexure X** List of NGOs that supported NCPCR for the Public Hearing.
- Annexure XI** R.P. No./2965/2013-14 dated 24 September 2013 as a follow up action taken by with regard to education of children suffering from JE/AES.
- Annexure XII** D.O. No. 35/01/2012- NCPCR (Vol. III)/31200, 31201, 31202, & 31202 dated 15.10. 2013 - Letters sent by Chairperson, NCPCR along with the Public Hearing Report.
- Annexure XIII** D.O. No. 35/01/2012- NCPCR (PD) (Vol. III)/ 31276 dated 17.10.2013- Letter sent by Member Dr. Vandana Prasad to Secretary, Health & Family Welfare as a follow up action required of the issues that have arisen at the Public Hearing.
- Annexure XIV** D.O. No. 35/01/2012- NCPCR (PD) (Vol. III)/ 31125 dated 1.10. 2013- Letter sent by Member Dr. Vandana Prasad to Secretary, Department of Disability Affairs as a follow up action required of the issues that have arisen at the Public Hearing.
- Annexure XV** Letter No. C-2292 VK/BAA/JE-AES/2013-14 dated 25.09.2013 regarding education and rehabilitation services for children suffering from disabilities as a result of JE/AES.

ANNEXURE-1

Excerpts from Impressions, Observations and recommendations
made by NCPDR team for its visit on 23 & 24 July, 2012
by Mr. Lakshmidhar Mishra, Special Advisor, NCPDR

Observations of the NCPDR team at the time of its last visit

- Government in Health Department had themselves selected the sample villages, it is a tragedy that when the NCPDR team went to the sample villages they found them to be pathetic and an eye-opener;

- It was sad to observe that children were drinking unsafe water from the handpump even when the pump was marked red;

A few other observations made by the NCPCR team

- There were a lot of open pits around handpumps which were filled with stagnant water and such water was the breeding ground for the culex mosquitoes, the carrier of JE virus;
- There was general lack of awareness of the public on issues of personal hygiene, environmental sanitation and cleanliness;
- The Commission felt highly dissatisfied on the working of Chief Medical Officers of the Gorakhpur and Kushinagar who appear to be least concerned about the issue despite immensity of the human tragedy afflicting the common man and the children;
- Even though the epidemic has been prevalent for 34 years, a comprehensive proposal to curb the menace was sent only in 2010; this shows not only the laxity and inaction but also the callousness and insensitivity on the part of the government.

Recommendations of the NCPCR team

- (i) All PHCs and CHCs must be strengthened in all respects (manpower, medicines, IEC materials, tools and equipments);
- (ii) District Headquarters Hospitals must be strengthened in all respects (manpower, medicines, syringe, needle, injections, IEC materials, tools and equipments);

- (iii) List of facilities available in District Headquarters Hospital, PHCs and CHCs must be displayed in the public domain;
- (iv) Teams of experts from AIIMS, New Delhi, RML Hospital, New Delhi and other national level institutions such as National Institute of Virology, Pune, National Brain Centre, Manesar (Haryana), etc. should visit BRD Hospital, Gorakhpur to oversee the screening procedure;
- (v) Teams of doctors and in particular paediatricians from other medical colleges should be deployed on rotation basis in the affected areas for a short period of time so that they can provide services in the affected areas;
- (vi) All vacant posts of doctors and para-medical staff must be filled up as soon as possible;
- (vii) A survey on the number of persons who became disabled due to attack of JE must be conducted in all the affected areas;
- (viii) A survey on the extent of malnutrition of all children must be conducted; necessary correctives should be introduced to curb malnutrition on the basis of the findings of the survey;
- (ix) Responsibility must be fixed for every death against erring officials on account of whose negligence the patient had to suffer and die eventually;

- (x) Immunisation measures against JE must be foolproof, must be administered according to the dosage and there should be no slackness about it;
- (xi) Paediatric ventilators and other machines must be made available to all district headquarters hospitals;
- (xii) Every district headquarters hospital in the affected area must have well equipped, beds at the rate of 25 beds for one ward for effective treatment of JE patients;
- (xiii) A District Level Committee with DM as the Chairman and with representatives of all other stake holders must be formed in all the affected districts;
- (xiv) Similarly, a State Level Task Force should also be constituted which should review the situation in every 15 days, report to the Principal Secretary (Health) and send a copy of the review report to the Commission;
- (xv) A Joint Committee should be formed under the chairmanship of Divisional Commissioner with representatives from PRI institutions, Social Welfare Department, WCD Department, Health Department, Public Health & Engineering Department, Rural Development and Education Departments. It should also have representatives from the civil society;
- (xvi) Every affected district should draw up an action plan and Citizen's Charter with steps for effective medium and long term

intervention plans to check the epidemic at the earliest in line with the Project Implementation Plan (PIP) developed for Kushinagar district. In the action plan and Citizen's Charter special emphasis must be given to the best interests of the children;

- (xvii) All shallow handpumps must be identified, sealed and replaced with India Mark II handpumps as the level of water is lower than the strata prescribed by government. Alternative water sources must be found such as water supply through taps or rain water harvesting systems in schools on priority basis;
- (xviii) IEC is extremely important for awareness generation. Campaigns must be launched in every village to sensitise the people about JE and AES with active cooperation and support of local NGOs.
- (xix) Overall infrastructure of all the laboratories meant for testing the AES and JE samples at district level must be reviewed at the earliest and the report should be sent to the Commission within a month's time. The number of laboratories in the affected districts must be substantially increased before the onset of the next monsoon.
- (xx) Contamination of the source of water in all the affected areas should be checked on a regular basis. All such sources which are found to be contaminated should be marked. The

laboratories which are testing water must check the samples of water collected from the affected areas on priority basis.

- (xxi) The divisional and district administration must ensure filling up of all the pits around the handpumps and elsewhere causing water logging and breeding of mosquitoes; the functionaries of the Public Health and Engineering Department should ensure that bleaching powder is sprinkled at all these places regularly;
- (xxii) Vector transmission should be interrupted at the earliest. A vaccination/immunization drive must be carried out in a campaign mode to reach every section of the society;
- (xxiii) Every district must have adequate number of fogging machines to carry out fogging in a campaign mode in all the affected areas. The responsibility for monitoring such fogging should be entrusted to the gram panchayats;
- (xxiv) Special drives to promote personal hygiene and environmental sanitation should be carried out in affected areas and a report must be sent to the Commission within two months;
- (xxv) All the committees at the village and panchayat levels like Village Water and Sanitation Committee, Village Health Committee etc. must be made active and their members sensitized about the JE & AES;
- (xxvi) A school health and sanitation campaign should be launched in all the schools of the affected villages and panchayats;

- (xxvii) Orientation and training programmes for all doctors in the District Headquarters Hospitals, PHCs and CHCs should be undertaken for their sensitization.

KIND ATTENTION . DR. GORU
ANNEXURE II

2



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA

राष्ट्रीय बालक अधिकार संरक्षण आयोग

NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

नई दिल्ली - 110 001

NEW DELHI - 110 001

F.NO.35/01/2012-NCPCR(PD)/25092

Dated: 17.08.2012

Dear

Dr A C Mishra,

As you are aware, the National Commission for Protection of Child Rights (NCPCR) has been constituted by Government of India, as a Statutory Body under Section 3 of the Commissions for Protection of Child Rights (CPCR) Act, 2005 (No. 4 of 2006) for dealing with protection of child rights and related matters.

2. One of the functions assigned to the Commission under Section 13(1)(j) of the CPCR Act, 2005 is to inquire into complaints received regarding violation of child rights.

3. The Commission, under Section 14 of the CPCR Act, 2005, has all the powers of a Civil Court in trying a suit under the Code of Civil Procedure, 1908.

4. The Commission had already taken cognizance of incidents of large scale deaths of children due to Japanese Encephalitis (JE) and Acute Encephalitis Syndrome (AES) in Gorakhpur and Basti revenue divisions of U.P. The visiting team noted, that between January, 2012 to 22.07.2012, 600 children have been admitted and 139 children who were afflicted by JE and AES have died in the hospitals. Even more children might have died at home or in private hospitals/nursing homes about which no information is available.

5. I am writing to seek the opinion of your institute on this issue. Could you urgently share with us your analysis (with evidence, if any) of the etiology and determinants of these deaths and the recommendations you would like to make on that basis. I would appreciate an urgent response

With

regards
Vandana Prasad

(Dr Vandana Prasad)
Member, NCPCR

Dr. A.C. Mishra

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O/C

17/8/12

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of a virus specific intrathecal antibody response. Polymerase chain reaction assays are used for detection of genome of virus. However, the detection of the organism depends upon the duration between sample collection and onset of the disease. The virus can be detected in first few days only.

Sanjay Gandhi Postgraduate Inst. of Med. Sci

During last few years AES has been studied in Gorakhpur region by NIV and SGPGI. Almost all the AES cases in pediatrics department are cases of viral encephalitis as per CSE picture and clinical guidelines. Out of these viral encephalitis, on average about 10-15% are due to JE and rest are non JE. A major portion of this non JE viral encephalitis appears to be enteroviral. NIV has shown the presence of EV 76 in the CSF of patients. Since 2007 attempts to demonstrate the presence of virus in CSF has shown that about 2-3% of the cases show the presence of some enterovirus in the CSF. Identification of Enteroviruses in CSF as a diagnostic tool has been a challenge and similar lower frequencies have been detected by other workers (Pérez-Vélez et al 2007, Fowlkes et al 2008). It has been recommended that detection of enterovirus in other body fluids in acute samples should also be considered and cases may be labeled as "probable" enterovirus encephalitis cases. Enteroviruses have consistently been demonstrated in the rectal swabs form about 30-40% cases since 2008. Recently, work at SGPGI on AES cases revealed that about 40% of cases from Gorakhpur region could be diagnosed as enterovirus mediated. (Kumar et al 2011), Thus based on the clinical diagnosis large number of the cases of AES in this region can be attributed to be caused by enterovirus infection. Occasional cases of herpes simplex virus, Epstein Barr virus and other viruses have been found. In adult AES patients admitted at Nehru Hospital JE accounted for about 29%, non JE AES cases 57.5% Acute bacterial meningitis 8.5% and cerebral malaria accounted for 5% cases.

Cerebral fluid

Enterovirus

Glandular fever

In the absence of direct proof for the causative agent, other epidemiological proofs and linkages need to be checked for probable causative agent and its mode of transmission. Another major waterborne disease that is being tracked in India is Acute flaccid paralysis (AFP). It was observed that blocks that had higher AFP incidence showed higher number of AES cases. Similar correlation was not seen with JE cases as the ecological and transmission modalities of JE are not as that of AFP which is water-borne. The non JE cases also showed a correlation. The epidemiological studies are indicating that the major cause of the AES in eastern UP is water borne.

Weakness or paralysis and reduced motor activity are obvious cause.

As such development of vaccine is nearly impossible for multiple agents, and will take many years. Implementation of Preventive measures for sanitation and assurance of clean drinking water becomes the only measure for prevention of this disease.

Encephalitis is a severe disease and prone to high mortality. Delay in starting the treatment after onset of disease, bad transporting of patients, lack of primary health care in th periphery contribute to increased mortality. As such the facilities in Medical college have improved, however, sheer burden of cases at BRD Medical College, which is the only tertiary Government hospital for about 7-8 district also adds in the increasing mortality.

Encephalitis due to JE is preventable and great efforts are being made to have good vaccination coverage in the area. Health Departments have conducted two mass campaigns in the region during 2006 and 2010 and JE vaccination has been now introduced in routine

*HHV-1 and 2
HSV-1
Produce most cold sores
HSV-2
Produce most genital herpes*

Response from MIV - Pune Dr Gore 15/10
10/10/10

AES in eastern UP

Clinically, a case of Acute encephalitis syndrome (AES) is defined as a person of any age, at any time of year with the acute onset of fever and a change in mental status (including symptoms such as confusion, disorientation, coma, or inability to talk) AND/OR new onset of seizures (excluding simple febrile seizures). Other early clinical findings may include an increase in irritability, somnolence or abnormal behavior greater than that seen with usual febrile illness. This definition was introduced by WHO in order to understand the extent of problem as in case of detecting polio and Acute flaccid paralysis.

AES thus is an epidemiological term rather than one associated with causative agent. There are large numbers of causative agents that can give clinical presentation of AES. They belong to bacterial, parasitic, fungal and viral. Many of these occur as sporadic and a few of them occur in outbreak form. Defining the causal relationship between a microbe and encephalitis is complex. Over 100 different infectious agents may cause encephalitis, often as one of the rarer manifestations of infection. Granerod et al (2010) gives a detailed account of etiological entities. In Indian context, in addition to the sporadic causes of AES that include bacterial, tubercular, parasitic (malaria, cystisarcoses) many viral causes in the form of sporadic cases have been detected. Sporadic encephalitis and encephalopathies that have been associated with viral infections are caused by Herpes viruses, rabies, Epstein Barr virus, measles, mumps, Nipah etc. In addition, in a large outbreak of chikungunya and dengue, a few encephalitis and encephalopathies cases have been detected. Viral diseases and encephalitis can occur in the form of outbreaks also. In India, Japanese encephalitis and Chandipura have been known to cause large scale outbreaks in various parts of country. West Nile virus encephalitis that was detected as sporadic cases earlier also seems to be emerging as outbreak in Assam. In eastern UP outbreaks of Japanese encephalitis virus and in recent years enterovirus encephalitis is also seen.

Diagnosis of encephalitis has always been a challenge to clinicians. Of the pathogens reported to cause encephalitis, the majority are viruses. However, despite extensive testing the etiology of encephalitis remains unknown in most patients (Tunkel et al 2008). Clinicopathological diagnosis of AES is carried out based on series of clinical and routine laboratory findings. A clinical history of onset of fever, associated symptoms and other nutritional and background information on patient can give indication of causative agents. In addition, analysis of cerebrospinal fluid for cells, proteins and sugar level can differentiate between viral and bacterial causes of AES.

In an outbreak situation, confirmation of diagnosis in few cases followed by enumerating clinically similar cases to fix the etiology is used. Thus diagnosis of each case is not required as a basic epidemiological rule. Occurrence of cases in a particular setting in time and space with similar signs and symptoms can be taken as a diagnosis for all the cases with similar presentation. Other factors like association with known diseases, spreading pattern, seasonality are also taken into consideration. Thus identification of causative agent in few cases and clinically correlating them with other cases can be done.

Definitive diagnosis of CNS viral infection is dependent upon either virus isolation from cerebrospinal fluid (CSF), demonstration of virus genome in CSF or the demonstration

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immunization. Continuation of routine immunization with 100% coverage of the newer cohorts would be helpful in keeping the incidence of JE at the minimum. In case of water borne diseases, implementation of preventive measures is the only way to minimize the morbidity due to encephalitis as the vaccines for these are not available. Thus increasing the awareness of sanitation, provision of good drinking water remains the only option in controlling the disease. In addition, public education in use of toilets, transport of cases, access to the immediate primary health care to patients, overall cleanliness at the grass root level would be useful.

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Annexure - I

ART

NCPCR recommendations to the Government of Uttar Pradesh on J.E./ A.E.S., Action Taken and Ways Forward

| Sl. No. | Recommendations made by NCPCR | Action Taken Report (compliance by the State Govt.) | Remarks |
|--|---|--|---|
| RECOMMENDATIONS MADE BY NCPCR AFTER DECEMBER 2011 VISIT | | | |
| 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 | All the PHC and CHCs are strengthened as per the prescribed standard. Ambulance facilities have been ensured in all PHC, CHC and District Hospitals. | Strengthening implies - Physical structure; - Manpower; - Tools & equipments; - Orientation & training for sensitization of functionaries. The response of the State Govt. does not cover any of these points & is vague. |
| 2. | Every P.H.C., C.H.C. and District Hospitals shall have Citizen Charter or list of facilities available for public information. | Citizen Charter has been displayed in all PHC, CHC and District Hospitals, giving details of the facilities available | A copy of the citizen's charter is needed for reference & should be sent. |
| 3. | Ensure approval of the proposals sent by the districts to curb Japanese Encephalitis and Acute Encephalitis Syndrome on priority basis; | Rs. 481.28 lakh has been sanctioned against the action plan towards eradication of JE/AES in 8 Districts. Rs. 2301.22 lakh has been sanctioned for establishing ten-bedded ICU Ward in 10 Hospitals of 9 Districts. | The latest status of construction of 10 bedded ICU ward in 10 hospitals of 9 districts may be indicated. The latest status of utilization of Rs. 481.28 lakh may be indicated. |
| 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 | Efforts are made to depute Pediatric from other Districts of the State to the JE/AES affected Districts for 1 month on rotation basis. The Experts from national level and other States too have been visiting the affected areas and giving necessary advisees from time to time. | The recommendation was that the State Govt should invite experts from AIIMS, RML hospital etc. to orient the local health staff & develop protocol for screening of patients. If experts have been visiting the affected areas on their own, the details of names of experts & dates of visits areas visited & recommendations made should be included |
| 5. | Visit of team of doctors on rotation basis from | Experts from national level and other | Details of paediatricians from other districts |

ANNEXURE III

| Sl. No. | Recommendations made by NCPCR | Action Taken Report (compliance by the State Govt.) | Remarks |
|---------|--|--|--|
| | 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. | States too have been visiting the affected areas and giving necessary advisees from time to time | of the State visiting the affected areas, names, dates of visit, areas visited & recommendations made should be indicated. |
| 6. | All the vacant post of doctors and paramedical staff must be filled as soon as possible | The appointment of Paediatric Doctors has been ensured. | Details of the posts vacant, when filled up and posts remaining vacant should be furnished. |
| 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 | Survey of children survived of JE/AES but became disable is on and rehabilitation efforts would be worked out only after the survey report. Currently the Rehabilitation Training Centre, BRD Medical College, is package affected is given prio | Date (s) of commencement of the survey of the disabled/mentally retarded and the date of completion should be indicated. During the visit of National Commission for Protection of Child Rights team in July' 2012 it was suggested that a team of professionals from Gorakhpur may be deputed to visit National Institute of Mental Health, Secunderabad, AP and discuss with the Director of the Institute about plans for rehabilitation of the disabled/mentally retarded. |
| 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 | Proposal has been sent to the union Government for additional allocation to conduct survey of identified malnourished areas | Details of the proposal sent to Central Govt. for additional allocation to conduct survey of identified mal-nourished areas should be furnished to enable the Commission to have it followed up. |
| 9. | The administration must fix the accountability of every death that took place so that quick and stern action is taken against erring officials | Death audit has been ensured in every District and the accountability /responsibility has been fixed. | Details of death audit i.e. components of audit, modalities of conducting the audit, outcome thereof, fixation of responsibility against those who are responsible for death on account of negligence in treatment & timely attention should be furnished. |
| 10 | Administration can send a proposal to Central Government to add the immunization of J E | Vaccination for JE has been included in the regular immunization process | The Commission strongly recommends that all Children upto the age of five should be |

Minutes of the hearing on 03.10.2012 in the Conference Room of NCPCR at 10.00 a.m. on the issue of the children suffering and dying of Japanese Encephalitis (JE) and Acute Encephalitis (AE) Syndrome.

A Hearing on the issue of the children suffering and dying of Japanese Encephalitis and Acute Encephalitis Syndrome was held under the Chairpersonship of Dr. Shantha Sinha, Chairperson, NCPCR at NCPCR Conference Room, **New Delhi** on 03.10.2012 at 10.00.a.m. The meeting was chaired by Dr. Shantha Sinha. She alleged that the issue of children dying of JE/AES is of grave concern to the Commission and has to be resolved, as 140 children have already died.

The following attended the meeting;

1. Shri J.P. Sharma, Principal Secretary, Medical and Health Services, Uttar Pradesh
2. Shri Ravinder Singh, Special Secretary, Medical Health.
3. Dr. Rama Singh, D.G. Medical Health Services, Uttar Pradesh
4. Shri K. Ravinder Naik, Divisional Commissioner, Gorakhpur, Uttar Pradesh
5. Dr M.K. Gupta, Director, AES/JE, Uttar Pradesh.
6. Dr. K.P. Kushwaha, Professor and Head Paediatrics, BRD Medical College, Gorakhpur
7. Dr. L.S. Chauhan, Director, National Centre for Disease Control
8. Dr. Virendra Kumar, Director, Professor, Lady Harding Medical College
9. Dr. Shantha Sinha, Chairperson, NCPCR
10. Dr. YogeshDube, Member, NCPCR
11. Dr. Vandana Prasad, Member, NCPCR
12. Shri L.D. Misra, Special Advisor, NCPCR
13. Ms. Shaista Khan, Senior Consultant, NCPCR
14. Ms. Shaifali Avasthi, Consultant, NCPCR
15. Ms. Swati Das, Consultant, NCPCR
16. Mr. Parantap Das, Consultant, NCPCR.

Rationale for Hearing;

- Deaths of children in 9 districts of Gorakhpur and Basti Revenue Divisions in large number from 1978 onwards could be attributed to the following sources:

- Japanese encephalitis (this accounts for about 15 percent deaths) caused by JE virus carried by culex mosquitoes which thrive in unclean and insanitary surroundings;
- Aseptic meningitis, encephalitis, Myelitis, radiculitis and myocarditis which are caused by other than JE virus such as enterovirus, echovirus and which account for the remaining 85 percent of the deaths.
- The JE came in view in 1978 and large number of deaths of children were reported in the same year. The epidemic claimed hundreds of lives once again in 2005 and 2010.
- It drew the attention of Parliament during a calling Attention Motion in Lok Sabha in 2011.
- Replying to the Motion, Hon'ble Union Minister of Health and Family Welfare had stated that the 1133 deaths on account of JE were reported in 2011 from UP, Odisha and Bihar of which 575 were from Gorakhpur and Basti division.
- It was further reported that 25 percent of the children affected by JE die while 40 percent of those who survive become physically and mentally challenged.
- Dr. Yogesh Dube – Member, NCPCR had first discussed the issue with the Director General of Health Services, Govt of UP in Lucknow in November, 2011.
- Subsequently he led a team of NCPCR to Gorakhpur in December, 2011 (5th to 8th December, 2011 to be precise) and had extensively toured the affected blocks and villages in Gorakhpur, Kushinagar and Deoria districts. He had also visited Baba Raghav Das hospital to see the condition of patients who were being treated there as also the facilities and amenities being provided for such treatment.
- Dr. Dube led a second NCPCR team in July, 2012, visited BRD hospital and met the parents and relatives of patients undergoing treatment there. He had extensive discussion with the Divisional Commissioner and DM Gorakhpur, Special Secretary, Health, Govt. of UP and CMOs of all the 9 districts who had been specifically invited to the meeting at Gorakhpur circuit house on 24.07.12. He had met NGOs, other social, educational and health activists and media persons before his departure for Delhi on 24th July, 2012.
- Several recommendations – both short term and long term incorporating both preventive and corrective measures were issued to the State Govt. and Divisional/District Administration in the wake of these 3 visits by the Member, NCPCR.

- As no satisfactory response was received to these recommendations by way of an ATR, the Principal Secretary, Health, Government of UP was summoned to appear before NCPCR on 3.10.12 at 10.00 AM.
- The Principal Secretary, Health & Family Welfare, the Special Secretary of the Department, the Divisional Commissioner, Gorakhpur, the DG Health Services and other senior officers of the Department appeared before members of the jury of NCPCR on the appointed date and time.
- The Divisional Commissioner explained the stand of the State Govt. and action taken by the Divisional and District Administration on the various recommendations made by the NCPCR team from time to time as under:
 - This is a problem of gigantic magnitude which is persisting since 1978; the problem gets compounded on account of grinding poverty and chronic malnutrition obtaining on the ground for succeeding generations. Such poverty and malnutrition lead to less immunity on the part of children and lower immunity contributes to higher vulnerability of malnourished children to AES and JE;
 - The problem is being viewed with a very high priority, with a sense of urgency and seriousness of concern by all concerned;
 - It is being monitored at the highest level of the State Govt. i.e. CM;
 - It is being monitored by the Divisional Commissioner at the divisional level and DMs and CMOs concerned at the district level;
 - All preventive and corrective measures are being taken at the District Headquarters Hospital as well as at the CHC/PHC level;
 - All CHCs and PHCs are being strengthened in terms of manpower and equipments;
 - All vacant positions in district headquarters hospitals, CHCs and PHCs are being constantly reviewed and being filled up;
 - All referral cases are being promptly attended to; there has not been a single case of refusal of a patient;
 - Ambulance services are being made available to the needy persons by the State Govt. free of cost;

- There is a fever tracking system through ANMs and ASHA workers at the PHC level; through this an earnest endeavour is being made to get all the deaths (both AES related as well as JE related) reported and accounted for;
- The deaths on account of JE have been mostly controlled and have come down to 5 percent (from 35 percent at one time);
- Seropositivity of JE has also come down;
- Diagnosis of the ailments at the BRD hospital which accounts for 95 percent of the JE and AES cases is foolproof;
- There is no preventive vaccination against enterovirus related diseases but there is a vaccination for JE and the same is being administered at regular intervals;
- All the cold chains throughout the State of UP are in working order and therefore, there is no reason to doubt the potency of the vaccine;
- There is, however, a heavy backlog of population awaiting vaccination; proposal for supply of addl. vaccines as per requirement is pending with the Ministry of Health and Family Welfare, Govt. of India;
- This notwithstanding, the State Govt. assured NCPCR that the target of universal immunisation will be achieved by December, 2012;
- In each of the 9 districts in Gorakhpur and Basti Revenue Divisions 10 beds in ICU have been sanctioned and 10 ventilators for each JE prone hospital has been sanctioned;
- In view of acute shortage of paediatricians, doctors are being sent from other districts to Gorakhpur by way of re-deployment;
- Special wards for JE are being carved out;
- Doctors and paramedical staff are being given necessary orientation and training to effectively handle JE cases;
- The 100 bedded new block in BRD hospital, Gorakhpur under constructions since July, 2012 has come upto plinth level and efforts are being made to accelerate the pace of construction work;
- Ten new doctors have recently joined the hospital; this will ease the pressure of work;
- Fogging of all affected areas has been resumed on a continuous basis;

- Pigs are one of the worst carriers of JE virus and in Gorakhpur pigs form an integral part of human settlements which are located in unclean and unhygienic surroundings; keeping this in view, 339 suar addas have been shifted from Gorakhpur city to the outskirts. More such such addas will be shifted in the subsequent months;
- A proposal (Rs. 100 crore) for rehabilitation of all mentally retarded children who were afflicted with JE, who have survived and have become mentally challenged has been sent to Govt. of India, Ministry of Health & Family Welfare for sanction;
- While 3341 India Mark II hand pumps have been installed in all the AES and JE affected villages of 14 districts, 18000 additional hand pumps will be installed within a period of one month out of Rs. 160.00 crore sanctioned by the Ministry of Rural Development, Govt. of India of which Rs. 51.00 crore have already been released;
- A number of IEC packages have been designed for familiarization and sensitization of all sections of the civil society i.e. teachers, students, women, youth, representatives of local self governing bodies etc about measures for preventing AES and JE related deaths and by adopting a number of Dos and Donots on the part of families in the affected areas.

The following observations were made by Member – Dr. Vandana Prasad:

- It is a human tragedy of immense magnitude/persisting for the last 34 years (since 1978); the State Govt. should view it with utmost sense of urgency and seriousness of concern and should not indulge in a game of numbers and statistical jugglery characterised by reduction in percentage of deaths;
- Death of every child matters and is of deep concern to NCPCR; such deaths cannot be ignored, belittled or minimized merely because there is poverty, ignorance, social and economic backwardness, undernourishment and malnutrition; instead, collective and united endeavor should be to protect every child from being a victim of such casualty, regardless of reasons and circumstances;
- There should be foolproof meticulous planning for every activity and sub-components of each activity in terms of physical infrastructure, deployment of manpower, human resource development (orientation and training), procurement, installation and utilization of equipments, continous vigilance and surveillance ; all

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loose ends in such planning must be fully tied up and all functionaries must own full responsibility for what they are doing;

- UNICEF and WHO could be involved in scientific management of water, disposal of waste and environmental sanitation where they have got the expertise;
- The operational guidelines issued by the Department of Family Welfare in the Ministry of Health & Family Welfare (Immunisation Division) in regard to immunisation as a preventive measure for JE should be implemented fully;
- All the lacunae and shortcomings in the existing reporting system should be removed with a view to making it foolproof and credible;

The following observations were made by Member – Dr. Yogesh Dube:

- Contrary to the statement made by the Divisional Commissioner, Gorakhpur that use of all shallow hand pumps (below a depth of 30 - 35 meters from the surface) has been banned he has in course of his tours come across such pumps being used and children taking water therefrom while playing;
- Action on the part of the State Govt. in filling up all the pits which lead to accumulation of water and eventually become breeding grounds of culex mosquitoes (who are the primary carriers of JE virus) is still incomplete;
- The State Govt. is yet to furnish a report on the survey of all the malnourished children as also children who have been disabled/mentally retarded on account of being afflicted by JE;
- The State Govt. is yet to depute a team of professionals to visit the National Institute of Mental Health, Secunderabad, Andhra Pradesh and discuss with the Director of the Institute about plans for rehabilitations of the mentally challenged;
- The State Govt. is yet to make available the details of the proposal sent by them to the Central Govt. for additional allocation of funds to conduct a survey of identified malnourished areas;
- The State Govt. is yet to make available the details of death audit together with modalities of conducting the audit, outcome thereof, fixation of responsibility against those who are responsible for deaths of children due to negligence in treatment;

- The State Govt. is yet to make available the number of paediatric ventilators required, number asked for, number sanctioned, number procured and number installed;
- The State Govt. is yet to make available the details regarding constitution of committees at various levels, composition thereof, dates of meetings held, a gist of decisions taken and implementation of the decisions;
- The State Govt. is yet to make available the details regarding IEC packages such as;
 - design of the message;
 - illustration of the message;
 - print of IEC materials;
 - dissemination of materials;
 - audience research as to how the materials are being use and what is impact created;
 - if the IEC message are being broadcast and telecast, the prime time for broadcast and telecast and liaison and coordination with AIR and Doordarshan for such broadcast and telecast.
- The State Govt. is yet to make available a detailed report regarding names of the districts where testing laboratories have been installed, intervals at which water samples have been sent for test, number of samples sent and findings of the test, i.e the extent by which water meant for drinking is free from chemical and bacteriological impurities.

The Chairperson – Prof. Shanta Sinha made the following observations:

- All births must be registered under the Registration of Births and Deaths Act, 1969;
- Planned, coordinated and concerted efforts should be made to promote institutional delivery and make it 100 percent as against the ratio of 40 (institutional) and 60 (home delivery);
- The example set by Sri K.S. Rao, the then Municipal Commissioner, Surat (1997) to promote environmental sanitation through community mobilization and through such a measure prevent the incidence of plague in Surat city should be emulated;

- Existing human settlements with piggery units should not be shifted to the outskirts of Gorakhpur or any other city without making alternative arrangements for rehabilitation of the displaced families;
- In case of such families who have already been shifted to the outskirts of the city, apart from promoting personal hygiene and environmental sanitation, the children of such families should be vaccinated in full measure and as per the desired frequency;
- A drive should be launched for certification of all mentally challenged children so that they can receive all the benefits of inclusive education under RTE Act, 2009 (as amended) through Sarva Shikya Abhiyan.

Shri K Ravindra Naik made a presentation on Situation of AES/JE and Control Program. As per the version of the Principal Secretary, Health JE disease has been controlled in Gorakhpur and majority of the cases pertains to AES.

Discussion points on the Presentation;

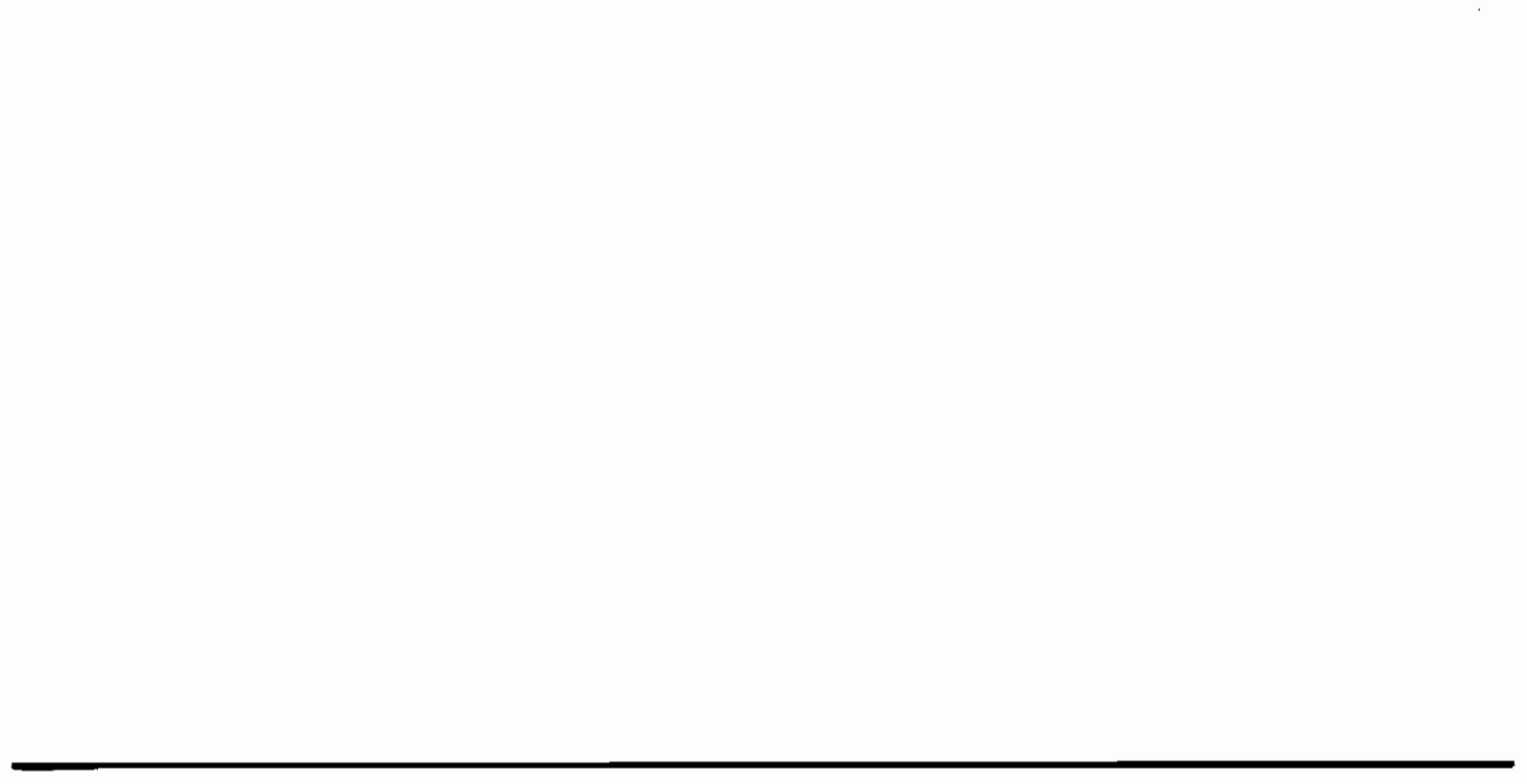
- ❖ In order to curb the hazard, educative steps through IEC/BCC materials, preventive and curative steps like vaccination is taken at PHC/CHC particularly at Gorakhpur Medical College.
- ❖ 156 doctors are yet been sent at the PHC/CHC. The system is running short of ventilators.
- ❖ Steps are still in pace which will start resulting by next year.
- ❖ JE/AES cases are most prominent in Northern part and less affecting the Southern part.
- ❖ 99% cases are the Enteroviral cases and out of which 10-12% of the cases fallout to deaths. Diagnosis results shows that more than 95% Encephalitis cases belongs to AES category for which there is no specific treatment and no vaccination.
- ❖ Only preventive measure is the current available means of treatment for AES.
- ❖ Data is compiled on the basis of Fever Tracking System in the hospitals at the Community level.
- ❖ AES does occur mainly due to contaminated water.
- ❖ Eastern belt of state is blessed with high level of ground water but also vulnerable to easily getting contaminated.
- ❖ People use Shallow Hand pumps because of easy boring which only gives impure water causing eruption of AES.
- ❖ Assessment in the yearly data for Gorakhpur, Deoria, Kushinagar, Maharajganj, Basti, Siddharth nagar, Santkibir nagar, other districts of UP, Bihar and Jharkhand and Nepal on AES, cases and deaths between 2011 and 2012 (upto 30th Sep) which is 15.4% :

15.2% with no difference. In fact in JE there is significant increase of 8.7% in the mortality (13.9% : 22.6%).

- ❖ ASHA/ANM track the fever affected children from the village to the nearest PHC/CHC/District Hospital or private hospital, where the child is provided with tertiary care. There is no provision of incentive for ASHA for referring the case. Only single dose of vaccination for this virus is provided. There is relative increase in the no. of cases of JE as well as deaths due to JE from 2011-2012.
- ❖ Special JE Campaign was organized in the years 2006-2010 for upto 1-15 yrs of children and routine JE immunization was conducted in 2012 between 18-24 mths.
- ❖ Availability of Paediatric ventilators is 25 and short of 25 more and anesthetics are also shortfall.
- ❖ Training should be provided to the doctors as well as para medical staff
- ❖ Only 2 old ambulances are available at BRD Hospital.
- ❖ Total no. of fogging machine available are 111 out of which 40 are in working condition, 71 are to be repaired and 495 are purchased by the gram panchayat.
- ❖ AES is a complex of number of infections. Mortality is very high case definition for AES is not followed at many places put a diagnosis. The number of cases of AES goes up and down. Even if the coverage is 100%, the death rate will not come down because it is a group of diseases.
- ❖ There is need of clarification on JE and AES. 90% of the cases belongs to BRD Medical College, Gorakhpur. If the child stays unconscious for more than 60 mins can be taken as the case of JE.
- ❖ Every child is subjected to ELISA examination. NIV is already conducting bio-medical college test, CT Scan, MRI. ELISA has to be conducted within 24 hrs.
- ❖ 60% of the cases are of Retro Virus and Entero Virus cases will be 5-6% of Coxsackie virus.
- ❖ Construction of 100 Bed capacity ward is in progress in BRD Medical Collage, Gorakhpur.
- ❖ Increase of 7 DCH seat at BRD Medical Collage
- ❖ Rehabilitation Centre started in BRD Med. Collage,.
- ❖ NICU working for the treatment of JE/AES

Health Department:

District Level efforts



- ❖ Establishment of 10 Bed capacity ICU in each district of Gorakhpur Division under progress. Construction work completed.
- ❖ Ventilator is shortly expected to be received for ICU
- ❖ Ward/Beds reserved in all District Hospital specially for AES cases
- ❖ Sentinel Lab is functional in all district
- ❖ Fever tracking system is in place.
- ❖ Insulation, Disinfection & Diffusion is carried out by team visiting effected village.

Health Department:

- ❖ Around 95% of targeted age group children were immunized in year 2010 with JE vaccination. Target for cent-percent vaccination is chased on.
- ❖ Daily reporting of cases details to District Magistrate through Div. PMU (NRHM).
- ❖ Many Workshop for Coordination, support & IEC organized by Dist. Administration in the Division
- ❖ 20000 Gambusia Fish obtained from Malaria research Center, Bangluru. These fish will be put in pond/water logged places of high sensitive area.
- ❖ Daily reporting of cases details to District Magistrate through Div. PMU (NRHM).
- ❖ IEC/BCC initiative undertaken in effected villages through different mechanism.

Panchayat Department:

- ❖ Panchayat department purchased 495 Fogging machine
- ❖ Linkage of JE/AES disease control program with Nirmal Bharat Abhiyan.
- ❖ Special cleaning campaign through Village sweepers in high effected village.
- ❖ Marking of unsafe water hand pump and clorination.

Jal Nigam

- ❖ Removing unsafe hand pump and boring India Mark-II hand pump
- ❖ 80 Hand Pumps in outer Gorakhpur City and 110 Hand pumps in Slums of Gorakhpur installed.
- ❖ Support on IEC/BCC

ICDS

- ❖ JE vaccination verification through Aganwadi Workers
- ❖ Identification of malnourished children through Aganwadi workers

Inter Departmental Coordination

- ❖ Case details provided to DPRO, BDO, and Education Department for implementing preventive & IEC activities
- ❖ Case verification
- ❖ Training of ANM/ASHA/AWW with support of NDMA
- ❖ Training of 140 volunteers of NagrikSuraksha Core.
- ❖ Training of all Postmen of Gorakhpur district

Japanese Encephalitis Control Committee (JECC):

- ❖ JECC constituted under chairmanship DM-Gorakhpur.
- ❖ JECC is a local initiative for effective implementation, monitoring, coordination and support to the campaign.
- ❖ 3650 training kit mobilized with support from different sources and given to trainees.
- ❖ Various IEC activities implemented by JECC in Gorakhpur district.

Initiative from Division Level

- ❖ All District Magistrate instructed to hold inter departmental coordination meeting on routine basis.
- ❖ Letter being issued from Commissioner to Gram Pradhans for IEC, utilization of untied fund, preventive steps to be taken, A Pradhan Forum is being formed under chairmanship of Commissioner for community based monitoring and feedback for program implementation.
- ❖ Documentary Film produced & film show undertaken in effected villages
- ❖ Publicity through cinema hall being done.
- ❖ Action being taken for shifting Piggaries from villages to abandoned place.
- ❖ Every Saturday "Health Education Day" being observed in school. Slogan being used during morning pray

Issues to be resolved;

1. Universal coverage of all the children with no gap along with birth registration up till Dec, 2012. 349-371 numbers of piggeries are still out of habitation alongwith the rearing families.
2. Piggery rearing should be done in hygienic manner with the expert opinion. Instructions should to be made for visiting and investigating all the JE endemic areas. Integrated plans should be linked with every government schemes. Need to modulate Short term and Long Term methods.
3. Putting up of new hand pumps. IDSP and surveillance mechanism can be adapted to treat it as an outbreak.
4. Fisherman can also be trained to rear their own Gambusia fish.
5. Awareness to be generated among the pregnant mothers and their families for institutional delivery which of now is only 60%.
6. CMO's of all the 9 districts must provide the medical treatment to the patients of JE/AES.
7. Ambulance has to be provided to every CHC/PHC. Serious cases must be admitted to BRD College. .
8. There should be capacity building for HR Plan. Need of Medical and Paramedical staff, ventilators, neonatal training is to be provided.
9. Convergence with malnutrition cannot be a cause of death. There should be close convergence with the Gram Panchayat.
10. Timeframe has to be developed for the training of doctors and paramedical staff.
11. FMNCA should be given to these doctors.
12. Report regarding the issue of 10 beds for JE must be provided by the District Magistrate.
13. How many cases of JE/AES have been referred to the hospital by the ambulance. Expert advice is required regarding the technical vision in nos. of AES cases which is 80% of the disease burden. Mapping of the children with Special Needs.
14. There are total 1710 piggery farms out of which atleast 100 can be selected as a pilot and the families dependent of piggery rearing must be involved to tackle the issue.
15. There should be 100% immunization coverage of the children living in the piggery rearing area.
16. There is no system of tracking of the children after discharge from the hospital.
17. Certificate should be provided to the children when they are admitted.
18. ASHA will certify the children with the disability with the help of social justice system.
19. Support system should be taken from the panchayat and BDO.
20. Piggery family must be ensured with 100% of immunization.
21. Children affected by JE must get financial assistance, as these children could not be suffered for educational deprivations.

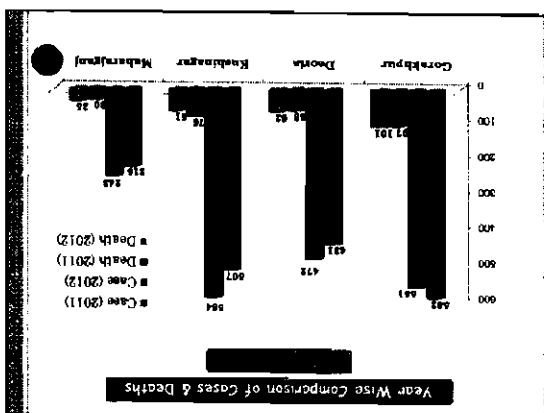
22. Requirement of 18000 handpumps and will be placed within 1st March.
23. Need of expertise on water and sanitation. 100 villages in each district are covered. Money is not yet provided and getting enough money for Total Sanitation Camp.
24. Total no. of vacant positions are 40448 posts. There is overall shortage of Doctors. Decision has been taken to employ contractual Doctors. There is increase of 10 seats instead of 3 seats. MCI Rural posting is must for a shorter term batch.
25. Data on Human Resources is to be provided. 156 vacant position of the paediatrician.
26. 180 children died out of 400 in Bihar and Muzzafarpur. They all have hypoglycemia and are from the well endowed district of Bihar.
27. Parents are also ignorant, as they don't know about the referral system.
28. Ambulance services are also not 100%.
29. Biggest challenge is that 1 year gets lost in failure of Medical Education. There is special medical ward for Total Sanitation Programme.
30. Cold Chain is being monitored.
31. Physical infrastructure, placement of Human Resources and training of HR should be ensured.
32. Rehabilitation of the families dependent upon piggery rearing which have been shifted out of the human habitation.
33. Community should be involved in the Sanitation Plan.
34. Expert advice on water and sanitation must be taken for effective measures from WHO, UNICEF
35. Cost for one India Mark Handpump is 35,000/-.
36. IEC activities must reach the community.
37. There has to be mop up round for the children of 1-15 yrs of children. Routine immunization come out in 2 weeks. No 100% coverage even in the health camp.
38. Allocation for fogging receiving 10000 untied funds. State Planning funds by NRHM.
39. Once in a week this amount of fogging can be recommended by the Commission.
40. Tracing of the status of migrants, missing children for which micro plans are to be ensured.
41. Intergrade institutions working for the children with special needs for which 100 crores are necessitated. SSA must be surged for providing the assistance to the children with special needs. There must be 25% reservation for these children and care plan should be made for each of these children.
42. Firm Plan to be made for capacity building up till 31st Dec. 2012.
43. Organize the meeting in every 3 months in order to meet the timelines.

Unhappy with the presentation of the Government. Commission can now file a case in Supreme Court of India.



**Special JE Vaccination Campaign
Yr. 2006 & 2010 (Up to 1 - 15 yrs)**

| Year | Age Group | Number of Children | Number of Vaccines | Number of Doses | Total Doses |
|--------------|-----------|--------------------|--------------------|-----------------|--------------|
| 2006 | 1-15 yrs | 11019 | 11019 | 11019 | 11019 |
| 2010 | 1-15 yrs | 11019 | 11019 | 11019 | 11019 |
| Total | | 22038 | 22038 | 22038 | 22038 |



Comparative Month wise incidence of cases & Death

| Month | Cases | Deaths |
|--------------|-------------|------------|
| January | 40 | 6 |
| February | 42 | 9 |
| March | 39 | 8 |
| April | 60 | 11 |
| May | 61 | 10 |
| June | 76 | 10 |
| July | 221 | 26 |
| August | 703 | 97 |
| September | 920 | 150 |
| Total | 1105 | 150 |

District Wise Comparative JE/AES cases

| District | Year | Cases | Deaths |
|--------------------|-------------|------------|-----------|
| Other Dist. (U.P.) | 2011 | 35 | 4 |
| | 2012 | 42 | 10 |
| Bihar & Jharkhand | 2011 | 193 | 40 |
| | 2012 | 180 | 32 |
| Nepal | 2011 | 1 | 0 |
| | 2012 | 1 | 0 |
| Total | 2011 | 329 | 54 |
| Total | 2012 | 304 | 42 |

19.2
10/4/2012

Action taken towards control of Disease

Action Taken

Health Department: BRD Medical Collage, Gorakhpur

- o Construction of 100 Bed capacity ward is in progress in BRD Medical Collage, Gorakhpur.
- o Increase of 7 DCH seat at BRD Medical Collage
- o Rehabilitation Centre started in BRD Med. Collage..
- o NICU working for the treatment of JE/AES

Advanced Medical Equipment at BRD Medical Collage

Action Taken

Health Department:

District Level efforts

- o Establishment of 10 Bed capacity ICU in each district of Gorakhpur Division under progress. Construction work completed.
- o Ventilator is shortly expected to be received for ICU
- o Ward/Beds reserved in all District Hospital specially for AES cases
- o Sentinel Lab is functional in all district
- o Fever tracking system is in place.
- o Insulation, Disinfection & Diffusion is carried out by team visiting effected village.

Safe water / Lack of public health services
Sanitation

Action Taken



Health Department:

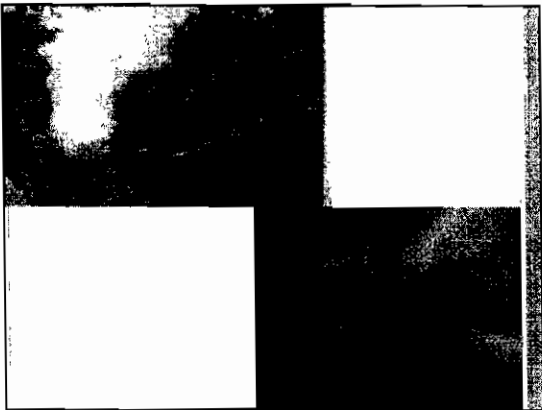
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- o Daily reporting of cases details to District Magistrate through Div. PMU (NRHM)
- o Many Workshop for Coordination, support & IEC organized by Dist. Administration in the Division

| District | No. of Workshop |
|------------|-----------------|
| Deoria | 36 |
| Kushinagar | 28 |
| Maharajan | 28 |

Action Taken




Health Department:

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- o Daily reporting of cases details to District Magistrate through Div. PMU (NRHM).
- o IEC/BCC initiative undertaken in effected villages through different mechanism. 



Action Taken

Panchayat Department:

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- o Special cleaning campaign through Village sweepers in high effected village 
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Action Taken

Jal Nigam

- o Removing unsafe hand pump and boring India Mark-II hand pump
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ICDS

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Action Taken

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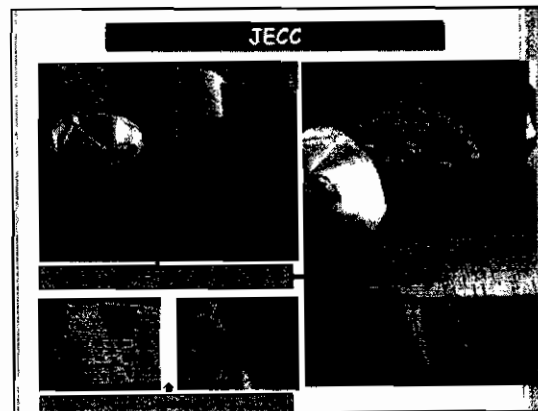
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- o JECC is a local initiative for effective implementation, monitoring, coordination and support to the campaign.

- o 3650 training kit mobilized with support from different sources and given to trainees.

- o Various IEC activities implemented by JECC in Gorakhpur district.



Innovative Initiative taken from Division


Initiative from Division Level

- o All District Magistrate instructed to hold inter departmental coordination meeting on routine basis.
- o Letter being issued from Commissioner to Gram Pradhans for IEC, utilization of untied fund, preventive steps to be taken,
- o A Pradhan Forum is being formed under chairmanship of Commissioner for community based monitoring and feedback for program implementation.

शेखर से प्रधनों के सम्बन्ध में पर कर्मिण्डर करने फोरम
 कल्याण सेक्टर में विद्यमान के क्षेत्र में शैक्षणिक विद्यालय

Initiative from Division Level

- o Documentary Film produced & film show undertaken in effected villages
- o Publicity through cinema hall being done.
- o Action being taken for shifting Piggaries to abandoned place.
- o Every Saturday "Health Education Day" being observed in school. Slogan being used during morning pray



Innovative Action Plan prepared & submitted to authorities

| | |
|--|--------------------|
| One India Mark-II hand pumps per 50 persons | Approved |
| Educational Rehabilitation of Mentally & Physically retarded person due AES/JE | Yet to be approved |
| Remand for Pradhan and ANM on mill JE/AES case in their village | Proposed |

ANNEXURE V

44

प्रेषक,

महानिदेशक,
परिवार कल्याण,
उत्तर प्रदेश, लखनऊ।

सेवा में,

डा० एम०के० गुप्ता,
निदेशक (ए०ई०एस०/जे०ई०)
चिकित्सा स्वास्थ्य सेवाएँ,
स्वास्थ्य भवन, लखनऊ।

पत्रांक: 22फ/ई०पी०आई०/2013/

3992

दिनांक: 29 जुलाई, 2013

विषय: गोरखपुर सम्भाग में जे०ई० टीकाकरण से अप्रतिरक्षित बच्चों के सम्बन्ध में।

महोदय,

कृपया अपने पत्र संख्या 21फ/ए०ई०एस०-जे०ई०/2013/5336-37 दिनांक 19 जुलाई, 2013 का संदर्भ ग्रहण करने का कष्ट करें।

उक्त पत्र के साथ संलग्न डा० वन्दना प्रसाद, सदस्य, राष्ट्रीय बालक अधिकार संरक्षण आयोग, भारत सरकार नई दिल्ली के अ०शा० पत्र संख्या 35/01/2012-एन०सी०पी०सी०आर० (पी०टी०) (बाल्युम III)/29088 दिनांक 06 जून, 2013 द्वारा जारी गयी सूचना के क्रम में अवगत कतना है कि नियमित टीकाकरण कार्यक्रम के अन्तर्गत प्रदेश के अति संवेदनशील 38 जनपदों में जे०ई० टीकाकरण 01 से 02 वर्ष तक के बच्चों का किया जा रहा है। आप द्वारा जारी गयी बिन्दुवार सूचना निम्नवत् प्रस्तुत है।

- गोरखपुर सम्भाग (आजमगढ़, बलिया, मऊ, बस्ती, संतकबीरनगर, सिद्धार्थनगर, बहराइच, बत्तारामपुर, गोण्डा, भावरती, देवरिया, गोरखपुर, कुशीनगर, महाराजगंज) में दिनांक 31 मार्च, 2013 तक अप्रतिरक्षित बच्चों की संख्या (1-2 वर्ष) का विवरण निम्नवत् है:-

| क्रम | जनपद | लक्ष्य (1-2 वर्ष) | मार्च, 2013 तक उपलब्धि | वर्ष में छूटे हुये बच्चों की संख्या |
|------|--------------|-------------------|------------------------|-------------------------------------|
| 1 | आजमगढ़ | 118798 | 73380 | 45418 |
| 2 | बलिया | 82956 | 58314 | 24642 |
| 3 | मऊ | 56748 | 46972 | 9774 |
| 4 | देवरिया | 79738 | 71924 | 7814 |
| 5 | गोरखपुर | 114160 | 100755 | 13405 |
| 6 | कुशीनगर | 91632 | 74089 | 17543 |
| 7 | महाराजगंज | 68567 | 56980 | 11607 |
| 8 | बस्ती | 63331 | 62942 | 389 |
| 9 | संतकबीरनगर | 44115 | 42245 | 1870 |
| 10 | सिद्धार्थनगर | 65711 | 51932 | 13779 |
| 11 | बहराइच | 89507 | 59431 | 30076 |
| 12 | बत्तारामपुर | 55303 | 42268 | 13035 |
| 13 | गोण्डा | 88302 | 63363 | 24939 |
| 14 | भावरती | 28682 | 16792 | 11890 |
| | योग | 1047568 | 821387 | 226181 |

- वर्ष 2012-13 एवं वर्ष 2013-14 (25-07-2013 तक) जे०ई० वैक्सीन का विवरण निम्नवत् है:-

| विवरण | संख्या (जोड़ में) |
|--|-------------------|
| दिनांक 01-04-2012 को कुल अवशेष मात्रा | 277185 |
| वर्ष 2012-13 में भारत सरकार से प्राप्त मात्रा | 3332880 |
| दिनांक 01-04-2013 को कुल अवशेष मात्रा | 484070 |
| 06-04-2013 को प्राप्त मात्रा | 340000 |
| 23-05-2013 को प्राप्त मात्रा | 500000 |
| 16-06-2013 को प्राप्त मात्रा | 1000000 |
| 22-07-2013 को प्राप्त मात्रा | 1200000 |
| वर्ष 2013-14 में दिनांक 25-07-2013 तक भारत सरकार से प्राप्त मात्रा | 3040000 |
| दिनांक 25-07-2013 को निदेशालय स्तर पर अवशेष मात्रा | 1216300 |

- दिनांक 07-08-2013 को प्रमुख सचिव महोदय, उत्तर प्रदेश सरकार के आदेशानुसार में कुछ विहित अधिनियमों के लिए नये नियमों के क्रम में गोपनीयता सम्बन्ध के 14 जनपदों में जोड़ने के लिये दिनांक 05-08-2013 में एक अधिसूचना जारी की गई थी। दिनांक 24-07-2013 तक प्रतिनिधित्व बच्चों के नामों की सूची विहित अधिनियमों को निर्दिष्ट किया गया, जिसके क्रम में जनपदों द्वारा कार्यवाही करवाकर छूटे हुए बच्चों का टीकाकरण किया गया। दिनांक 24-07-2013 तक प्रतिनिधित्व बच्चों के जनपदवार विवरण निम्नवत् प्रस्तुत है-

| क्रम | जनपद | कुल बच्चे हुए बच्चों की संख्या | दिनांक 24-07-2013 तक कुल प्रतिनिधित्व बच्चों की संख्या | उपलब्धि |
|------|--------------|--------------------------------|--|---------|
| 1 | आजमगढ़ | 71204 | 70982 | 99.83 |
| 2 | बलिया | 53287 | 53255 | 99.95 |
| 3 | मऊ | 45268 | 45113 | 99.67 |
| 4 | मथुरा | 8775 | 8735 | 99.55 |
| 5 | संतोशीनगर | 5812 | 7888 | 99.02 |
| 6 | सिद्धार्थनगर | 4127 | 3455 | 98.85 |
| 7 | सुल्तानगढ़ | 4009 | 4188 | 96.20 |
| 8 | शुआबा | 18221 | 18116 | 100.51 |
| 9 | बलिया | 41895 | 41498 | 99.05 |
| 10 | बलिया | 13523 | 13632 | 100.07 |
| 11 | बलिया | 13523 | 14255 | 99.74 |
| 12 | बलिया | 26255 | 26255 | 99.94 |
| 13 | बलिया | 26255 | 26378 | 99.94 |
| 14 | बलिया | 26255 | 24208 | 92.20 |
| योग | | 374379 | 368170 | 97.81 |

दिनांक 26-07-2013 में जारी आदेश के क्रम में दिनांक 22-08-2013/01/2013 के अधिनियम दिनांक 26-07-2013 में दिए गए नियमों के क्रम में उत्तर प्रदेश के 14 जनपदों में टीकाकरण के लिए बच्चों (02-12 माह) का प्रतिनिधित्व बच्चों के नामों की सूची निर्दिष्ट किया गया है।

(सिद्धार्थ नगर)
सहायक निदेशक

पत्रांक: 2295/सिद्धार्थनगर/2013/

दिनांकित:

प्रतिनिधि निर्वाह के सुव्यवस्था एवं आवश्यक कार्यवाही हेतु प्रेषित

1. सहायक निदेशक, स्वास्थ्य, राष्ट्रीय स्वास्थ्य आयोग, उत्तर प्रदेश सरकार, नई दिल्ली के संदर्भ क्रमांक 05/01/2012-एनडीपीडी/आरआर (सिद्धार्थनगर) दिनांक 06 जून 2013 के क्रम में।
2. प्रमुख सचिव, शिक्षा, स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश सरकार
3. निदेशक, एनडीपीडी/आरआर, लखनऊ
4. महानिदेशक, शिक्षा एवं स्वास्थ्य सेवाएं, लखनऊ।

(सिद्धार्थ नगर)
सहायक निदेशक, आरआर/आरआर।

385 34

अतिमहत्वपूर्ण/ई-मेल द्वारा

प्रेषक,
महानिदेशक,
चिकित्सा एवं स्वास्थ्य सेवायें, 30प्र0,
स्वास्थ्य भवन, लखनऊ।

सेवा में,
श्री असीम श्रीवास्तव,
सदस्य सचिव, राष्ट्रीय बालक अधिकार संरक्षण आयोग,
भारत सरकार, जनपथ नई दिल्ली।

पत्रांक: 21फ/ए0ई0एस0/जे0ई0/2013/ 66 लखनऊ, दिनांक: 03.01.2013

विषय: श्री असीम श्रीवास्तव, सदस्य, राष्ट्रीय बालक अधिकार संरक्षण आयोग, भारत सरकार, जनपथ नई दिल्ली के पत्र संख्या-35/01/2012-NCPCR(PD)/Vol.ii/26309, दिनांक 22.11.2012 के सम्बन्ध में कार्यवाही कर आख्या उपलब्ध कराने के सम्बन्ध में।

महोदय,
आपके पत्र संख्या 35/01/2012-NCPCR(PD)/Vol.ii/26309, दिनांक 22.11.2012 में निहित निर्देशों की अनुपालन आख्या मा0 राष्ट्रीय बालक अधिकार संरक्षण आयोग, भारत सरकार नई दिल्ली के समक्ष प्रस्तुत है।

कृपया प्राप्ति स्वीकार करें।
संलग्नक- अनुपालन आख्या।

Member V.K.
10/2011

भ व दी य

[Signature]
राज्य कार्यक्रम अधिकारी,
(ए0ई0एस0/जे0ई0)

पत्रांक: 21फ/ए0ई0एस0/जे0ई0/2013/ तद्दिनांक:

प्रतिलिपि: निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. निजी सचिव, प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, 30प्र0।
2. श्री बाबूराम, उपसचिव, चिकित्सा अनुभाग-5, 30प्र0 शासन को उनके पत्र संख्या भा0स0-72/सेक-5-पाँच-2012-मा0-9/2012, दिनांक 11.12.2012 के सन्दर्भ में।
3. स्टयफ आफीसर, महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवायें, 30प्र0।
4. गार्ड फाईल।

राज्य कार्यक्रम अधिकारी,
(ए0ई0एस0/जे0ई0)

N.C.P.C.R. UNIT MS
(C.R. UNIT)
Dy. No. 4244/6pt. 89/12

PROGRAM

Before Hon'ble National Commission for Protection of Child Rights

File no. 35/01/2012-NCPCR(PD)/Vol - II/26309

Action Taken Report

In reply to Mem (WP). *Note, highly*

Summons hearing conducted by NCPCR on 03-10-2012 on the issue of the children suffering / dying to Japanese Encephalitis (JE) and Acute Encephalitis (AE) in the State of Uttar Pradesh

| Directions by Hon'ble NCPCR | Compliance |
|---|---|
| <p>1- The Commission was deeply concerned to note that over 6500 survivor children have suffered from residual disability following JE/AES. The State Government was not found to be adequately seized of the matter. The State Government is, therefore to provide details of disability-certification for these children as well as support services including inclusive education as per the RTE Act. This requires convergence with social welfare department as well as Education department and the District Authorities are directed to ensure that the systems for this are set up. In particular fresh cases of JE/AES displaying signs of permanent residual disability at discharge must receive a certificate before leaving the hospital. There must be a system of review and follow up to ensure children who show delayed signs of disability are identified and provided due support. Compensation must be provided to all children who have suffered from disability from JE/AES.</p> <p><i>Guidelines are fine. Need factual portion</i></p> | <ul style="list-style-type: none"> In compliance to direction by Hon'ble NCPCR GoI, concerned authorities have been instructed by letter no 21फ/ए0ई0एस0/जे0ई0/रा0बा0अ0सं0आ0-पी0-1/2012/4974-76, dated 11-12-2012. Chief Secretary, Government of Uttar Pradesh reviews the Status of prevention & Control AES/JE. In its review meeting on 16/11/2012 the Chief Secretary instructed as below:- <ul style="list-style-type: none"> प्रमुख सचिव, चिकित्सा, स्वास्थ्य एवं परिवार कल्याण द्वारा मुख्य सचिव महोदय को अनुरोध किया गया कि जे0ई0/ए0ई0एस0 रोग के कारण शारीरिक एवं मानसिक रूप से विकलांग बच्चों की शिक्षा एवं पुनर्वास प्रत्येक ब्लॉक में स्कूल की स्थापना कराया जाना चाहिए परन्तु भारत सरकार ने नीति में इसका कोई प्राविधान नहीं है। अतः इन सम्बन्ध में विकलांग कल्याण विभाग/बेसिक शिक्षा विभाग आदि के स्तर से आवश्यक प्राविधान किया जाना चाहिए। मुख्य सचिव महोदय द्वारा निर्देशित किया गया कि उनकी अध्यक्षता में चिकित्सा एवं स्वास्थ्य विभाग, बेसिक शिक्षा एवं विकलांग कल्याण विभाग की इस सम्बन्ध में शीघ्र अलग से बैठक सम्पन्न करा ली जाये ताकि इस सम्बन्ध में उचित कार्यवाही की जा सके। <p><i>we require inclusive education</i></p> <p>A meeting of the medical & health department with Viklang</p> |

Kalyan Vibhag & Basic Shiksha Vibhag, under the Chairmanship of Chief Secretary, Uttar Pradesh, is likely to be held in the month of January 2013. The deliberations of the meeting & its compliance will be communicated to Hon'ble NCPCR.

2- The Commission notes that JE immunization has not been achieved 100% amongst the target population. The Children up to 15 years were only immunized in 2009 in camp mode. However, no mop-up rounds were done for those who were left uncovered at the time. Subsequently, the immunization has covered only children under two years and that too has not been achieved 100% coverage. If any bottlenecks exist to achieving this target they must be reported to the commission

We need to investigate

• In compliance to direction by Hon'ble NCPCR Govt, concerned authorities were instructed & Government Of UP has planned a special routine Immunization mop-up round to achieve 100% immunization of 16 to 24 months target children & left out and drop outs in most affected districts of 4 divisions viz. Gorakhpur, Basti, Devipatan & Azamgarh division from 1st December, 2012 to 31st December, 2012. Necessary planning, micro planning and sensitization activities were conducted by the State & District officials but ~~due to non availability of resources~~ could not be done. The State is ever ready to launch 100% JE immunization to the target population in the affected divisions of Eastern UP.

(annexure- 2 letter no. 21फ/ए0ई0एस0 एस0/जे0ई0/ 2012/3741-42, दिनांक 09.10.2012

annexure- 3 letter no. 21फ/ए0ई0एस0 एस0/जे0ई0/ 2012/3853, दिनांक 15.10.2012

annexure- 4 2845/सेक-5-पॉच-2012, दिनांक 12.11.2012

annexure- 5 letter no. 21फ/ए0ई0एस0/ जे0ई0/रा0बा0अ0सं0आ0-पी0-2/2012/5109. dated 19-12-2012).

3- A system of verbal death autopsy for children who have died following a febrile illness must be instituted to determine systemic gaps in early diagnosis and referral of JE/AES cases.

There is already a system for verbal death autopsy existing from CMO to ASHA level, this system is being strengthened by regular training of Medical & Para medicals (ANM & ASHA) which is a continuous exercise.

4- There is an urgent need to strategise for improving the situation of drinking water and sanitation in the district. The Commission did not find the State Government prepared for the same. Hence, the State Government to hold a consultation with experts from WHO and UNICEF within a period of 30 days and develop a strategy paper with time lines

To be monitored.

The meeting under the chairmanship of Chief Secretary were conducted under whose direction the concerned departments - Urban Development, Rural Development, Panchayati Raj Development etc. were instructed to act and ensure the safe drinking water under Nirmal Bharat Abhiyan & TSC) under this Mini Water Supply tanks and deep bore India Mark-II hand pumps are being installed as per time schedule submitted before Chief Secretary, UP as mile stones, details given below:-

| Sl No. | Type of Work | Status |
|--------|--------------------------|--|
| 1 | Mini Water Supply tanks | • In affected villages 3357 MPWS to be installed by July, 2013 ✓ |
| 2 | India Mark-II hand pumps | • In affected villages installation and reboaring of 18882 India Mark II hand pumps to be completed by July, 2013. |

5- The State Govt. to act upon the opinion of the National Centre for Disease Control (NCDC) on the usefulness of chlorine tablets at the household level for the prevention of cases of enteroviral related AES cases (A copy of such opinion is enclosed). Subsequently the State Government is to furnish the ATR of the Commission on the household level water safety.

It is submitted that the safety of drinking water supply at house hold level can be ensure only on the basis of proposal submitted to GOI through PII 2012-13 (annexure-6) and if any alternative of said proposal is available the GOI may be asked kindly to communicate the same along with expertise support, however the State Government is ensuring safe water supply through different means viz. MPWS, India Mark-II hand pumps.

6- Some piggeries have been relocated by the Administration. The Commission requires a report on their rehabilitation and also urges upon State Government to ensure immediate and 100% immunization with priority to all children of families dealing with pigs to

In compliance the concerned authorities have been firmly instructed.
(annexure 7 letter no. - 21फ/ए०ई०एस/जे०ई०/स०बा०अ०सं०आ०-पी०-6/2012/5166, dated 21-12-2012,
annexure 8 letter no. - 21फ/ए०ई०एस

| | |
|--|---|
| <p>ensure their protection against JE.</p> | <p>जे०ई०/रा०बा०अ०स०आ०-पी०-६-७/२०१२/५१७८, dated 21-12-2012).</p> |
| <p>7- No families to be displaced without due to consideration to adequate rehabilitation and appropriate compensation. The piggeries that persist in areas of human habitation must receive the maximum and most immediate attention to their situation of hygiene and sanitation. The commission expects a report on all these aspects.</p> | <p>for compliance instructions to Director, Animal Husbandry issued vide letter no. - २१फ/ए०ई०एस०/जे०ई०/रा०बा०अ०स०आ०-पी०-६-७/२०१२/५१७८, dated 21-12-2012 (annexure-8)</p> <p>→ Not enclosed</p> |
| <p>8- The Commission has taken note of the provision of extra beds and ventilators in BRD Medical College, Gorakhpur, dedicated JE/AES patients for the affected region. However, these will not be effective in the absence of well trained personnel. <i>The Commission has been assured that training is in process and will be completed by December, 2012. The Commission is to be provided a report of the Same.</i></p> | <p>In compliance to this instruction training of personnels are being conducted and is continuing till all the Medical officers and Staff nurses of the most affected four divisions (Gorakhpur, Basti, Azamgarh & Devipatan) are trained in BRD Medical College, Gorakhpur in Medical & ICU Management etc. of AES/JE patients vide letter no. - २१फ/ए०ई०एस०/जे०ई०/२०१२/४८२२-२३, dated ०४-१२-२०१२ (annexure-9)</p> |
| <p>9- Though Some pediatricians have been redeployed to cover the requiremets in the affected area, there continues to be a shortage of doctors and pediatricians/specialists. <i>The State Govt. may consider the three year course of BSc in community health for persons to be appointed at PHC level to deliver basic medical services which has been recently accepted by the MCI.</i></p> | <p>It is a policy decision to be taken at higher level in collaboration with MCI, India.</p> |
| <p>10- The State Government may share with the commission, the proposals of financial support rejected by the Central Government citing reasons for rejection in each case.</p> | <p>It is submitted that the PIP for year 2012-13 was proposed to Government of India for its approval but the proposals related to variose activities to the Government of India, out of which some were considered and grant was sanctioned to a sum of Rs. 4.00 crores as (annexure no- 10) only against proposal of Rs. 3,173,486,000.00/-</p> |

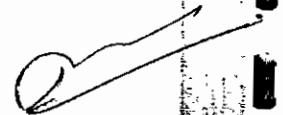
| | |
|---|---|
| | <p>details of sanctioned are annexed as (annexure no- 6)</p> <p>The proposal for prevention activities including disinfection of water (S.N. - 2) funds for treatment facilities (S.N. - 3) and strengthening of HQ Lab (S.N. - 10) were not sanctioned nor assigned any rejection reasons and as such require for further attention for their consideration.</p> |
| <p>11- The Commission will review the situation within 03 months.</p> | <p>The review will be solicited.</p> |

The ATR is being submitted before the Hon'ble NCPCR for kind perusal. The averments made by me are true to best of my knowledge and information available. Any discrepancy or displeasure are humbly regretted and may kindly be excused.

Annexure, as above.

Lucknow,

Dated,



(Dr. M.K. Gupta)

State Programme Officer,

AES / JE,

DGMHS, Lucknow.

मुख्य विद्यालय अधिकारी, अनापूर्विक लोग को विकल्पों के माध्यम से उपचार, शिक्षा एवं पुनर्वास हेतु आवश्यक विचारों को प्रोत्साहित करने के लिए। इस प्रकार के अनुभवण से एच.ई.ओ/जे.ई.ओ. से विकलांग बच्चों का उपचार, शिक्षा, प्रशिक्षण एवं पुनर्वास सुनिश्चित करके मानवता के प्रति महान कर्तव्य का निर्वहन होगा।

भवदीय

सहायक निदेशक

पत्रांक: 21फ/ए0ई0एस0/जे0ई0/स0बा0अ0स0आ0-पी0/2012/4-उप-13 तदर्थक

प्रतिलिपि: निम्नलिखित को सूचनाएं एवं निर्देशक प्रेषित हैं:-

1. मा0 अध्यक्ष, मा0 राष्ट्रीय बालक अधिकार संरक्षण आयोग, भारत सरकार, 5वीं मंजिल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली।
2. सिटी मजिस्ट्रेट, प्रमुख मजिस्ट्रेट, विकल्प स्वार, एवं परिवार कल्याण, उ0प्र0 शासन।
3. समस्त मण्डलगत, गोरखपुर, बस्ती, आजमगढ़, देवीपाटन एवं लखनऊ मण्डल।
4. समस्त जिला अधिकारी, गोरखपुर, बस्ती, आजमगढ़ एवं देवीपाटन मण्डल व जनपद लखीमपुरखीरी एवं रायबरेली।
5. समस्त बौद्धिक शिक्षा अधिकारी, गोरखपुर, बस्ती, आजमगढ़ एवं देवीपाटन मण्डल व जनपद लखीमपुरखीरी एवं रायबरेली।
6. समस्त जिला समाज कल्याण अधिकारी, गोरखपुर, बस्ती, आजमगढ़ एवं देवीपाटन मण्डल व जनपद लखीमपुरखीरी एवं रायबरेली।
7. समस्त जिला विकलांग कल्याण अधिकारी, गोरखपुर, बस्ती, आजमगढ़ एवं देवीपाटन मण्डल व जनपद लखीमपुरखीरी एवं रायबरेली।

राज्य कार्यक्रम अधिकारी,
ए0ई0एस0/जे0ई0, उ0प्र0

समयबद्ध / ई0मेल द्वारा

प्रेषक,

महानिदेशक
चिकित्सा एवं स्वास्थ्य सेवायें,
स्वास्थ्य भवन, लखनऊ।

सेवा में,

1. मण्डलीय अपर निदेशक
गौरखपुर, बस्ती, देवीपाटन एवं आजमगढ़ मण्डल चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उ0प्र0।
2. समस्त मुख्य चिकित्सा अधिकारी
सम्बन्धित मण्डल, उत्तर प्रदेश।

पत्रांक-21फ/ए0ई0एस0/जे0ई0/2012/3741-42

दिनांक 09 अक्टूबर 2012

विषय-जे0ई0 टीकाकरण के विशेष अभियान के संबंध में।

महोदय,

उपरोक्त से सम्बन्धित मेरे पूर्व पत्र संख्या-21फ/ए0ई0एस0/जे0ई0/2012/3599-3600, दिनांक 04.10.2012 का सन्दर्भ ग्रहण करना चाहें, आप वर्तमान में दिनांक 04.11.2012 के प्रारम्भ होने वाले पल्ल पोलियो अभियान हेतु माइक्रोप्लान तैयार कर रहे होंगे।

आपको निर्देशित किया जाता है कि [REDACTED]

[REDACTED]

[REDACTED] (New Cohort) [REDACTED] दिनांक [REDACTED]

[REDACTED]

इस कार्य को समयबद्ध, गंभीरता एवं प्राथमिकता के आधार पर सम्पन्न कराएँ इसमें किसी प्रकार की शिथिलता क्षम्य नहीं होगी।

संलग्नक-उपरोक्तानुसार।

भवदीय
[Signature]
निदेशक
ए0ई0एस0/जे0ई0

पत्रांक-21फ/ए0ई0एस0/जे0ई0/2012/3743-47 तददिनांक
प्रतिलिपि:-निम्नलिखित को सूचनार्थ प्रेषित:-

1. निजी सचिव, प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उ0प्र0 शासन।
2. महानिदेशक, परिवार कल्याण, उत्तर प्रदेश लखनऊ।
3. स्टाफ आफीसर, महानिदेशक चिकित्सा एवं स्वास्थ्य सेवायें, उ0प्र0।
4. स्टेट टीम लीडर, एन0पी0एस0पी0(WHO), परिवार कल्याण महानिदेशक, जगत नारायण रोड, लखनऊ
5. अपर निदेशक, यू0आई0पी0, परिवार कल्याण महानिदेशालय, जगत नारायण रोड, लखनऊ

[Signature]
निदेशक
ए0ई0एस0/जे0ई0

प्रेषक,

महानिदेशक,
चिकित्सा एवं स्वास्थ्य सेवायें, उ०प्र०,
स्वास्थ्य भवन, लखनऊ।

सेवा में,

महानिदेशक
परिवार कल्याण, उ०प्र०,
लखनऊ।

पत्रांक: 21फ/ए०ई०एस०/जे०ई०/2012/3853

लखनऊ, दिनांक: 12/12/2012

विषय: विशेष नियमित जे०ई० टीकाकरण अभियान 1 दिसम्बर 31 दिसम्बर 2012 में सम्पादन के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक अवगत कराना है कि प्रदेश के गोरखपुर, बस्ती, देवीपाटन, आजमगढ़ मण्डल तथा जनपद लखीमपुर खीरी ए०ई०एस०/जे०ई० रोग से अत्यधिक प्रभावित है और वर्ष 2006 से 2010 तक चलाई विशेष जे०ई० टीकाकरण अभियान 1 से 15 वर्ष आयु वर्ग के बच्चों को टीकाकृत कर संरक्षित किया गया था एवं इसके सकारात्मक परिणाम रोग को नियंत्रित करते हुये परिलक्षित हुये। इसके उपरान्त 1½ से 2 वर्ष बच्चा का नियमित टीकाकरण के अन्तर्गत जे०ई० टीकाकरण सम्पादित कराया जा रहा है, जिससे टीकाकरण के अतिरिक्त अतिरिक्त अभियान से अत्यधिक लाभ है जिससे जो संभावना कि टीकाकरण के लिए आवश्यक आवश्यकताओं को पूरा किया जा रहा है। आप इस तथ्य से भी अवगत होंगे कि टीकाकरण का कार्य परिवार कल्याण महानिदेशालय स्तर से सम्पादित कराया जाता है।

अतः उपरोक्त के क्रम में आपसे अनुरोध है कि नियमित जे०ई० टीकाकरण में लक्षित 1½ से 2 वर्ष बच्चों के सापेक्ष तथा विशेष अभियान में 1½ से 15 वर्ष के बच्चों के सापेक्ष छूटे हुये बच्चों को आच्छादित करने के लिए (1 दिसम्बर 2012 से 31 दिसम्बर 2012 तक) को जे०ई० टीकाकरण आच्छादन का विशेष माह के रूप में मनाया जाना है जिससे शत-प्रतिशत लक्षित बच्चों का आच्छादन सुनिश्चित हो सके। नियमित टीकाकरण के लिए उपलब्ध करायी गयी जे०ई० वैक्सीन पर्याप्त मात्रा में उपलब्ध होगी तथा विशेष अभियान से छूटे बच्चों के लिए भी उपलब्ध मात्रा से आच्छादन सम्भव हो सकेगा, यदि आपको वैक्सीन की मात्रा में अतिरिक्त आवश्यकता का आभास होता है तो तदनुसार भारत सरकार से अनुरोध कर प्राप्त करने का कष्ट करें।

कृपया प्रकरण में कृत कार्यवाही से अधोहस्तक्षरी को भी अवगत कराने का कष्ट करें।

म व दी य

(रमा सिंह)

महानिदेशक

पत्रांक: 21फ/ए०ई०एस०/जे०ई०/2012/3854-55

तददिनांक:

प्रतिलिपि: निम्नलिखित को सूचनार्थ प्रेषित।

1. निजी सचिव, प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उ०प्र० शासन।
2. मिशन निदेशक, एन०आर०एच०एम०, विशाल काम्प्लेक्स, विधान सभा मार्ग लखनऊ।

(रमा सिंह)

महानिदेशक

प्रेषक,

प्रमुख सचिव,
चिकित्सा स्वास्थ्य एवं परिवार कल्याण,
उत्तर प्रदेश शासन।

सेवा में,

- 1- मण्डलायुक्त
गोरखपुर, बस्ती, देवीपाटन एवं आजमगढ़ मण्डल।
- 2- जिलाधिकारी
समस्त जनपद-गोरखपुर, बस्ती, देवीपाटन एवं आजमगढ़ मण्डल।

चिकित्सा अनुभाग-5

लखनऊ, दिनांक: 28/11/2012

विषय: जापानीज़ इन्सेपलाईटिस को समूल रूप से समाप्त किये जाने हेतु दिनांक 01 दिसम्बर, 2012 से 31 दिसम्बर, 2012 तक विशेष टीकाकरण अभियान के सम्बन्ध में।

महोदय,

आप अवगत हैं कि प्रदेश के पूर्वी क्षेत्रों में जापानीज़ इन्सेपलाईटिस का प्रकोप सर्वाधिक है, जिसके कारण प्रत्येक वर्ष भारी संख्या में बच्चों की मृत्यु हो रही है। इसके प्रकोप को समूल समाप्त करना सरकार की सर्वोच्च प्राथमिकता है।

इसी क्रम में आपको अवगत कराना है कि जे0ई0 को समूल रूप से समाप्त किये जाने हेतु राज्य सरकार ने इस वर्ष भी समस्त ड्रॉप आउट, लैफ्ट आउट एवं 1½ से 2 वर्ष के नये बच्चों के समूहों को जे0ई0 टीकाकरण से शत-प्रतिशत आच्छादित करने हेतु दिनांक 01 दिसम्बर, 2012 से 31 दिसम्बर, 2012 तक विशेष जे0ई0 टीकाकरण अभियान चलाने का निर्णय लिया है। इस अभियान की शत-प्रतिशत सफलता हेतु अन्तर्विभागीय सहयोग एवं प्रसार-प्रचार माध्यमों की महत्वपूर्ण भूमिका आपके माध्यम से सम्पादित की जानी है, जिसमें आपका सक्रिय सहयोग अपेक्षित है।

अतः उचित होगा कि टीकाकरण प्रारम्भ होने के 15 दिन पूर्व जे0ई0 टीकाकरण की प्रगति की जाँच हेतु संबंधित अधिकारियों की बैठक आयोजित करने एवं दिनांक 01 दिसम्बर, 2012 को टीकाकरण अभियान की प्रगति का आकलन करने हेतु जे0ई0 टीकाकरण हेतु विशेष अभियान के अन्तर्विभागीय सहयोग के माध्यम से आवश्यक कार्यवाही करायी जाय।

कृपया जे0ई0 टीकाकरण के विशेष अभियान की प्रगति से माह के प्रत्येक सप्ताहन्त पर भौतिक प्रगति से अवगत कराने का कष्ट करें।

भवदीय,

(संजय अग्रवाल)

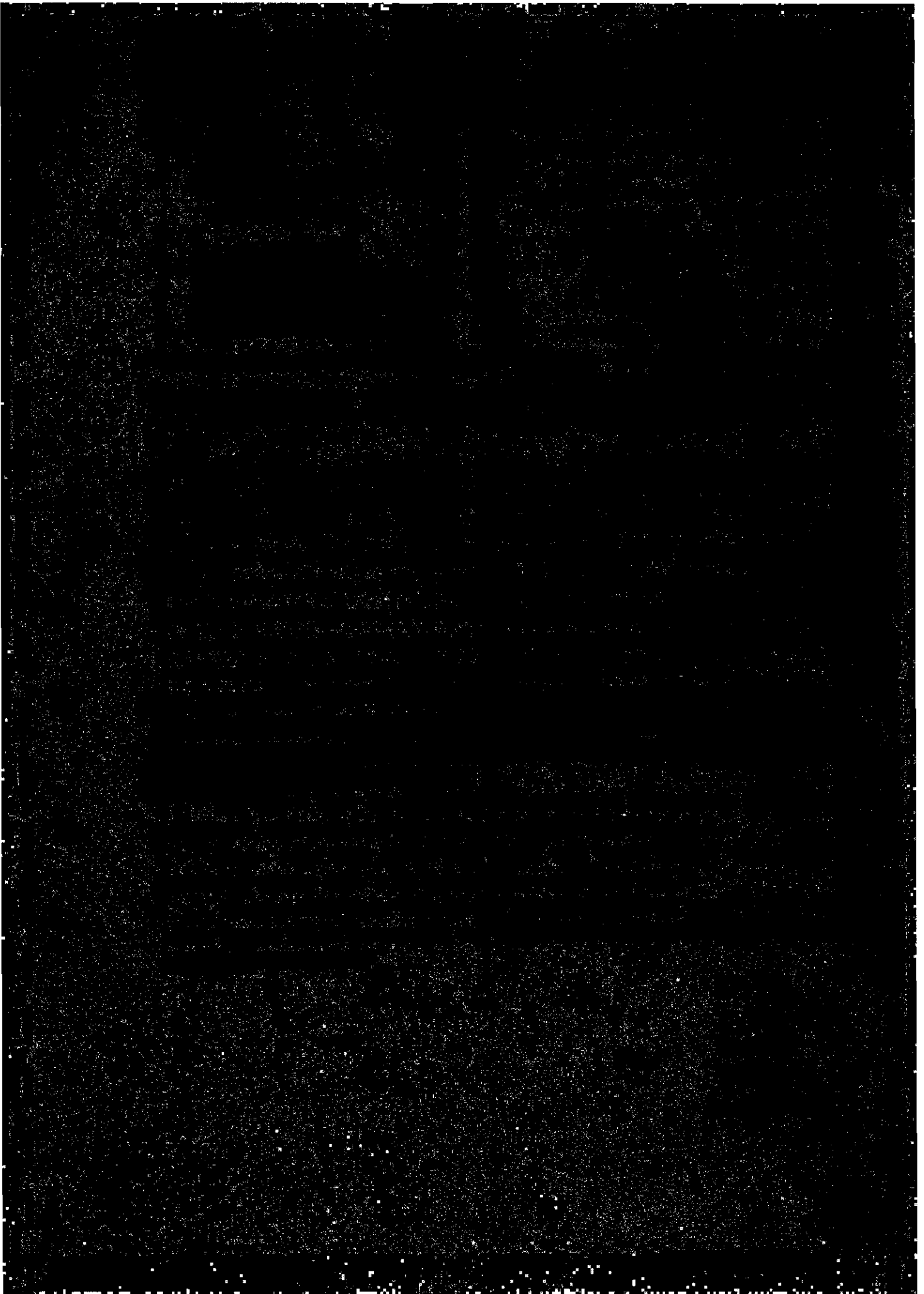
पत्रांक: 2845(1)/सेक-5-पॉच-2012- तददिनांक:

प्रतिलिपि: निम्नलिखित की सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

- 1- महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवायें, उ0प्र0।
- 2- महानिदेशक, परिवार कल्याण, उ0प्र0।

आज्ञा से,

(बाबू शर्मा)
उप सचिव।



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पत्रांक: 21फ/ए0ई0एस0/जे0ई0/या0मा0अ0ए0आ0-10-272001/110-16 तद्विधांक:

प्रतिलिपि: निम्नलिखित को सूचनाएं एवं आवश्यक कार्रवाई हेतु प्रेषित:-

1. मा0 अध्यक्ष, मा0 राष्ट्रीय बालक अधिकार संरक्षण आयोग, भारत सरकार, 5वीं मंजिल, पण्डितके बिल्डिंग, 36 जलपथ, नई दिल्ली।
2. मिजी सचिव, प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, 30प्र0 शासन।
3. समस्त मण्डलाधिकारी, गोरखपुर, बस्ती, आजमगढ़, देवीपाटन एवं लखीमपुरखीरी।
4. समस्त जिला अधिकारी, गोरखपुर, बस्ती, आजमगढ़ एवं देवीपाटन मण्डल व जलपथ लखीमपुरखीरी एवं रायबरेली।
5. समस्त बेसिक शिक्षा अधिकारी, गोरखपुर, बस्ती, आजमगढ़ एवं देवीपाटन मण्डल व जलपथ लखीमपुरखीरी एवं रायबरेली।
6. समस्त जिला समाज कल्याण अधिकारी, गोरखपुर, बस्ती, आजमगढ़ एवं देवीपाटन मण्डल व जलपथ लखीमपुरखीरी एवं रायबरेली।
7. समस्त जिला बिकलांग कल्याण अधिकारी, गोरखपुर, बस्ती, आजमगढ़ एवं देवीपाटन मण्डल व जलपथ लखीमपुरखीरी एवं रायबरेली।

राज्य कार्यक्रम अधिकारी,
 ए0ई0एस0/जे0ई0/या0मा0अ0ए0आ0-10-272001/110-16

Budgetary Outlay for 2012-13

| Sl. No. | Component | Activity | Total Amount Required (Rs.) | | |
|--|----------------------|--|-----------------------------|---|----------------|
| 1 | Disease Surveillance | (i) Capacity building in case management atleast two Medical Officer from each PHC at district level to be conducted by Head quarter (20 Batches of 25 officers) | | | |
| | | (a) T.A. & D.A. to 25 officers per Batch | 550,000.00 | | |
| | | (b) Printing material per Batch | 250,000.00 | | |
| | | (c) Working refreshment per Batch Rs. 5000.00 | 100,000.00 | | |
| | | (d) Contingency per Batch Rs. 5000.00 | 100,000.00 | | |
| | | (e) Faculty Honourarium per Batch | 100,000.00 | | |
| | | (f) TA to Faculty & Sec. assist. per Batch | 100,000.00 | | |
| | | (ii-a) Training for ASHA AWW (2340 batches @ Rs. 2500 for each batch for 30) | 5,850,000.00 | | |
| | | (ii-b) Training Book let ASHA AWW in local language to be developed procured and supplied by the state HQ. | 2,457,000.00 | | |
| | | (iii-a) Training for Ayush/Trad. Healer/MPW (100 batches @ Rs. 3000 for each batch for 30) | 300,000.00 | | |
| 2 | Prevention | (ii-b) Training Booklet @ Rs. 100 each for Ayush/MPW Trad. Healer in local language to be developed, procured and supplied by the state HQ. | 300,000.00 | | |
| | | (g) Incentive to ASHA for case reporting @ Rs. 100 per case | 1,000,000.00 | | |
| | | (i) Chlorine tablets as per WHO specification for 2.5 crore population to be supplied 1 tablet each day for each family to be used for pottable water @ 20 Lt. water Purification (365 tablets for one family one year) to be procured and supplied by the state HQ. | 2,737,500,000.00 | | |
| | | (ii) Bleaching powder as per WHO specifications for 220 Blocks of affected districts (2 bag of 25 kg to each block per Month) to be procured and supplied by the state HQ. | 3,168,000.00 | | |
| | | (iii) Community education Printed material to be developed procured and supplied by the state HQ. | 6,600,000.00 | | |
| | | (iv) wall chart at Block PHC/Sub center level and Other Public Places to expose community at micro Level. | 17,600,000.00 | | |
| | | 3 | Treatment | Approx. funds for treatment of AES/JE patients for anti-biotics, iso and hyper tonic infusions etc. @ Rs. 10000 per patients for approximately 10000 patents. | 100,000,000.00 |
| | | | | Display of treatment schedule (Wall chart/Calender) at each treatment centers & sub center. (5000 schedules @ Rs. 600) to be developed, Procured and supplied by state Hq. | 3,000,000.00 |
| | | | | ICU for seven districts namely- Azamgarh, Mau, Ballia, Balrampur, Gonda, Shrawasti and Raebareil, as per Gol sanction for 9 JE affected districts @ 242.86 lacs / district ICU (HR - Rs. 618.38 lacs, Contruction/Renovation of premises - Rs. 168.84 lacs, Equipments etc. - Rs. 912.80 lacs) | 170,002,000.00 |
| | | | | Free Transport Facility to all referred patients @ Rs. 1000 / Patient | 10,000,000.00 |
| Special early treatment centres 24x7 for AES/JE, mainly at the Inter district convergence point locations of various endemic districts viz. Hata, Khadda, Ramkola, Kasiya, Tamkuhira, Badhalganj, Sahjanwa, Campairganj, Pharainda, Michaul, Nautanwa, Bhatni, Gauri Bazar, etc., Is of utmost priority for mitigating the morbidity and mortality of AES/JE @ Rs. 25 lacs/ Each Treatment Centre for 20 centers | 50,000,000.00 | | | | |
| 4 | Diagonostic Facility | (i) Training of Laboratory Staff at State HQ. (4 batch 25) | | | |
| | | (a) T.A. & D.A. to 25 LT. per Batch | 110,000.00 | | |
| | | (b) Printing material per Batch | 20,000.00 | | |
| | | (c) Working refreshment per Batch | 20,000.00 | | |
| | | (d) Contingency per Batch Rs. 5000.00 | 20,000.00 | | |
| (e) Faculty Honourarium per Batch | 10,000.00 | | | | |

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| Sl. | Component | Activity | Total Amount Required (Rs.) |
|---|--|--|-----------------------------|
| 4 | Diagnostic Facility | (f) TA to Faculty & Sec. asstt. per Batch | 10,000.00 |
| | | (ii) Reagents for laboratory | 1,500,000.00 |
| 5 | IEC/BCC to be conducted by State Head Quarter in respective districts to maintain uniformity in Subject. | Advocacy Meeting | 8,190,000.00 |
| | | (i) Asha/AWW + Printed Advocacy Materials for these from State Head Quarter | 165,000.00 |
| | | (ii) Traditional Healers with specific treatment literature | 1,100,000.00 |
| | | (iii) wall writing at public places at least at 10 places in each PHC @ Rs. 500 for 60 sq feet surface area (for 220 PHC in 16 districts) | 1,650,000.00 |
| 6 | Vector Control | (iv) Advocacy Workshop | 2,700,000.00 |
| | | (i) Insect Collector for Vector Surveillance | 2,500,000.00 |
| | | (ii) Malathion Technical to be procured by State Head Quarters (@ 1.25 Mt per district, total 20 Mt for 16 Districts) | 13,200,000.00 |
| | | (iii) Small Portable Thermal Fogger to be procured by State Head Quarter. | 3,500,000.00 |
| | | (iv) Diesel Petrol for running small fogging machine (60 round for each machine) | 2,640,000.00 |
| 7 | Monitoring and Supervision | (v) Wages for spray man | 2,700,000.00 |
| | | Vehicle Hiring for Supervision of programme activities by different tier officers, Vector Borne Control Officers for all types of supervision. | 9,200,000.00 |
| 8 | Contingency | Report returns format printing to be conducted by State Head Quarter | 2,250,000.00 |
| 9 | 14 Sentinel Lab | Entomological kits, Cage, Traps, vials, test tubes, stationary and postage etc. | 3,640,000.00 |
| 10 | HQ Lab | Strengthening | 260,000.00 |
| | | Strengthening | 720,000.00 |
| | | Pathologist/Virologist/Microbiologist (Contractual) | 288,000.00 |
| | | Computer Operator | 168,000.00 |
| | | Lab Attendent | 84,000.00 |
| | | Helper | 84,000.00 |
| | | Sweeper | 2,100,000.00 |
| | | Equipments (Elisa Reader with accessories) | 7,000,000.00 |
| Real time RTPCR with accessories | 220,000.00 | | |
| Electronic Digital Balance with accessories | 3,160,000.00 | | |
| 11 | WorkShops | Moderation of Lab premises with furniture | 1,500,000.00 |
| Total | | | 3,173,486,000.00 |

Note - The procurement of Medicine, Insecticide, Printed IEC Material and equipments will be made at State Head Quarter with FOR Supply Destination

आतिम लक्षण/मा० राष्ट्रीय बालक अधिकार संरक्षण आयोग प्रकरण।

प्रेषक,
महानिदेशक,
चिकित्सा एवं स्वास्थ्य सेवार्य, उ०प्र०
स्वास्थ्य भवन, लखनऊ।

सेवा में,

1. मण्डलीय उपर निदेशक,
चिकित्सा सेवार्य एवं परिवार कल्याण,
गोरखपुर, बस्ती, आजमगढ़, देवीपाटन एवं लखनऊ मण्डल।
2. समस्त मुख्य चिकित्सा अधीक्षक/मुख्य चिकित्सा अधिकारी,
गोरखपुर, बस्ती, आजमगढ़ एवं देवीपाटन मण्डल व जनपद लखीमपुरखीरी एवं रायबरेली।

पत्रांक: 21फ/ए०ई०एस०/जे०ई०/रा०बा०अ०सं०अ०-पी०-६/2012/5160 लखनऊ, दिनांक 21/10/12

विषय: माननीय राष्ट्रीय बालक अधिकार संरक्षण आयोग, भारत सरकार के समक्ष दिनांक 03.10.2012 को दिये गये पत्रों के क्रम में दिये गये निर्देश दिनांक 22.11.2012 के अनुपालन के सम्बन्ध में।

महोदय,
उपरोक्त विषयक माननीय राष्ट्रीय बालक अधिकार संरक्षण आयोग, भारत सरकार द्वारा दिये गये निर्देशों के क्रम में निम्नवत अनुपालन अनिवार्य रूप से किया जाना है-

माननीय आयोग के निर्देश संख्या -6 का उद्धरण "Some piggeries have been relocated by the Administration. The Commission requires a report on their rehabilitation and also urges upon State Government to ensure immediate and 100% immunization with priority to all children of families dealing with pigs to ensure their protection against JE."

उपरोक्त निर्देशों के अनुपालन में आपसे अपेक्षा की जाती है कि शकर पालन एवं व्यापार से सम्बन्धित परिवारों एवं शकरबाड़े की एक किलामीटर की परिधि में रहने वाले परिवारों के 1/2 से 1.5 वर्ष तक के बच्चों का टीकाकरण करवाने हेतु परिवार चिन्तित करते हुए उचित बच्चों का 100 प्रतिशत जे०ई० टीकाकरण सुनिश्चित करवायें एवं चिन्तित परिवारों को जे०ई०/ए०ई०एस० निवासी के लक्षणों की जानकारी एवं निदान उत्पन्न होने पर निकटतम उपचार केन्द्र पर सम्पर्क करने की स्वास्थ्य शिक्षा भी नियमित अन्तर्गत परामर्श करने की व्यवस्था सुनिश्चित करने का कष्ट करें।

महोदय
7/12
(स्मॉ सिंह)
महानिदेशक
तददिनांक: 21/10/12

पत्रांक: 21फ/ए०ई०एस०/जे०ई०/रा०बा०अ०सं०अ०-पी०-६/2012/5167-72

प्रतिलिपि: निम्नलिखित को सूचनाार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. मा० अध्यक्ष, मा० राष्ट्रीय बालक अधिकार संरक्षण आयोग, भारत सरकार, 5वीं मंजिल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली।
2. निजी सचिव, प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उ०प्र० शासन।
3. श्री पी०के० हस्तदर, डिप्टी कमिश्नर (इन्च्यूनाईजेशन), एम०आ०एच०एफ०डब्ल्यू०, भारत सरकार, निर्माण भवन, नई दिल्ली।
4. महानिदेशक, परिवार कल्याण, उ०प्र० लखनऊ।
5. समस्त मण्डलायुक्त, गोरखपुर, बस्ती, आजमगढ़, देवीपाटन एवं लखनऊ मण्डल।
6. समस्त जिला अधिकारी, गोरखपुर, बस्ती, आजमगढ़ एवं देवीपाटन मण्डल व जनपद लखीमपुरखीरी एवं रायबरेली।

7/12
राज्य कार्यक्रम अधिकारी,
ए०ई०एस०/जे०ई०, उ०प्र०

अतिमहत्वपूर्ण/मा० राष्ट्रीय बालक अधिकार संरक्षण आयोग प्रकरण

प्रेषक,

महानिदेशक,
चिकित्सा एवं स्वास्थ्य सेवाएँ, 30प्र०,
स्वास्थ्य भवन, लखनऊ।

सेवा में,

निदेशक,
पशुपालन विभाग,
गोरखनाथ रोड, डालीगंज, लखनऊ।

पत्रांक: 21फ/ए०ई०एस०/जे०ई०/रा०बा०अ०स०आ०-पी०-6-7/2012/5798 लखनऊ, दिनांक: 21/11/12

विषय: माननीय राष्ट्रीय बालक अधिकार संरक्षण आयोग, भारत सरकार के समक्ष दिनांक 03.10.2012 को हुई पेशी के क्रम में दिये गये निर्देशों दिनांक 22.11.2012 के अनुपालन के सम्बन्ध में।

महोदय,

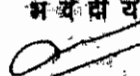
उपरोक्त विषयक माननीय राष्ट्रीय बालक अधिकार संरक्षण आयोग, भारत सरकार द्वारा दिये गये निर्देशों के क्रम में निम्नवत् अनुपालन अनिवार्य रूप से किया जाना है:-
माननीय आयोग के निर्देश संख्या -6 एवं 7 का उद्धरण

"Point no. 6.- Some piggeries have been relocated by the Administration. The Commission requires a report on their rehabilitation and also urges upon State Government to ensure immediate and 100% immunization with priority to all children and families dealing with pigs to ensure their protection against JE.

Point no. 7.- No families to be displaced without due to consideration to adequate rehabilitation and appropriate compensation. The piggeries that persist in areas of human habitation must receive the maximum and most immediate attention to their situation of hygiene and sanitation. The commission expects a report on all these aspects."

उपरोक्त निर्देशों के अनुपालन में आपसे अनुरोध है कि माननीय आयोग के समक्ष प्रस्तुत निर्देशों को माननीय आयोग एवं अधोहस्ताक्षरी को तत्काल उपलब्ध कराने का कष्ट करें।

भयभीत



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राज्य कार्यक्रम अधिकारी,
ए०ई०एस०/जे०ई०, 30प्र०

पत्रांक: 21फ/ए०ई०एस०/जे०ई०/रा०बा०अ०स०आ०-पी०-6-7/2012/5179-84 तद्दिनांक:

प्रतिलिपि: निम्नलिखित को सूचना एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. मा० अध्यक्ष, मा० राष्ट्रीय बालक अधिकार संरक्षण आयोग, भारत सरकार, 5वीं मंजिल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली।
2. निजी सचिव, पशुपालन विभाग, 30प्र० शासन।
3. निजी सचिव, प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, 30प्र० शासन।
4. स्टाफ आफिसर, महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवाएँ, 30प्र० लखनऊ।
5. समस्त मण्डलायुक्त, गोरखपुर, बस्ती, आजमगढ़, देवीपाटन एवं लखनऊ मण्डल।
6. समस्त जिला अधिकारी, गोरखपुर, बस्ती, आजमगढ़ एवं देवीपाटन मण्डल व जनपद लखीमपुरखीरी एवं रायबरेली।

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राज्य कार्यक्रम अधिकारी,
ए०ई०एस०/जे०ई०, 30प्र०

संकेत

प्रानिदेशक,
चिकित्सा एवं स्वास्थ्य सेवाएँ, च०प०
स्वास्थ्य भवन, लखनऊ।

सेवा में

1. अपर निदेशक,
चिकित्सा स्वास्थ्य एवं परिवार कल्याण,
गोरखपुर, बस्ती, आजमगढ़ एवं देवीपाटन मण्डल
2. मुख्य चिकित्सा अधिकारी/मुख्य चिकित्सा अधीक्षक,
जनपद- गोरखपुर, देवरिया, महाराजगंज, कुशीनगर, बस्ती, सिद्धार्थनगर,
सन्तकबीर नगर, आजमगढ़, मऊ, बलिया, बहराईच, बलरामपुर, गोण्डा एवं श्रावस्ती।

पत्रांक: 21फ/ए०ई०एस०/जे०ई०/2012/4012-23

लखनऊ, दिनांक: 04.12.2012

विषय: ए०ई०एस०/जे०ई० से प्रभावित जनपदों में तैनात चिकित्सा अधिकारियों एवं उपचारिकाओं के पन्द्रह दिवसीय प्रशिक्षण के सम्बन्ध में।

महोदय/महोदया,

आप अवगत हैं कि उत्तर प्रदेश सरकार ए०ई०एस०/जे०ई० रोग से ग्रस्त रोगियों को त्वरित एवं प्रभावी उपचार हेतु संकल्पित है। इस हेतु यह आवश्यक एवं अनिवार्य है कि जनपद में तैनात समस्त चिकित्सक एवं समस्त उपचारिकाओं को ए०ई०एस०/जे०ई० रोग के प्रारम्भिक लक्षणों (Sign & Symptoms), पूर्ण उपचार पद्धति (Treatment Protocol), लम्बर पन्चर ट्रेनिंग एण्ड सैम्पल कलेक्शन, आई०सी०यू० (Paediatric Ventilator) के संचालन एवं उपचारोपरान्त विकलांगता आदि से भलि-भाति प्रशिक्षित, भिन्न, आधुनिक अद्यतन चिकित्सा व्यवस्था (Patient Care Management) एवं ए०ई०एस०/जे०ई० इमरजेंसी ट्रीटमेन्ट प्रोटोकॉल एण्ड मैनेजमेन्ट में पारंगत हों।

यह प्रशिक्षण आवासीय प्रशिक्षण (Residency) के रूप में बी०आर०डी० मेडिकल कालेज, गोरखपुर के बालरोग विभाग में निर्धारित है, एवं 3-3 चिकित्सकों एवं उपचारिकाओं (एक जिला चिकित्सालय से एक सामुदायिक स्वास्थ्य केन्द्र से एवं एक प्राथमिक स्वास्थ्य केन्द्र से) का दल इस प्रकार से गठित किया जायेगा कि जनपद के किसी भी उपचार केन्द्र का कार्य प्रभावित न हो।

उक्त प्रशिक्षण हेतु बी०आर०डी० मेडिकल कालेज के विभागाध्यक्ष, बाल रोग विभाग एवं विभागाध्यक्ष, सोशल एण्ड प्रिवेन्टिव मेडिसिन नोडल एवं व्यवस्था अधिकारी होंगे एवं तिथियों का निर्धारण उनकी सहमति एवं समन्वय से निर्धारित होगा।

प्रशिक्षण हेतु जनपदों का निर्धारण Disease Burden के आधार पर निम्नवत् होगा:-

1. कुशीनगर
2. गोरखपुर
3. देवरिया
4. महाराजगंज
5. सन्तकबीर नगर
6. सिद्धार्थनगर
7. बस्ती (ओपेक चिकित्सालय, कैली सहित)
8. बहराईच
9. मऊ
10. श्रावस्ती
11. बलरामपुर
12. गोण्डा
13. बलिया
14. आजमगढ़

उक्त आवासीय प्रशिक्षण में ओ०पी०डी०, इन्डोर, आई०सी०यू० एवं इमरजेंसी सम्मिलित होगा।

उक्त आवासीय प्रशिक्षण हेतु प्रधानाचार्य एवं विभागाध्यक्ष प्रो० के०पी० कुशवाहा से वार्ता के उपरान्त दिनांक 11.12.2012 से प्रारम्भ होना नियत किया गया है एवं समस्त चिकित्सा अधिकारी एवं उपचारिकाओं की प्रशिक्षण के उपरान्त ही प्रशिक्षण का समापन होगा।

सम्बन्धित मुख्य चिकित्सा अधिकारियों/मुख्य चिकित्सा अधीक्षकों का दायित्व होगा कि उक्त प्रशिक्षण की गम्भीरता के दृष्टिगत बी०आर०डी० मेडिकल कालेज एवं प्रशिक्षित होने वाले चिकित्साधिकारियों के मध्य समन्वय एवं आवश्यक व्यवस्था इत्यादि प्रत्येक दशा में सुनिश्चित करेंगे।

उक्त प्रशिक्षण हेतु कोई विशेष मानदेय अनुमन्य नहीं होगा।

भव दी य

राज्य कार्यक्रम अधिकारी,
ए०ई०एस०/जे०ई०

क०प०उ०

पत्रांक 21फ/ए0ई0एस0/जे0ई0/2012/4824-30

तददिनांक:

निम्नलिखित को सूचनार्थ प्रेषित।

1. निजी सचिव, प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उ0प्र0 शासन।
2. महानिदेशक, चिकित्सा शिक्षा एवं प्रशिक्षण, जवाहर भवन लखनऊ।
3. स्टाफ आफीसर, महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवार्थ, उ0प्र0।
4. डा0 वी0के0 रैना, राष्ट्रीय कार्यक्रम अधिकारी, ए0ई0एस0/जे0ई0, 22 शामनाथ मार्ग, दिल्ली।
5. प्राचार्य, बी0आर0डी0 मेडिकल कालेज, गोरखपुर को इस अनुरोध के साथ कि प्रस्तावित प्रशिक्षण हेतु आवश्यक सहयोग एवं समन्वय प्रदान करने का कष्ट करें।
6. विभागाध्यक्ष, बाल रोग विभाग, बी0आर0डी0 मेडिकल कालेज, गोरखपुर को इस अनुरोध के साथ कि प्रस्तावित प्रशिक्षण हेतु आवश्यक सहयोग एवं समन्वय प्रदान करने का कष्ट करें।
7. विभागाध्यक्ष, सोशल एण्ड प्रिवेन्टिव मेडिसिन, बी0आर0डी0 मेडिकल कालेज, गोरखपुर को इस अनुरोध के साथ कि प्रस्तावित प्रशिक्षण हेतु आवश्यक सहयोग एवं समन्वय प्रदान करने का कष्ट करें।

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राज्य कार्यक्रम अधिकारी,
ए0ई0एस0/जे0ई0

02/11/80

| Plot Code | Treatment | Area (m ²) | No. of Participants | | | | | | | | | | | | Total No. of Participants | Total Area (m ²) | No. of Days | Area per Day (m ²) | | | | | | |
|------------------------------|-------------------------------|------------------------|---------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------------------------|------------------------------|-------------|--------------------------------|-------|--------|--------|--------|----------|--|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | | | | | | | | |
| F.L. (b, c) | (b) Malpichion Treatment | 125840 | 17040 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 170400 | 170400 | 170400 | 2880000 | |
| | (c) Small Perennial Treatment | 125840 | 17040 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 170400 | 170400 | 170400 | 13170000 | |
| | Local Control | 125840 | 17040 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 170400 | 170400 | 170400 | 2880000 | |
| F.L. (e, f, g) | (e) Wholes for spray area | 125840 | 17040 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 170400 | 170400 | 170400 | 13170000 | |
| | (f) Operational Cost | 125840 | 17040 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 15900 | 170400 | 170400 | 170400 | 13170000 | |
| Sub-Total - F.L.3. (e, f, g) | | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Total F.L.3. (e to g) | | | | | | | | | | | | | | | | | | | | | | | | |

Unit

ANNEXURE VI

55
6/2

No. T.13020/28/2012-CC&V
Government of India
Ministry of Health & Family Welfare

Nirman Bhawan, New Delhi
Dated December, 2012

(C.R. UNIT)

Dy. No. 419/23.D. 8/10/12

To
Dr Rama Singh,
Director General, Health & Medical Services.,
Swasthya Bhawan, Lucknow, Uttar Pradesh.

Subject: Compliance of the Directions of National Commission for protection of Child Rights (NCPCR)- regarding.

Sir,

Please refer to your letter No. 21 F/AES/JE/RBASAP-2/2012/5109 dated 19.12.2012 on the subject noted above.

2. With reference to your earlier letter dated 19.11.2012 regarding special JE vaccination campaign from 1st December to 31st December 2012, Ministry has already sent a reply (copy enclosed). You may please note that JE campaign observed in the divisions of Devi Patan (2007-08), Azamgarh (2008-09) and JE re-campaign Gorakhpur & Basti division first in 2006-07 and again in 2010-11 due to low coverage. Since these divisions are now being provided JE vaccination under Routine Immunization, repeated re-campaign in these divisions is not the solution for poor routine immunization coverage. Against the annual target of 10.55 lakh children only 3.02 lakh children covered for JE routine vaccinated in these four divisions till October 12 as per the report submitted in HMIS portal, though the supplies for the JE vaccine made for 100 percent children.

3. In the year 12-13, till Dec 12, against the annual target of 29.06 lakh children in 36 districts, 6.92 lakh children vaccinated (23.81%) upto Oct 12 for JE, though 19.38 lakh doses of JE vaccine supplied.

4. As mentioned in your letter that JE vaccine has been diverted to Bihar is not correct as State of Bihar is already planned for JE campaign whereas no such campaign planned for UP because of the above reasons. I am directed to again request you to strengthen Routine Immunization activities in these Divisions so that left out children can be covered under Routine programme for which JE vaccine supplied for 100% children, additional JE vaccine requirement if any can be supplied with justification. Routine Immunization weeks for your State have already been declared for the missed out children and same opportunity should be utilized for covering left out children in these Divisions.

Yours faithfully,

(Dr. Pradeep Haldar)
Deputy Commissioner (Imm)

Copy to:

1. Chairman, National Commission for Protection of Child Rights, 5th Floor, Chandralok Building, 36 Janpath, New Delhi.

Maha (VP)

of Dr. Pradeep Haldar
meeting to be
organised



Dr Vandana Prasad
MBBS, MRCP (Pediatrics) U.K., MPH (UWC)
Member

भारत सरकार
GOVERNMENT OF INDIA
राष्ट्रीय बालक अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

56/104

D.O.No.35/01/2012-NCPCR(PD)(Vol.II)/27042 .

February 15, 2013

Dear Dr. Haldhar,

This Commission has been monitoring the situation of child deaths from JE/AES in Gorakhpur region of Uttar Pradesh and had summoned the State Government in this regard on 3rd October, 2012.

As per subsequent ATRs put up to the Commission it appears that there is a significant gap in immunization coverage for JE amongst children in this region. The Commission would like to facilitate an Action Plan to achieve time-bound coverage of all unimmunized children under the age of 15 years so that deaths from JE may be averted. In this context and as per my discussion with you on 14.2.2013 we would like to organize a meeting between relevant officers of Uttar Pradesh Government as well as the Central Ministry. You are requested to furnish names and designation of officers to be invited to enable this exercise to be fruitful. Please also indicate a suitable date as per your convenience, preferably between 12 – 20th March, 2013.

You may contact my associates (Ms. Swati Das, Consultant – Mobile – 9810419083 & Mr. K.K. Gupta, PS – Tel. 23478217 & Mobile – 9818342029) for any information/help in this context).

With regards

Yours sincerely,

Vandana Prasad

(Dr. Vandana Prasad)

Dr. P.K. Haldhar
Director General (Immunisation)
Ministry of Health & Family Welfare
Nirman Bhavan
New Delhi-110011

*o/c issued
15/2/2013.*

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फोन / Tel.: 23478275 फैक्स / Fax: 23724026 ईमेल / Email: prasad.vandana@nic.in

No. T. 13020/28/2012-CC&V
Government of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi

405

New Delhi, 13th March 2013

To

Smt. Shanta Sinha,
Chairperson,
National Commission for Protection of Child Rights
5th Floor, Chanderlok Building
36 Janpath, New Delhi-110 001

Subject: Action plan to achieve time-bound coverage of all unimmunized children under the age of 15 years w.r.t. J. E. - Meeting regarding.

Madam,

This has reference to the meeting held on 11th March 2013 in the Ministry wherein it was decided that NCPCR will convene a meeting on 2nd April where the representatives of the Ministry and UP Govt. (dealing with the subject) shall be called.

2. As decided in the meeting, I am sending herewith following name of State Government officials dealing with Vaccination/JE in Uttar Pradesh.

- Dr. Rama Singh, DG, Medical Health
- Dr. Ved Prakash Gupta, DG, Family Welfare
- Dr. M. K. Gupta, State Programme Officer/Joint Director, JE/AES
- Dr. A. P. Chaturvedi, SEPIO
- Dr. Ved Prakash, General Manager, Administration & RI, NRHM

Yours faithfully,

(Dr. Pradeep Haldar)
Deputy Commissioner (Imm)
Telefax: 2306 2728

Swati - he had given some names in his earlier letter. They must be called too. (from Delhi)

Copy to: PS to JS (RCH)
PS to DC (CH&I)

Dr. Y. P. 13/3/13

all Swati

Reg (BKS)

Rem (Dr. V. P.)

Pls ensure these people attend. 13/3/13



Dr Vandana Prasad
MBBS, MRCP (Pediatrics) U.K., MPH (UWC)
Member

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GOVERNMENT OF INDIA

राष्ट्रीय बालक अधिकार संरक्षण आयोग

NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

Dated: 18/03/2013

D.O.No.35/01/2012-NCPCR (PD)(Vol II)/ २२५६०

Dear *Dr Singh,*

Sub: Action Plan to achieve time-bound coverage of all immunized children under the age of 15 yrs with respect to JE

As you would be aware, the National Commission for Protection of Child Rights (NCPCR) is a statutory body constituted under Section 3 of the Commission for Protection of Child Rights (CPCR) Act, 2005 (No.4 of 2006) for dealing with child rights and related matters.

The Commission has been gravely concerned with the large scale deaths of children due to Japanese Encephalitis (JE) and Acute Encephalitis Syndrome (AES) in the Gorakhpur region of UP. In this regard repeated visits to the region have been made by the Commission and subsequently, the Commission had summoned the State Government on 3rd October, 2012. One of the observations of the Commission was that 100% JE immunization amongst the target population has not been achieved. Children upto 15 years were immunized only in 2009 in camp mode. Meanwhile, routine immunization was also not able to achieve 100% coverage of children under 2 years. The Commission observed that no mop up round was done for those left uncovered by these processes resulting in a large and growing pool of unimmunized children.

In this regard, the Commission would like to facilitate an Action Plan to achieve time bound coverage of all unimmunized children under the age of 15 years so that deaths from JE may be averted. A meeting with concerned officers Govt. of Uttar Pradesh and Govt. of India is being organized on Tuesday, 2nd April 2013 at 11.00 A.M. at Conference Room, NCPCR, New Delhi. You are requested to make it convenient to attend the same and come duly prepared with all necessary information, data and documents required to formulate such an Action Plan.

Kindly confirm your participation in the meeting with Swati Das (Consultant) at Mob 9810419083 & Shri K.K Gupta (PS) at Tel.23724026 & Mobile 9818342029.

With *regard*

Yours sincerely,

Vandana Prasad
(Dr.Vandana Prasad)

Dr. Rama Singh
Director General,
Health & Medical Services,
Swasthya Bhawan,
Lucknow (Uttar Pradesh)

5वीं मंजिल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली-110 001
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59
Dr Vandana Prasad
MBBS, MRCP (Pediatrics) U.K., MPH (UWC)
Member

भारत सरकार
GOVERNMENT OF INDIA

राष्ट्रीय बालक अधिकार संरक्षण आयोग

NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

Dated: 18/03/2013

D.O.No.35/01/2012-NCPCR (PD)(Vol II)/22431

Dear *Dr Gupta,*

Sub: Action Plan to achieve time-bound coverage of all immunized children under the age of 15 yrs with respect to JE

As you would be aware, the **National Commission for Protection of Child Rights (NCPCR)** is a statutory body constituted under Section 3 of the Commission for Protection of Child Rights (CPCR) Act, 2005 (No.4 of 2006) for dealing with child rights and related matters.

The Commission has been gravely concerned with the large scale deaths of children due to Japanese Encephalitis (JE) and Actue Encephalitis Syndrome (AES) in the Gorakhpur region of UP. In this regard repeated visits to the region have been made by the Commission and subsequently, the Commission had summoned the State Government on 3rd October, 2012. One of the observations of the Commission was that 100% JE immunization amongst the target population has not been achieved. Children upto 15 years were immunized only in 2009 in camp mode. Meanwhile, routine immunization was also not able to achieve 100% coverage of children under 2 years. The Commission observed that no mop up round was done for those left uncovered by these processes resulting in a large and growing pool of unimmunized children.

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Kindly confirm your participation in the meeting with Swati Das (Consultant) at Mob 9810419083 & Shri K.K Gupta (PS) at Tel.23724026 & Mobile 9818342029.

With

regards

Yours sincerely,

Vandana Prasad

(Dr.Vandana Prasad)

Dr. Ved Prakash Gupta,
Director General, Family Welfare
Swasthya Bhawan,
Lucknow (Uttar Pradesh)

5वीं मंजिल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली-110 001
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Dr Vandana Prasad
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NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O.No.35/01/2012-NCPCR (PD)(Vol II)/ 22432

Dated:18/03/2013

Dear *Dr Ved Prakash,*

Sub: Action Plan to achieve time-bound coverage of all immunized children under the age of 15 yrs with respect to JE

As you would be aware, the **National Commission for Protection of Child Rights (NCPCR)** is a statutory body constituted under Section 3 of the Commission for Protection of Child Rights (CPCR) Act, 2005 (No.4 of 2006) for dealing with child rights and related matters.

The Commission has been gravely concerned with the large scale deaths of children due to Japanese Encephalitis (JE) and Actue Encephalitis Syndrome (AES) in the Gorakhpur region of UP. In this regard repeated visits to the region have been made by the Commission and subsequently, the Commission had summoned the State Government on 3rd October, 2012. One of the observations of the Commission was that 100% JE immunization amongst the target population has not been achieved. Children upto 15 years were immunized only in 2009 in camp mode. Meanwhile, routine immunization was also not able to achieve 100% coverage of children under 2 years. The Commission observed that no mop up round was done for those left uncovered by these processes resulting in a large and growing pool of unimmunized children.

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Kindly confirm your participation in the meeting with Swati Das (Consultant) at Mob 9810419083 & Shri K.K Gupta (PS) at Tel.23724026 & Mobile 9818342029.

With *regards*

Yours sincerely,

Vandana Prasad
(Dr.Vandana Prasad)

Dr. Ved Prakash,
General Manager, Administration & RI, NRHM
State Programme Management Unit (SPMU)
National Rural Health Mission (NRHM)
Vishal Complex, 19-A, Vidhan Sabha Marg,
Lucknow-226001

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Dr Vandana Prasad
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NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS
Dated: 18/03/2013

D.O.No.35/01/2012-NCPCR (PD)(Vol II)/2483

Dear *Dr Gupta,*

Sub: Action Plan to achieve time-bound coverage of all immunized children under the age of 15 yrs with respect to JE

As you would be aware, the **National Commission for Protection of Child Rights (NCPCR)** is a statutory body constituted under Section 3 of the Commission for Protection of Child Rights (CPCR) Act, 2005 (No.4 of 2006) for dealing with child rights and related matters.

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Kindly confirm your participation in the meeting with Swati Das (Consultant) at Mob 9810419083 & Shri K.K Gupta (PS) at Tel.23724026 & Mobile 9818342029.

With *regards*

Yours sincerely,

Vandana Prasad

(Dr.Vandana Prasad)

Dr. M.K. Gupta,
State Programme Officer/Joint Director, JE/AES
Office of DG, Health & Medical Services
Swasthya Bhavan, Lucknow (Uttar Pradesh)

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Dr Vandana Prasad
MBBS, MRCP (Pediatrics) U.K., MPH (UWC)
Member

भारत सरकार
GOVERNMENT OF INDIA

राष्ट्रीय बालक अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS
Dated: 25/03/2013

D.O.No.35/01/2012-NCPCR (PD)(Vol II)/27602

Dear *Dr Dhariwal*,

Sub: Action Plan to achieve time-bound coverage of all immunized children under the age of 15 yrs with respect to JE

As you would be aware, the **National Commission for Protection of Child Rights (NCPCR)** is a statutory body constituted under Section 3 of the Commission for Protection of Child Rights (CPCR) Act, 2005 (No.4 of 2006) for dealing with child rights and related matters.

The Commission has been gravely concerned with the large scale deaths of children due to Japanese Encephalitis (JE) and Acute Encephalitis Syndrome (AES) in the Gorakhpur region of UP. In this regard repeated visits to the region have been made by the Commission and subsequently, the Commission had summoned the State Government on 3rd October, 2012. One of the observations of the Commission was that 100% JE immunization amongst the target population has not been achieved. Children upto 15 years were immunized only in 2009 in camp mode. Meanwhile, routine immunization was also not able to achieve 100% coverage of children under 2 years. The Commission observed that no mop up round was done for those left uncovered by these processes resulting in a large and growing pool of unimmunized children.

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Kindly confirm your presence at the meeting with Swati Das (Consultant) at Mob 9810419083 & Shri K.K Gupta (PS) at Tel.23478217 & Mobile 9818342029, Fax: 23724026).

With *regards*

Yours sincerely,

Vandana Prasad
(Dr.Vandana Prasad)

Dr. A.C. Dhariwal
Director
National Vector Borne Disease Control Programme (NVBDCP)
Sham Nath Marg, Civil Lines, Delhi - 110 054

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MBBS, MRCP (Pediatrics) U.K., MPH (UWC)
Member

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NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O.No.35/01/2012-NCPCR (PD)(Vol II)/ 27615

Dated:25/03/2013

Dear *Shri Prakash,*

Sub: Action Plan to achieve time-bound coverage of all immunized children under the age of 15 yrs with respect to JE

I am writing from the office of Dr. Vandana Prasad, Member, NCPCR.

As you would be aware, the National Commission for Protection of Child Rights (NCPCR) is a statutory body constituted under Section 3 of the Commission for Protection of Child Rights (CPCR) Act, 2005 (No.4 of 2006) for dealing with child rights and related matters.

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Kindly confirm your presence at the meeting with Swati Das (Consultant) at Mob 9810419083 & Shri K.K Gupta (PS) at Tel.23478217 & Mobile 9818342029, Fax: 23724026).

With regards,

Yours sincerely,

Swati Das
(Swati Das)
Consultant

Shri Anshu Prakash, IAS
Joint Secretary
Ministry of Health & Family Welfare
'C' Wing, Nirman Bhavan
New Delhi - 110 011

PS : Dr. Vandana Prasad, Member, NCPCR is on tour to Bhubaneswar and directed me to sign this letter on her behalf.

5वीं मंजिल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली-110 001
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Dr Vandana Prasad
MBBS, MRCP (Pediatrics) U.K., MPH (UWC)
Member

भारत सरकार
GOVERNMENT OF INDIA
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NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O.No.35/01/2012-NCPCR (PD)(Vol II)/276/14.

Dated:25/03/2013

Dear *Dr. Khera,*

Sub: Action Plan to achieve time-bound coverage of all immunized children under the age of 15 yrs with respect to JE

I am writing from the office of Dr. Vandana Prasad, Member, NCPCR.

As you would be aware, the **National Commission for Protection of Child Rights (NCPCR)** is a statutory body constituted under Section 3 of the Commission for Protection of Child Rights (CPCR) Act, 2005 (No.4 of 2006) for dealing with child rights and related matters.

The Commission has been gravely concerned with the large scale deaths of children due to Japanese Encephalitis (JE) and Actue Encephalitis Syndrome (AES) in the Gorakhpur region of UP. In this regard repeated visits to the region have been made by the Commission and subsequently, the Commission had summoned the State Government on 3rd October, 2012. One of the observations of the Commission was that 100% JE immunization amongst the target population has not been achieved. Children upto 15 years were immunized only in 2009 in camp mode. Meanwhile, routine immunization was also not able to achieve 100% coverage of children under 2 years. The Commission observed that no mop up round was done for those left uncovered by these processes resulting in a large and growing pool of unimmunized children.

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Kindly confirm your presence at the meeting with Swati Das (Consultant) at Mob 9810419083 & Shri K.K Gupta (PS) at Tel.23478217 & Mobile 9818342029; Fax: 23724026).

With regards,

Yours sincerely,

Swati Das
(Swati Das)
Consultant

Dr. Ajay Khera
Deputy Commissioner (CH&I)
205-D, Nirman Bhavan, New Delhi - 110 011

P.S: *Dr. Vandana Prasad, Member NCPCR is on tour to Bhubaneswar and directed me to sign this letter on her behalf.*

5वीं मंजिल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली-110 001
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Dr Vandana Prasad
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Member

भारत सरकार
GOVERNMENT OF INDIA
राष्ट्रीय बालक अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O.No.35/01/2012-NCPCR (PD)(Vol II)/27479

Dated:18/03/2013

Dear

Dr Raina,

Sub: Action Plan to achieve time-bound coverage of all immunized children under the age of 15 yrs with respect to JE

As you would be aware, the **National Commission for Protection of Child Rights (NCPCR)** is a statutory body constituted under Section 3 of the Commission for Protection of Child Rights (CPCR) Act, 2005 (No.4 of 2006) for dealing with child rights and related matters.

The Commission has been gravely concerned with the large scale deaths of children due to Japanese Encephalitis (JE) and Actue Encephalitis Syndrome (AES) in the Gorakhpur region of UP. In this regard repeated visits to the region have been made by the Commission and subsequently, the Commission had summoned the State Government on 3rd October, 2012. One of the observations of the Commission was that 100% JE immunization amongst the target population has not been achieved. Children upto 15 years were immunized only in 2009 in camp mode. Meanwhile, routine immunization was also not able to achieve 100% coverage of children under 2 years. The Commission observed that no mop up round was done for those left uncovered by these processes resulting in a large and growing pool of unimmunized children.

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With

regards

Yours sincerely,

Vandana Prasad
(Dr.Vandana Prasad)

Dr. V.K. Raina
Joint Director
National Vector Borne Disease Control Programme (NVBDCP)
Shamnath Marg, Civil Lines,
Delhi-110054

1/19/3/2013

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Dr Vandana Prasad
MBBS, MRCP (Pediatrics) U.K., MPH (UWC)
Member

ANNEXURE - VI

61

भारत सरकार
GOVERNMENT OF INDIA

राष्ट्रीय बालक अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O.No.35/01/2012-NCPCR (PD)(Vol. III)/ — 29088

May 30, 2013

Dear

Pravir ji,

6/6/2013

The Commission has been gravely concerned with the large scale deaths of children due to Japanese Encephalitis (JE) and Actue Encephalitis Syndrome (AES) in the Gorakhpur region of UP. In this regard repeated visits to the region have been made by the Commission and subsequently, the Commission had summoned the State Government on 3rd October, 2012. One of the observations of the Commission was that 100% JE immunization amongst the target population has not been achieved. Children upto 15 years were immunized only in 2009 in camp mode. Meanwhile, routine immunization was also not able to achieve 100% coverage of children under 2 years. The Commission observed that no mop up round was done for those left uncovered by these processes resulting in a large and growing pool of unimmunized children.

A meeting was held on 2nd April, 2013 on the subject and draft minutes thereof are enclosed.

Kindly recall my briefing you about the same when I visited Lucknow on 16th April, 2013. Telephonic conversation with State Programme Officer (JE/AES) and SIO indicated lack of coordination and forward movement. The State Government has been requested to -

- (i) provide a list of children (1-5 years) unimmunized for JE in Gorakhpur region;
- (ii) provide information of JE vaccine stocks in the State; and
- (iii) provide an Action Plan to achieve mop-up of unimmunized children as enumerated in point (i).

Since you had shown interest in taking quick action I was awaiting your response on the subject. I shall be grateful for an early response in the matter.

With regards,

Yours sincerely,

Vandana Prasad

(Dr. Vandana Prasad)

9c

Shri Pravir Kumar
Principal Secretary
Department of Medical, Health & Famil Welfare
Government of Uttar Pradesh
U.P. Secretariat
Bapu Bhavan
Lucknow (Uttar Pradesh)

Encl:- As above

✓ cc. Chairperson, NCPCR - for information *6/6/13*

पि मंजिल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली-110 001

OR, CHANDERLOK BUILDING, 36 JANPATH, NEW DELHI - 110 001

8275 फ़ैक्स/Fax: 23724026 ईमेल/Email: prasad.vandana@nic.in

*Issued
6/6/13*

Copy to :-

29126 — Dr. Pradeep Haldar, Deputy Commissioner (Immunisation), Ministry of Health & Family Welfare,
Nirman Bhavan, New Delhi - 110 001.

Vandana Prasad

(Dr. Vandana Prasad)

o/c
10-6-2013

7 August, 2013

Balrampur Hospital, Lucknow

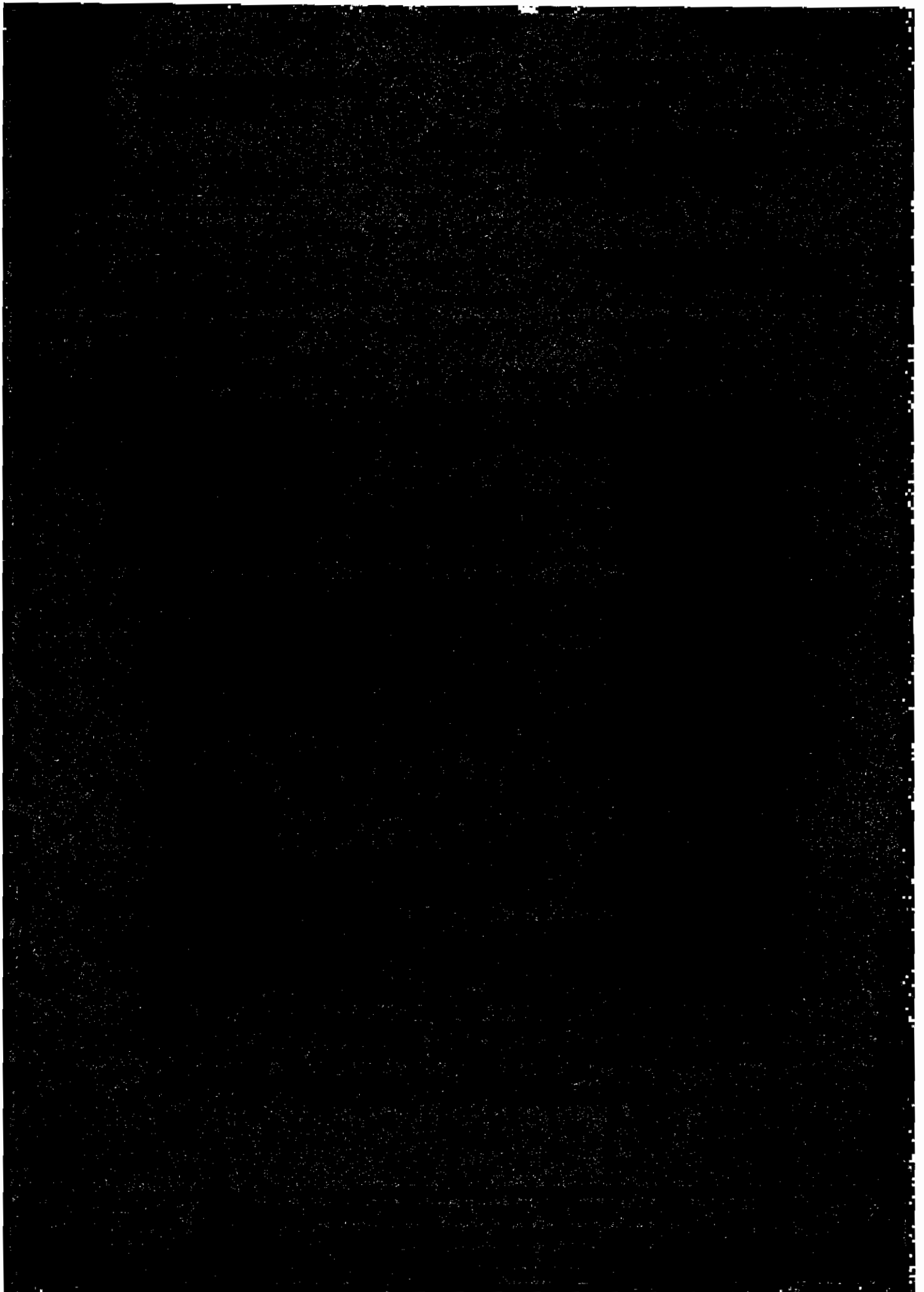
Key points raised at the Planning discussion meeting towards the JE/AES Public Hearing, which is to be held on 11-12 September, 2013

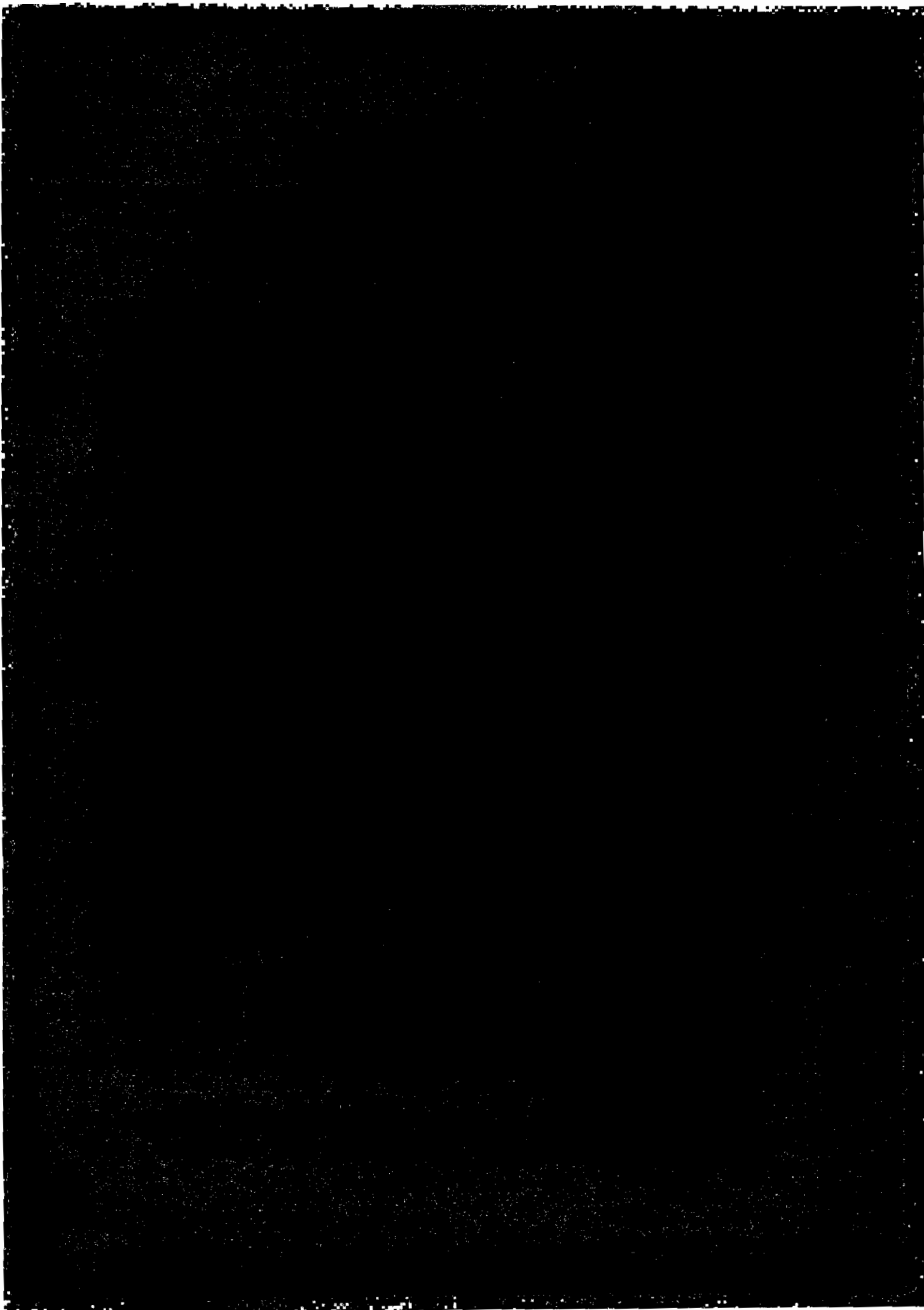
- The meeting started with a round of introduction by all the participating members of the Central and State Government, members from Civil society Organisations, and the NCPCR team (Annexure 1).
- Member, NCPCR gave a brief introduction about JE/AES situation, in Gorakhpur district and across the State, and the actions that have been previously taken to address this issue.
- It was highlighted that the Central govt. has invested Rs. 4,000 crore towards addressing the issues of JE/AES. But to find effective means to combat JE/AES there needs to be holistic and a comprehensive strategy, wherein all concerned ministries including Dept. of Water and Sanitation, Women and Child Development and Health, work in convergence at the Centre and State level and amongst each other to take preventive measures.
- NCPCR had previously taken up the issue, to which the Summons Hearings was conducted in October, 2012. Following this certain recommendations were issued for necessary action to be taken by the State (Annexure 2). But despite of actions taken by the State the problem of JE/AES still persists, NCPCR intends to continue to monitor this issue closely. To this context, to understand and raise the severity of the issue, NCPCR has organized for a Public Hearing in Gorakhpur on 11-12 September, 2013.
- The Public hearing will highlight cases of deaths or survivors who've suffered from residual disability and cases that have suffered due to medical negligence; delay in proper treatment, lack of access to doctors or other systemic failures.
- Based on the recommendations issued by NCPCR, a few probable cases were discussed that could be identified and highlighted during the Public Hearing:

| Recommendations | Case that needs to highlighted |
|---|---|
| Need to have a tracking system to review and follow up to ensure that survivors of JE/AES who show delayed signs of disability are identified and provided support. | <ul style="list-style-type: none"> ⇒ The survivor of JE/AES who have been disabled but disability certification not been issued rehabilitative services, medical treatment, and education is not provided. |
| 100% immunization coverage in the State, especially in the high disease prone areas and to children who live in piggeries | <p>It was identified that although immunization status in the State has improved over the years, but the there is still not 100% coverage.</p> <ul style="list-style-type: none"> ⇒ The CSOs must highlight cases that have arisen related to lack of immunization, specially with respect to immunization of missed out children living in piggeries. If a case of JE is encountered due to lack of immunization that be highlighted. |

| | |
|--|--|
| <p>A system of verbal death autopsy for children who have died following a febrile illness must be instituted to determine systemic gaps in early diagnosis and referral of JE/AES.</p> | <p>JE cases in the State have reduced but the cases to death ratio continue to remain the same. Case fatality of AES remains high at 25%.</p> <ul style="list-style-type: none"> ⇒ In a few cases there was incorrect diagnosis of the case, leading to delay in treatment or death. And alternatively a few cases where deaths are wrongly portrayed as JE/AES deaths. These cases need to be highlighted. |
| <p>Need to improve the situation of drinking water.</p> <ul style="list-style-type: none"> ⇒ Install Mark II hand pumps across the district/State. ⇒ Hold a consultation with experts from WHO and UNICEF and develop a strategy paper. | <ul style="list-style-type: none"> ⇒ Need to verify whether Mark II hand pumps have been installed in the State, if not, then highlight the cases that have arisen due to poor water and sanitation conditions. ⇒ Highlight cases, where the Panchayat and community have demanded for installation of Mark II hand pumps but it hasn't been installed, leading to JE/AES. |
| <p>Need to strengthen the health system.</p> | <ul style="list-style-type: none"> ⇒ There is a very slow progress in this aspect but the State has provided training of JE/AES to Master trainers who would further train the local field staff for effective detection and timely referral of JE/AES. |
| <ul style="list-style-type: none"> ⇒ It was highlighted that although there is provision of subsidized treatment or free treatment for BPL families, there have been a few cases where JE/AES deaths have occurred due to high user charges and lack of ability of the victim's family to pay for the treatment. It was highlighted that such cases need to be identified and strongly highlighted during the public hearing. ⇒ Highlight a case when treatment has been charged | |
| <ul style="list-style-type: none"> ⇒ The ASHA worker has a system to track the fever in children, where in if the fever is high and persists it needs to be reported and referred for further treatment, as it could be a case of JE/AES. It was shared that there have been cases where children with high fever haven't been reported or referred by the ASHA leading to JE/AES; such cases must be highlighted. | |
| <ul style="list-style-type: none"> ⇒ Highlight cases where there was a refusal of referral transport/ambulance, or any other services. | |

- It was raised that the poor quality of water and sanitation still persist in the district and a key reason for this is the use of shallow water sources for household consumption. A few suggestions given to this were to increase the installation of mark II hand pumps (specifically at a depth of 100 feet) and to increase awareness of the community for the same. Moreover, it was discussed that it is imperative to get together experts and find a solution to improve the situation of drinking water and sanitation in the district and the State.
- State was asked to prepare and distribute IEC material with specific mention of going to the nearest Health centre/PHC when symptoms of JE/AES appear- this point was noted to be absent in current IEC material.

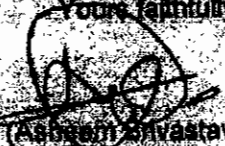




(3)

An Action Taken Report (ATR) in the above regard may be submitted to this Commission by 15. 01. 2013. The receipt of this letter may please be acknowledged.

With regards

Yours faithfully,

(Ashish Prastav)

Copy to:

The Principal Secretary, Department of Medical, Health and Family Welfare, Government of Uttar Pradesh, UP Secretariat, Bapu Bhawan Lucknow.

Dr Vandana Prasad
MBBS, MRCP (Pediatrics) U.K., MPH (UWC)
Member

भारत सरकार
GOVERNMENT OF INDIA
राष्ट्रीय बालक अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O.No. 35/01/2012-NCPCR (PD) (Vol II)/30301

Dated: 12/08/13

Dear *Shri Lalcah*,

As you are aware the National Commission for Protection of Child Rights (NCPCR) is a statutory body constituted under Section 3 of the Commission for Protection of Child Rights (CPCR) Act, 2005 (No.4 of 2006) for dealing with child rights and related matters with the mandate to ensure that all laws, policies, programmes and administrative mechanisms are in consonance with the child rights perspective as enshrined in the Constitution of India and also the UN Convention on the Rights of the Child (UNCRC).

A follow up meeting was held with senior state health officers in Lucknow on 7th August, 2013 in this regard. Further discussions were held in the presence of Secretary (Health & Family Welfare) on 8th August, 2013 in New Delhi. As discussed, the Commission is concerned to note the following:

1. The account in balance on 31.7.13 for National Vector Borne Disease Programme in UP is Rs.8109/-.
2. This programme has not received funds for 2012-13 since State share of 15% has not been borne by Uttar Pradesh.
3. Salaries for 144 of 164 staff of BRG Medical College have not been approved by the Centre.
4. Salaries for the HR for 100 extra beds for JE/AES have not been approved by the Centre.

The net result of these issues is that there will be inadequate personnel to handle JE / AES cases requiring hospitalization and special care despite the fact that 100 ventilators have been purchased by the State from GOM funds for BRGMC.

Additionally,

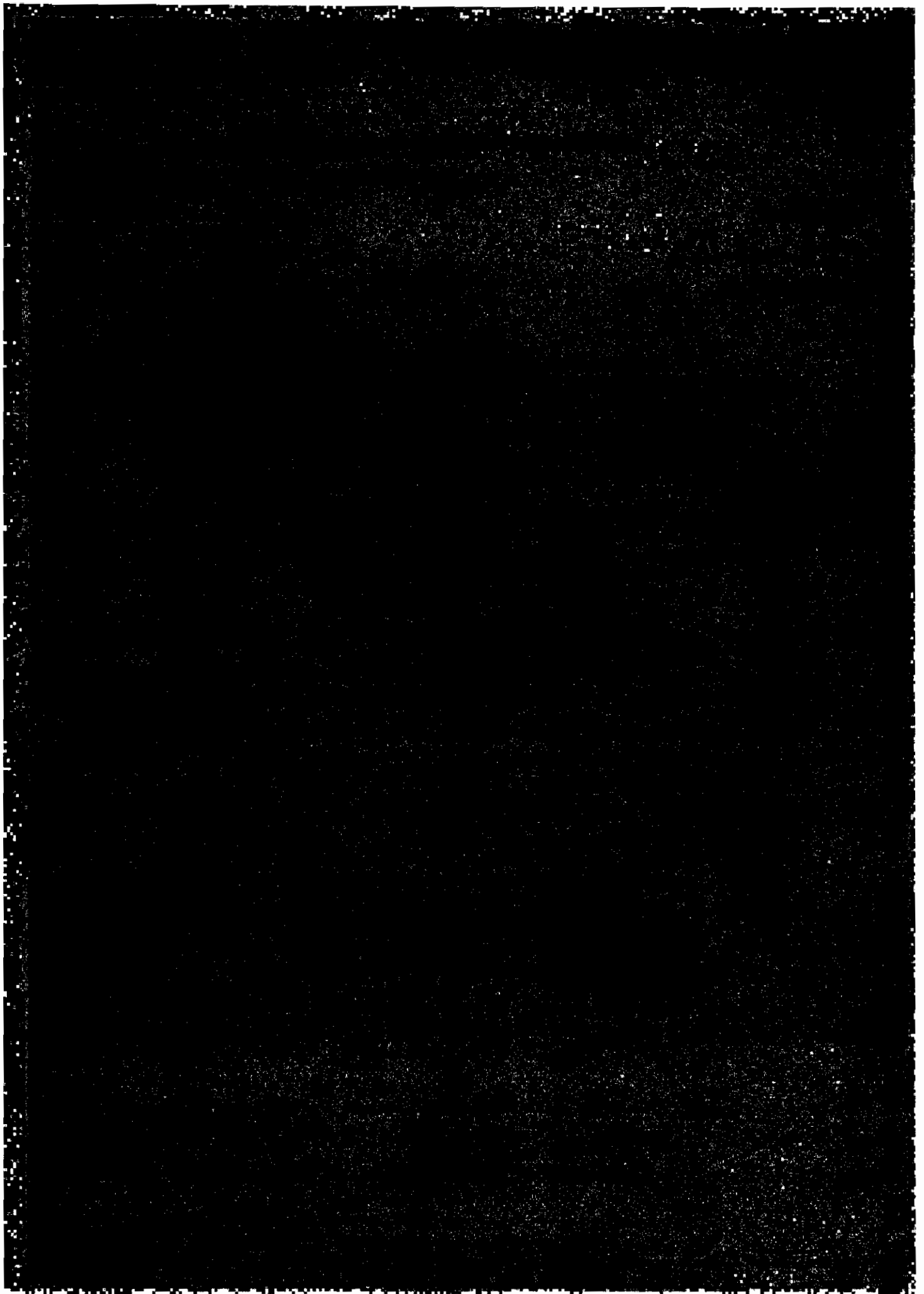
5. Whereas 5 crores have been allocated for a Physical Medical Rehabilitation Unit in Gorakhpur, the State Government has requested and is awaiting guidelines for setting up the same
6. The Commission has been given to believe that a District Disability Rehabilitation Centre has been proposed by the State Government in response to some of our recommendations but the proposal has been declined.

We urge the Ministry to liaise with the State government at the highest level urgently to arrive at a resolution of the financial crisis resulting in a potentially grave decline in services for children with JE / AES (pts 1- 4). We also request a response to the additional issues (points 5 & 6)

O/C
Issued
R.
16/8/13

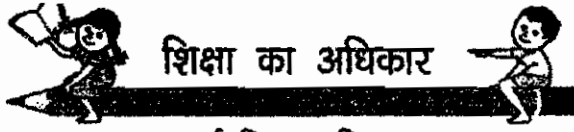
5^{वीं} मंजिल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली-110 001
5th FLOOR, CHANDERLOK BUILDING, 36 JANPATH, NEW DELHI - 110 001

फोन / Tel: 22478275, फैक्स / Fax: 22724026, ईमेल / Email: prasad.vandana@nic.in



ANNEXURE X

| Contact Person | NGO Names and Details |
|--|--|
| 1. Ms. Yashodhara | SAHYOG A-240, Indira Nagar, Lucknow-226016, UP |
| 2. Ms. Arundhuti Dhuru | State Advisors to Supreme Court Commissioners A-893, Indira Nagar, Lucknow- 226016, UP Phone: 09919664444 |
| 3. Fr. Varghese Alumchuvattil | Purvanchal Gramin Seva Samiti (PGSS) Fatima Nagar, Padribazar, Chorpurwa, Hussain Nagar, Gorakhpur, UP 273014 Phone: 09415875646 |
| 4. Shri. Rajesh Mani | Manav Seva Sansthan Vikas Nagar Colony, Bargadwa Gorakhpur, 273007, UP Phone: 0983807412 |
| 5. Shri. Manoj Kumar Singh | 559 F Vijay Nagar Rapti Nagar Phase I, Gorakhpur- 273003, UP Phone: 09415282206 |
| 6. Mr. Vaibhav Sharma | Safe Society, Gorakhpur Office Lig 87 Rapti Nagar Phase I Gorakhpur- 273003, UP Phone: 09839339403 |
| 7. Ms. Seema Sriwastwa | Mahila Samakhya, Gorakhpur B-689 Swami Dayanand Coloney Near Sastri Choraha, Gorakhpur, UP Phone: 094153224924 |
| 8. Shri. Manish | Q.No. C-9, Vikash Nagar F.C.I road, Bargadwa, Gorakhpur-273007 Phone: 09452130131 |
| 9. Mr. Akhilesh Kumar Yadav | Ughdosh Sewa Sansthan House No. B 141, Rapti Nagar, Phase IV, P.O Chargaun Gorakhpur- 273013, UP |
| 10. Ms. Anita Nura and Mr. Kamla Vishwakarma | Daud Memorial Christian Gramin Vikas Samiti Opposite Old petrol pump P.O. – Bashratpur, Gorakhpur- 273004, UP Phone: 09452457192 |
| 11. Mr. Awadesh Kumar, | Baba Ram Karan Das Gramin Vikas Samiti Siktoor Bazaar, Maniram Gorakhpur- 273007, UP Phone: 09889088856 |
| 12. Shri. Prabindra Rev | Rajendra Prasad Sewa Sansthan, Sant Kabir Nagar Gram Post Tama, Haisar Bazaar, Ghanghata Sant Kabir Nagar- 272165, UP Phone: 09936585839 |



शिक्षा का अधिकार

ANNEXURE XI

सर्व शिक्षा अभियान
सब पढ़ें सब बढ़ें

D. No. 50841 30/9/13

राज्य परियोजना कार्यालय,

उ0प्र0 सभी के लिए शिक्षा परियोजना परिषद्, विद्या भवन, निशातगंज, लखनऊ -226 007

सेवा में,

जिला बेसिक शिक्षा अधिकारी,
सर्व शिक्षा अभियान,
समस्त जनपद, उ0प्र0।

श्री श्री- महाराज पट

जयपुर (UP)

पत्रांक: रा0प0नि0/ 2965 /2013-14

लखनऊ, दिनांक : 24 सितम्बर, 2013

विषय: राष्ट्रीय बाल अधिकार संरक्षण आयोग (NCPCR), नई दिल्ली की जनपद गोरखपुर में आयोजित जन सुनवाई में मा0 आयोग द्वारा दिए गए निर्देशों के संबंध में।

महोदय,

राष्ट्रीय बाल अधिकार संरक्षण आयोग (NCPCR), नई दिल्ली की जनपद गोरखपुर में आयोजित जन सुनवाई दिनांक 11-09-2013 में यह तथ्य जानकारी में आया कि प्राथमिक विद्यालय रितुवाखोर पाली, जनपद गोरखपुर के अध्यापकों द्वारा जापानी इंसेफलाइटिस / एक्यूट इंसेफलाइटिस सिण्ड्रोम (जे0ई0/ ए0ई0एस0) से प्रभावित बालिका कु0 सौम्या को इटीनरेंट टीचर के भ्रमण के लिए निश्चित दिन को ही विद्यालय में आने के निर्देश दिए गए जबकि अध्यापकों को जे0ई0 / ए0ई0एस0 से प्रभावित बच्चों एवं समस्त विशिष्ट आवश्यकता वाले बच्चों (CWSN) को प्रतिदिन विद्यालय में आने के लिए प्रेरित किया जाना चाहिए न कि इटीनरेंट टीचर्स के भ्रमण दिवस पर।

अतः आपको निर्देशित किया जाता है कि अपने जनपद के समस्त विद्यालयों के प्रधानाध्यापक / अध्यापकों को यह निर्देश प्रसारित किये जाएं कि जे0ई0 / ए0ई0एस0 से प्रभावित बच्चों एवं समस्त विशिष्ट आवश्यकता वाले बच्चों (CWSN) को प्रतिदिन विद्यालय में उपस्थित होने हेतु कहा जाए एवं उनके अभिभावकों को बच्चों को प्रतिदिन विद्यालय भेजने हेतु प्रेरित किया जाए। विद्यालय के अध्यापकों द्वारा इटीनरेंट / रिसोर्स टीचर्स द्वारा बताये गये बिन्दुओं के आधार पर इन बच्चों की शिक्षा पर भी ध्यान दिया जाए।

उक्त निर्देशों का कड़ाई से अनुपालन सुनिश्चित किया जाए।

भवदीया,

(अमृता सोनी)

राज्य परियोजना निदेशक

पृ0सं0 : रा0प0नि0/ 2965 /2013-14

लखनऊ, तददिनांक।

प्रतिलिपि :माननीय अध्यक्ष, राष्ट्रीय बाल अधिकार संरक्षण आयोग, (NCPCR) 5वां तल, चन्द्रलोक बिल्डिंग, 36 जूनपथ, नई दिल्ली - 110001 को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

(अमृता सोनी)

राज्य परियोजना निदेशक

Or file pl
cc to Radhika Ak
for up of (KS)
Mem (UD)
MS (AKS)
D/LAM

4/7/13

Nidha D...

Ms. RUSHAL SINGH
Chairperson



ANNEXURE XII

भारत सरकार

GOVERNMENT OF INDIA

राष्ट्रीय बाल अधिकार संरक्षण आयोग

NATIONAL COMMISSION FOR
PROTECTION OF CHILD RIGHTS

D.O.No.35/01/2012-NCPCR (Vol.III)/31200

Dated the 15th October, 2013

Dear *Stuti*,

The national Commission for Protection of Child Rights (NCPCR) had held a public hearing on Japanese Encephalitis/Acute Encephalitis Syndrome (JE/AES) in Gorakhpur, Uttar Pradesh on 11-12 September, 2013. A copy of the report of the Public Hearing is enclosed for your information.

From the perusal of the Report it will be evident that hundreds of children affected by JE/AES have been physically disabled by the disease. No rehabilitation services for the disabled children are being provided in the area. The children are also not being covered under the ongoing schemes of the government, like the ICDS and the education system.

I would request you to look into this matter urgently and call a meeting of all concerned departments in Govt. of India and from the Govt. of Uttar Pradesh to draw up an action plan for the rehabilitation of the children affected by JE/AES.

With *Regards*

Yours sincerely,

Ksingh
(Kushal Singh)

OK

Ms. Stuti Narain Kacker,
Secretary,
Department of Disability Affairs,
Ministry of Social Justice & Empowerment,
Shastri Bhavan, New Delhi-110001

5वां तल, चन्द्रलोक बिल्डिंग, 36, जनपथ, नई दिल्ली-110 001
5th Floor, Chanderlok Building, 36, Janpath, New Delhi - 110 001
फोन/Tel. : 011-23731583 फेक्स/Fax: 011-23731584

Ms. KUSHAL SINGH
Air Person



भारत सरकार
GOVERNMENT OF INDIA
राष्ट्रीय बाल अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR
PROTECTION OF CHILD RIGHTS
D.O.No.35/01/2012-NCPCR (Vol.III)/31201
Dated the 15th October, 2013

Dear Shri Yadav,

The National Commission for Protection of Child Rights (NCPCR) had held a Public Hearing on Japanese Encephalitis/Acute Encephalitis Syndrome (JE/AES) in Gorakhpur, Uttar Pradesh on 11-12 September, 2013. A copy of the report of the Public Hearing is enclosed for your information.

You have been aware of the problem of JE/AES and have also announced relief from the Chief Minister's Relief Fund to the victims in the previous years. However, despite several interventions the situation remains critical.

I would like to share with you the anguish and concern of the NCPCR with regard to the ineffectiveness of the State administration to address the issues of JE/AES. I would draw your attention to the following specific issues:

- (i) Summons for the Public Hearing had been issued to 6 Principal Secretaries. It is regrettable that only Principal Secretary, Health; Principal Secretary, Rural Development; and DG, Health attended the Hearing. The absence of 4 Principal Secretaries of the State, namely, Principal Secretary, Disabled Welfare; Principal Secretary, Basic Education Department; Principal Secretary, Social Welfare; and Principal Secretary, Women & Child Development indicates the indifference of the concerned officers to this major problem of JE/AES.
- (ii) AES is a water-borne disease and clean drinking water is the basic preventive measure required to be taken. The recurrence of AES over a period of several years is a clear indication of the fact that adequate measures have not been taken to make clean drinking water available in the area.
- (iii) At present only children up to the age of 2 years are being covered for vaccination for JE. This needs to be extended to cover all children up to the age group of 15 years.
- (iv) On the curative side it was found during the Hearing that all cases of JE/AES are being referred to BRD Medical College alone. The district hospitals in the entire Division are not equipped to deal with the cases of JE/AES. Lack of infrastructure in the local hospitals leads to a great deal of hardship to the patients and their families and often leads to deaths of the victims in the absence of timely medical attention.
- (v) The infrastructure available in the BRD Medical College is not sufficient to handle all the cases of the entire Division referred to it. During the inspection the team of the Commission observed that up to 4 children affected by the disease are sharing one bed.

5वां तल, चन्द्रलोक बिल्डिंग, 36, जनपथ, नई दिल्ली-110 001
5th Floor, Chanderlok Building, 36, Janpath, New Delhi - 110 001
फोन/Tel. : 011-23731583 फैक्स/Fax: 011-23731584

- 83
- (vi) Although the patients have to be provided with free medicine as per the directions of the government, there were several complaints of patients having to pay for the medicines prescribed to them.
 - (vii) Even after the cure of a victim follow-up medicine is provided only for 15 days requiring frequent visits of the patients/family members to the medical college from distant places. Availability of the medicines in the district/local hospitals/Public Health Centres is therefore necessary to provide some form of relief to the victims.
 - (viii) Another worrying feature which was thrown up in the Public Hearing was that no action was being taken for any rehabilitative services of the victims who had survived the disease but were physically disabled by it.
 - (ix) Not only are no rehabilitative services available for these victims, some of them have also been denied admission in regular schools, which is contrary to the provisions of the Right to Education Act. It was also brought to the notice of the Commission that despite the large number of disabled children affected by JE/AES, the number of special schools in the District has also been reduced on account of economy measures.
 - (x) A great deal of delay has been reported in the issue of disability certificates to the victims.
 - (xi) The compensation for victims of JE/AES announced in the previous years has not been extended in the current year, which needs to be done urgently.

Children affected by JE/AES belong to the most vulnerable section of the society and require maximum assistance from the State machinery. Looking into the serious nature of the problem, I would request you to review the situation at your level and issue necessary directions to all concerned officers to provide the services which are required in the area to ensure protection of children.

The NCPCR would continue to monitor the situation.

With *warm regards*

Yours sincerely,

K Singh
(Kushal Singh)

07

Shri Akhilesh Yadav,
Hon'ble Chief Minister,
Government of Uttar Pradesh,
Lucknow.

MS. KUSHAL SINGH
Chairperson



भारत सरकार

GOVERNMENT OF INDIA

राष्ट्रीय बाल अधिकार संरक्षण आयोग

NATIONAL COMMISSION FOR
PROTECTION OF CHILD RIGHTS

D.O.No.35/01/2012-NCPCR (Vol.III) / 3120

Dated the 15th October, 2013

Dear *Shri Desiraju,*

The National Commission for Protection of Child Rights (NCPCR) had held a public hearing on Japanese Encephalitis/Acute Encephalitis Syndrome (JE/AES) in Gorakhpur, Uttar Pradesh on 11-12 September, 2013. A copy of the report of the Public Hearing is enclosed for your information. The experts from Govt. of India, Ministry of Health had also attended the Public Hearing, and I am sure they would have given you a feedback of the situation.

I would like to draw you attention to the fact that although some action has been taken to deal with the crisis of JE/AES, a great deal more needs to be done. The situation in the area as reflected in the Public Hearing is still quite serious, as children in large numbers continue to be affected by JE/AES. The district hospitals in the entire Division are not equipped to deal with the cases of JE/AES, and all such cases are being referred to BRD Medical College, Gorakhpur. Lack of infrastructure in the local hospitals leads to a great deal of hardship to the patients and their families, and often leads to the death of victims in the absence of timely medical attention.

Infrastructure available in the BRD Medical College is also not sufficient to handle all the cases of the entire Division referred to it. During the inspection the team of the Commission observed that 3-4 patients were being treated on one bed. The staff in the hospital is also not sufficient to cope up with the influx of the patients suffering from JE/AES.

I would, therefore, request you to review the situation at your level and issue necessary directions to facilitate proper care of the children being affected by the JE/AES.

With *Regards*

Yours sincerely,

K Singh
(Kushal Singh)

07L

Shri Keshav Desiraju,
Secretary,
Ministry of Health & Family Welfare,
Nirman Bhavan, New Delhi-110001

5वां तल, चन्द्रलोक बिल्डिंग, 36, जनपथ, नई दिल्ली-110 001
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MS. KUSHAL SINGH
Chairperson



भारत सरकार
GOVERNMENT OF INDIA
राष्ट्रीय बाल अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR
PROTECTION OF CHILD RIGHTS

D.O.No.35/01/2012-NCPCR (Vol.III) /31
Dated the 15th October, 2013

Dear *Nita,*

The National Commission for Protection of Child Rights (NCPCR) had held a public hearing on Japanese Encephalitis/Acute Encephalitis Syndrome (JE/AES) in Gorakhpur, Uttar Pradesh on 11-12 September, 2013. A copy of the report of the Public Hearing is enclosed for your information.

As will be apparent from the Report the situation in Gorakhpur Division is quite serious. Since the matter involves protection of the rights of the children, I would request that the Ministry of Women & Child Development may also take up this issue with the Govt. of Uttar Pradesh to ensure that necessary action for prevention and cure of the disease is taken by the State Government along with rehabilitation programmes for the children who have been disabled by JE/AES. A greater involvement of the ICDS programme in the matter would provide a great deal of relief to the affected children.

With *Regards*

Yours sincerely,

K Singh
(Kushal Singh)
07L

Ms. Nita Chowdhury,
Secretary,
Ministry of Women & Child Development,
Shastri Bhavan,
New Delhi-110001

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सत्यमेव जयते

Dr Vandana Prasad
MBBS, MRCP (Pediatrics) U.K., MPH (UWC)
Member

ANNEXURE XIII
भारत सरकार
GOVERNMENT OF INDIA

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राष्ट्रीय बालक अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O.No.35/01/2012-NCPCR (PD)(Vol.III) / 31276

October 17, 2013

Dear *Shri Dendrajn,*

*to CP for approval plz
18/10/13*

As you know, the Commission held a Public Hearing on 11-12 September 2013 as a follow up action of the initiatives taken by the Commission to improve the Japanese Encephalitis/Acute Encephalitis Syndrome (JE/AES) situation in the Gorakhpur Division of Uttar Pradesh. The Commission has sent you the report for your perusal which details many of the regional and state level interventions needed to strengthen health care services for children suffering JE/AES. However, we would like to highlight some additional key issues that require your kind attention at National level:

1. We believe that the 100-bedded JE/AES ward has recently been inaugurated in BRD Medical College. However, it is critical that the provisions of adequate HR, drugs etc are met to allow functionality. The Commission noted a severe dearth of doctors at BRDMC during the Public Hearing and remains concerned in this regard. The Commission has noted a communication (2215/BRG/MC-13/Mastishq Jwar/NRHM/PIP dated 10 September 2013) from the State Government to the Ministry, for additional budget regarding the of 164 staff of the BRD Medical College, 214 additional staff for the new 100 bedded AES ward and additional funding for Rs. 11.98 crore for treatment of AES patients and for medicines. We request you to take this up urgently and also to kindly inform the Commission as to its current status.
2. The Commission was concerned to note that JE/AES is not yet a notifiable disease, leading to many patients who have been entertained in the private sector going un-registered. We request you to take up this policy matter urgently.
3. It was entirely clear during the public hearing that the public health institutions were minimally involved in dealing with cases of JE/AES which were mostly getting directly referred to BRDMC, leading to a severe crisis of space and human resource within the apex institution. We feel that the Ministry may play a leadership role in proposing a 'hub and spoke' system whereby there is a step-up and step down system of referrals between the PHCs, CHCs, DH and BRDMC, leading to an overall systems strengthening and allowing BRDMC to perform its function as a resource and mentoring institution in addition to providing referral tertiary level services. This could serve as an important model for the rest of the country in how to link the Medical Colleges to district level services under the public health system.

*o/c
issued
Koushik
18/10/13*

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We would request a response to these issues as well as the others raised in the report of the Public Hearing.

This issues with the approval of the Chairperson.

With *regards*

Yours sincerely,

Vandana

(Vandana Prasad)

Shri K.N. Desiraju
Secretary
Department of Health & Family Welfare
Ministry of Health & Family Welfare
Nirman Bhavan
New Delhi - 110 011



सत्यमेव जयते

Dr Vandana Prasad
MBBS, MRCP (Pediatrics) U.K., MPH (UWC)
Member

ANNEXURE IV

भारत सरकार

GOVERNMENT OF INDIA

राष्ट्रीय बालक अधिकार संरक्षण आयोग

NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

Dated: 1st October, 2013 / 31125

Dear *Ms Kakkar,*

The National Commission for the Protection of Child Rights organised a public hearing on Japanese Encephalitis and its impact on children in Gorakpur, Uttar Pradesh on 11th and 12th of September, 2013.

As you are aware, Japanese Encephalitis has led to death and disability amongst children in the Gorakpur division area for many years. According to the statistics of the U.P Government there are six thousand and thirty (6,030) identified children who have become disabled as a result of Japanese Encephalitis in the area. The majority of these children seem to have multiple disabilities and urgently need rehabilitation and support.

Many parents of children with disabilities were present during the hearing and some of the cases were presented during the hearing. What emerged was that the children require:

- Disability certificates to be provided as close as possible to their place of residence and interim certificates on discharge
- Access to relevant aids and appliances and training to use them
- Access to other entitlements such as bus passes, disability pension as well as relief offered by the State
- Access to rehabilitation services including physiotherapy and occupational therapy
- Access to their right to education
- The families of the children urgently need information, counselling and training on how to support the child to become as independent as possible

There is need to set up regular systems and regular monitoring of these systems so that services and entitlements can reach children with disabilities. The Public Hearing has created an impetus for change with many important measures being taken by Health and other Ministries.

I understand that you have already taken some measures to ensure that children with disabilities are provided with rehabilitation and other services. We would be grateful if you could let us know of the measures that you have taken in this region as part of the recommendations of the Group of Ministers and those you plan to take.

We request a meeting to discuss these issues with you at a time convenient to you. The 29th, 30th and 31st of October would be good for us

With regards,

Yours sincerely

Vandana Prasad

(Dr Vandana Prasad)

Ms Stuti Kakkar,
Secretary,
Department of Disability Affairs,
Ministry of Social Justice and Empowerment,
Room No 601, 6th Floor,
A Wing, Shastri Bhawan
New Delhi.

cc. Chairperson, NCPRA - for information

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*Kindly note
the note in
place (letter an
to. Ms Kakkar & K.K.
P.K.)*

Pawan Kumar

*9c
Issued.
Kakkar
7/10/13*

Mam (YD)
NCPDR
C. R. Dy. No. 51117
Date: 08/10/13

7/99

ANNEXURE V

प्रेषक,
निदेशक,
विकलांग कल्याण,
उत्तर प्रदेश, लखनऊ।
सेवा में,
चेयर परसन
नेशनल ट्रस्ट,
बी-16 बड़ा बजार रोड,
पुराना राजेन्द्र नगर, नई दिल्ली।

पत्रांक: 229 वि०क०/बा०अ०आ०/जे०ई-ए०ईएस०/2013-14 लखनऊ:: दिनांक 25 सितम्बर, 2013

विषय: आपानी इन्सेफलाइटिस/एक्यूट इन्सेफलाइटिस सिन्ड्रोम से प्रभावित विकलांग बच्चों को कृत्रिम अंग/सहायक उपकरण तथा अन्य पुनर्वासन की सुविधायें उपलब्ध कराये जाने के संबंध में।

महोदय,

कृपया उपर्युक्त विषय की ओर आपका ध्यान आकृष्ट कराते हुए अवगत कराना है कि गोरखपुर मण्डल के अन्तर्गत जे०ई०/ए०ई०एस० से प्रभावित विकलांग जन अधिकोशत: मानसिक मंदिता एवं बहुविकलांगता से ग्रसित हो रहे हैं। इन बहुविकलांग एवं मानसिक मंदित बच्चों तथा विकलांग जन को यथापेक्षित पुनर्वास संबंधी सुविधायें प्राप्त नहीं हो पा रही हैं। मा० राष्ट्रीय बालक अधिकार संरक्षण आयोग की जनसुनवाई के समय भी यह निर्देश दिये गये हैं कि मानसिक मंदित एवं बहुविकलांगता से प्रभावित बच्चों एवं विकलांग जन को यथाशीघ्र पुनर्वासन, शिक्षण-प्रशिक्षण, केयर-गिबर्स तथा अभिभावकों की कौन्सलिंग करायी जाये। इसके साथ ही इन बच्चों की निरन्तर फिजियोथेरेपी, आकूपेशनल थेरेपी, तथा गृह आधारित शिक्षण-प्रशिक्षण एवं पुनर्वास संबंधी सुविधायें उपलब्ध करायी जायें।

उल्लेखनीय है कि नेशनल ट्रस्ट द्वारा उपरोक्त वर्णित मानसिक मंदित एवं बहुविकलांगता से ग्रसित बच्चों के लिये अनेकों सुविधायें एवं योजनायें संचालित की जा रही हैं परन्तु उत्तर प्रदेश में पूर्वांचल में स्थित गोरखपुर, बस्ती आदि मण्डलों में यह सुविधायें उपलब्ध नहीं हैं।

अतः आपसे अनुरोध है कि नेशनल ट्रस्ट की ओर से इन बच्चों को यथाशीघ्र मा० आयोग द्वारा अपेक्षित पुनर्वास संबंधी समस्त सुविधायें उपलब्ध कराने हेतु आवश्यक कार्यवाही कराने का कष्ट करें।

भवदीय,

(अनिल कुमार सागर)
निदेशक।

पृष्ठांकन संख्या उपरोक्तानुसार तददिनांक

प्रतिलिपि: निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित-

- 1- प्रमुख सचिव, विकलांग कल्याण, उत्तर प्रदेश शासन।
- 2- सदस्य/सचिव, राष्ट्रीय बाल अधिकार आयोग, नई दिल्ली।
- 3- आयुक्त, गोरखपुर मण्डल, गोरखपुर।
- 4- जिलाधिकारी, गोरखपुर/महाराजगंज/कुशीनगर/देवरिया।
- 5- जिला विकलांग कल्याण अधिकारी, गोरखपुर/महाराजगंज/कुशीनगर/देवरिया।

4/10/13

421. (File)

(अखिलेन्द्र कुमार)
उपनिदेशक
कृते निदेशक।

| Sl. No. | Recommendations made by NCCPR | Action Taken Report (compliance by the State Govt.) | Remarks |
|---------|--|---|---|
| | and A.E.S in the National Eradication/ Immunization Programme | and AES would be included after its vaccine is identified/ confirmed. | covered by a universal immunization programme (vaccination for JE) |
| 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 | Pediatric ventilators and other instruments required for ICU is under process | Details of pediatricians and nurses trained for ICU management of children with AES. |
| 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 | District, Division and State level Inter-Departmental Coordination Committees are operational and meeting in every month to discuss the activities accomplished and further course of actions | Details of the dates of constitution of the Committees, composition, dates of meetings held, a gist of decisions taken and extent of implementation of the decisions should be furnished. |
| 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 | As given in previous point | As given in the remarks column in relation to recommendation No. 12 |
| 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 | In line with the Model Action Plan, Kushinagar it has been proposed for the JE/AES affected Districts of Gorakhpur and Basti Divisions and Bahraich and Lakhimpurkhin Districts | No indication as to how long it will take to prepare the Plan and how long it will take to make it operational. This should be indicated. |
| 15 | All the shallow hand pumps must be identified, sealed and replaced with India | Jal Nigam has installed 3322 deep bore India Mark II Hand Pumps in the | This is a positive and welcome development. The 3322 deep bore India |

| Sl. No. | Recommendations made by NCPDR | Action Taken Report (compliance by the State Govt.) | Remarks |
|---------|---|--|---|
| | 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 | affected villages. Efforts are made to spread awareness among community to use the water of deep bore. The shallow hand pumps are identified and marked red, instructing the community not to use the same. | Mark - II Hand pumps should be fully used and shallow hand pumps which are marked red should be completely sealed so that they are not available for use. |
| 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 | Training of the Trainers (TOT) for 15 districts was conducted during May and June 2012 with the support of NDMA, Govt. of India. Accordingly awareness programme and distribution of IEC material on 'Dos' and 'Don'ts' is ensured with the help of District administration. Such training is being organized continuously in 7 other Districts. | In IEC we have the following components: <ul style="list-style-type: none"> - Design of the message; - Illustration of the message; - Print of IEC materials; - Dissemination of materials; - Audience research as to now. The materials are being used & what is the impact created. All these details should be furnished. If the IEC messages are to be broadcast & telecast, the prime time for broadcast and telecast, liaison & coordination with AIR & Doordershan for such broadcast & telecast may be indicated. |
| 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 | 'Sentinel Labs' has been active in all affected Districts to examine all JE/AES related cases. The JE and Entrovirus samples have been sent to the NIV Pune's field unit at Gorakhpur. | No report has been furnished to the Commission as yet. Names of the districts where labs have been installed may be indicated. The outcome of test of the samples sent to NIV, Pune may be indicated. |
| 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 | The testing of drinking water has been done on priority basis regularly. | No details about (a) when samples of water taken for test (b) details of the laboratories where the samples were sent for test & (c) findings of the test have been furnished. These should be furnished. |
| 19 | Proper surveillance system must be | Proper surveillance system has been | No details of surveillance furnished These |

| Sl. No. | Recommendations made by NCPDR | Action Taken Report (compliance by the State Govt.) | Remarks |
|---------|---|--|--|
| | developed in all the affected areas and a report on this must be shared with the Commission | established under IDSP. | should be furnished. |
| 20. | Ensure filling of the pits causing water-logging and breeding of mosquitoes and sprinkling of bleaching powder regularly | Bleaching powder is being sprinkled regularly to decontaminate the drinking water. Since the water gets logged all over during rainy season when JE/AES is also in peak, it is merely impossible to fill the pits. | Instead of taking responsibility to do a thing which is doable and desirable, the State Govt. is pleading helplessness which will not help in achieving the desired object any way. We recommend that experts in public health, water and sanitation be invited to give specific recommendations on how this can be done. |
| 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 | Vaccination process has been ensured and fogging has been going on as and when required to curb the Vector transmission in the JE affected Districts from 2006 to 2010. All the children between 1 and 2 are included in the ongoing immunization process. | Please refer to the text of main letter regarding vaccination point (vi). |
| 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 | Efforts are on to purchase and supply fogging machines to all blocks | The recommendation was made in December, 2011. The ATR States that efforts are on to purchase & supply fogging machines to all blocks. This indicates that Govt. has failed to appreciate the urgency & seriousness of the problem. The Commission would strongly exhort the State Govt. to complete the process of procurement & supply of fogging machines to all blocks without further delay. This should be monitored & compliance reported within one month. |
| 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 | Sanitation and cleanliness drive is ensured through the local governance (municipality/ urban governance unit and village cleanliness committee) | On the one hand Govt. of UP has pleaded its inability to fill up the pits which become the breeding grounds for qulex mosquitoes; on the other, they are saying that sanitation |

| Sl. No. | Recommendations made by NCPDR | Action Taken Report (compliance by the State Govt.) | Remarks |
|---------|--|---|--|
| | | units. | and cleanliness drive is ensured. The two are contradictory to each other. Besides, no details have been mentioned about sanitation and cleanliness drive that has been lunched through the urban and local bodies. These details will, therefore, have to be furnished. |
| 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 | All Committees at Village/ Panchayat level are active and are working in proper coordination. | No details of the composition and functions of the village and panchayat level water and sanitation committees and village health committees have been furnished; these may be furnished along with the contribution made by them. |
| 25. | Training programme for all the doctors working in the area for proper sensitization about the issue and skill development to handle the cases | Training of Doctors is being ensured from time to time and the same has been incorporated in the Model Action Plan. | Training acts as a tool of information as well as sensitisation. In the context of deaths of children on account of JE/AES modules for such training should be carefully designed for both doctors as well as paramedical staff with emphasis on protecting and preserving the lives of children (Article 21 of the Constitution), timely preventing and corrective action to deal with the calamity of such magnitude with utmost responsiveness, dedication and commitment and mobilizing and involving all sections of the civil society to launch a collective combat against the scores of JE/AES. The ATR should give a clear and complete picture of training in terms of curriculum, duration, training of trainers, evaluations of the impact of training etc. This has not been furnished. |

| Sl. No. | Recommendations made by NCPDR | Action Taken Report (compliance by the State Govt.) | Remarks |
|---------|--|--|---|
| 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 | Profiling and auditing of JE patients is done regularly for the purpose of research. | Please refer to column number 42 down below |

While the above recommendations were made by the NCPCR team in course of its visit to Gorakhpur from 5th to 8th December, 2011, the NCPCR team laid by Dr. Yogesh Dube, Member also made fifteen recommendations which are indicated below under appropriate headings. The recommendations are

I. Magnitude of the problem – system of reporting

- | | |
|-----|---|
| 27. | Institutional mechanisms exist at all levels from GP to State to deliver health services. There is a vast network of professionals (Doctors, Nurses, ANMs, LHVs, MPHW, ASHA workers, AWC workers etc.) as also of National Surveillance Programmes for Communicable Diseases. Rapid Response Teams (RRT) have also been constituted in 101 districts in the country covering all States for mandatory weekly reporting of all communicable diseases. |
| 28. | The team observes with regret that flow of information from village to State & national level is not foolproof. The institutional mechanism which is in place does not capture details of all admissions and mortalities (public & private alike). The precise magnitude of the problem is, therefore, not known. |
| 29. | Not only access to accurate, authentic and up to date information is limited, there is a false sense of complacency that mortality rates have fallen from 50 + PC to 5 + PC. This is unfortunate. Human life cannot be measured by percentages and there cannot be any sense of complacency over the fact that mortality rates have fallen. Even if there is death of one child by JE/AES due to negligence it should be a matter of concern and introspection. |
| 30. | The team, therefore, urges the State Government to review the strength of the reporting mechanism and ensure that (a) it captures full information about all admissions & mortalities (b) whatever is being reported is accurate, authentic and up-to-date. |

II. Need for correct guidance to the common man

- | | |
|-----|--|
| 31. | Despite the presence of a vast network of functionaries, the common man has been left in the lurch. He/she is at a loss whom to turn up to when the calamity strikes. He/she has no clue about the duration of treatment, cost, etc. Naturally, in moments of desperation, he/she turns up to the village quack who is readily available at his/her doorsteps. This is the beginning of a chain of ruthless exploitation which lands up the hapless victim in a situation of indebtedness & bondage. |
| 32. | The common man/woman needs to be guided properly where to go, whom to turn up to and where not to go. This involves a process of simple communication and since GPs are in place and ANMs, LHVs, MPHWs & AWCs also visit the village from time to time, such communication in peoples' language is possible, feasible and achievable. |
| 33. | Simultaneously, very firm, bold & decisive measures are needed for rounding up people who are practising quackery exploiting the common man/woman and adding to their plight and predicament by coercive & deceptive means. |

III. Water and Sanitation

- | | |
|-----|---|
| 34. | Lack of sanitation and potable water facilities in both urban and rural areas contribute in a substantial measure to prevalence of JE & AES |
|-----|---|

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| 35. | <p>For this, series of measures are needed:</p> <ul style="list-style-type: none"> - all shallow handpumps must be identified, sealed and replaced with India Mark III handpumps and must reach the depths as prescribed by Government; - all pits around the handpumps must be filled up so that there is no water logging; - puddles of water (which are the breeding grounds of mosquitoes), wherever they exist, should also be filled up; - samples of water should be drawn and sent for test in approved PH laboratories to certify that water meant for drinking must be free from chemical & bacteriological impurities; - all ward members in a GP must be given responsibility for maintaining hygienic conditions in their respective wards; - labour force required for clean potable water and sanitation could be deployed through MNREGA; - MPHWS along with the ANMs could impart training to the ward members as well as the village community; - alternative water sources (independent of the traditional source) could be thought of and must be developed like rainwater harvesting system in schools; - firm and decisive steps will have to be taken to dismantle all soor wards or pigsties. Under no circumstances, pigs should be allowed to be an integral part of human settlements as (a) they carry untidiness with them and pollute the surrounding wherever they live (b) they are one of the worst carriers of JE virus. - Residents (in both urban & rural areas) need to be told and retold through powerful audiovisual and print medium of communication in no uncertain terms that they need to delink themselves totally from pigs as such coexistence is fatal to their children; <p>Alternative avenues for livelihood and economic security of those households who depend on piggery as a source of income/livelihood should be provided by Government.</p> |
| IV. | <p>Communicating to the people</p> |
| 36. | <p>There are a number of ways by which vibrant communication links can be established with the people. The first is through visits, establishing an interface with the people and sharing with them informations/messages which are of interest and relevance to their day to day lives. Secondly, through print medium of communication, i.e., information, education & communication materials, socially relevant messages written in simple language could be shared with the people. Such messages should be well visualized and illustrated. To illustrate, the following could be the content of an IEC package in the context of JE & AES:</p> <ul style="list-style-type: none"> - Children are our most precious resource; our succeeding generation and national asset; - Once their lives are damaged & destroyed by an attack of JE & AES, they cannot be restored to their original form; - Preventing occurrence and recurrence of the disease (JE & AES) should, therefore, be our most important & priority concern; - This is something possible, feasible & achievable; - If they do not do the doables, the disease will strike and fatality is imminent; <p>Even if the child survives, it will be mentally challenged and rehabilitation of mentally challenged children is a very difficult proposition.</p> |
| 37. | <p>In addition to informing the common man/woman about the disease, its symptoms, where to take the child when the disease strikes without any loss of time, IEC materials must give a complete account of what to do and what not to do under certain circumstances.</p> |
| V. | <p>Physical infrastructure - human resource management & development - how to strengthen medical colleges, district headquarters hospitals, CHCs/PHCs, etc.</p> |

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| 38. | <p><u>Medical College</u></p> <ul style="list-style-type: none"> • Sufficient number of paediatric wards should be provided @ 25 patients per ward. • Each bed should cater to one patient and not more (as has been the case with BRD Medical College) • The wards must be fully equipped in terms of manpower, tools and equipments. • All vacant posts of medical officers and para-medical staff must be filled up as soon as possible • Teams of medical officers from other medical colleges should be deployed on rotation basis keeping in view the acute shortage of paediatricians in the medical college in question. • The required quantity of medicines, syringes, needles & injections should be in stock and should be made available free of cost for all patients admitted in the paediatric ward. • Special attention needs to be paid to the hygiene, tidiness and environmental sanitation of the hospital by deploying the required number of sweeping & sanitation staff. <p>All facilities and amenities available must be displayed in public domain.</p> |
| 39. | <p><u>District Headquarters Hospitals</u></p> <ul style="list-style-type: none"> • Every district headquarters hospital in affected areas must have a dedicated and well equipped 25 beds for JE & AES patients; • Paediatric ventilators and other medicines must be made available to all district headquarters hospitals along with necessary equipments and trained personnel. • The hospital must keep adequate stock of vaccines against JE & AES and must oversee that all children within the jurisdiction of the hospital are immunised against JE & AES. • All facilities and amenities available for the public in the hospital must be displayed in the public domain. • The Project Implementation Plan (PIP) prepared by CMO, Kushinagar which has outlined all short-term and long-term interventions to check the advance of the epidemic should be shared with others for preparation of similar Action Plan for every affected district. <p>IEC materials must be displayed on the walls of the hospital.</p> |
| 40. | <p><u>CHCs & PHCs</u></p> <ul style="list-style-type: none"> • All CHCs and PHCs need to be electrified and well equipped. • When patients turn up at the CHC/PHC, they and their relatives/caregivers should be treated with civility & courtesy, kindness and compassion. • All facilities and amenities available in the CHC/PHC for the public must be placed in the public domain. • IEC materials containing simple and intelligible messages on (a) origin of the disease (b) symptoms (c) "do's" and "donots" on the part of the relatives/caregivers of patients should be displayed on the walls of CHC/PHC. <p>All MOs and para-medical staff must be given proper orientation so that they are fully sensitized about the sacrosanctity of human life and learn to respect it. They must be made alive and responsive to the need and technique for saving precious human lives which tend to wither away in couple of hours unless they are attended to with all the urgency and seriousness of concern.</p> |
| 41. | <p><u>Rehabilitation of patients who survive but who tend to be victims of severe mental retardation</u></p> |

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| | <ul style="list-style-type: none"> • The State Government needs to identify and enumerate all such cases of mental retardation, constitute and depute a team of medical officers under the leadership of the Divisional Commissioner and visit National Institute of Mental Health, Secunderabad as early as possible. The team should carry with it complete medical history of all the patients who have become victims of MR due to attack of JE/AES and must have a thorough consultation with the Director and other professionals of the Institute regarding the knitty gritty of rehabilitation of all such patients. • The parents of all such children who have become victims of MR should be paid a compensation of minimum Rs. 1 lakh per patient and Rs.50000/- per parent of the child. The NCPDR is fully empowered to grant payment of such compensation u/s 15(iii) of CPC Act, 2005 (Act 4 of 2006). Specific orders may, however, be passed by the Commission in each specific case after conducting an inquiry u/s 14 of the said Act. • An institutional mechanism should be in place for follow up of all these cases. • Special attention should be paid to the education of all these children. • The State Government should consider to set up a Rehabilitation Centre for all such children at the district level. <p>More Nutrition Rehabilitation Centres should be established to take care of all malnourished children (particularly in Gr. III & IV) of the district.</p> |
| 42. | <p><u>Recommendations for research activities with a view to preventing occurrence & recurrence of JE & AES</u></p> <ul style="list-style-type: none"> • Research is required at 2 levels. • At the field level, we need properly qualified Entomologists to determine the species of vectors and their habitats. The number of such posts in all States, how many are occupied and how many not occupied should be available with the National Vector Borne Disease Control Programme, Directorate General of Health Services, Government of India. Programmes need to be initiated at the laboratory level in vector biology so that the success seen in dengue can be applied to JE in the culex mosquito and mechanisms of development of insecticide resistance can be understood and non-toxic insecticides against the culex mosquito at all stages can be developed. <p>The National Brain Research Centre is active in the area of JE and further expertise can be collected by contacting National Brain Research Centre (Dr. Anirban Basu - 0124-2845).</p> |

A copy of the report of the NCPDR team is enclosed. The report covers : Impressions, observation and recommendations made by the NCPDR team in course of its visit to: (i) Shri Ram Vanvasi Chatravas, Keshavpuram, Gorakhnath, Gorkahpur; (ii) Rajkiya Bal Samprekshan Griha near Ghantaghar, Gorakhpur; and (iii) Nari Niketan, Gorakhpur as also an assessment of the causes of large scale deaths of children due to Japanese Encephalitis (JE) and Acute Encephalitis Syndrome (AES) in Gorakhpur and Basti revenue divisions of UP.