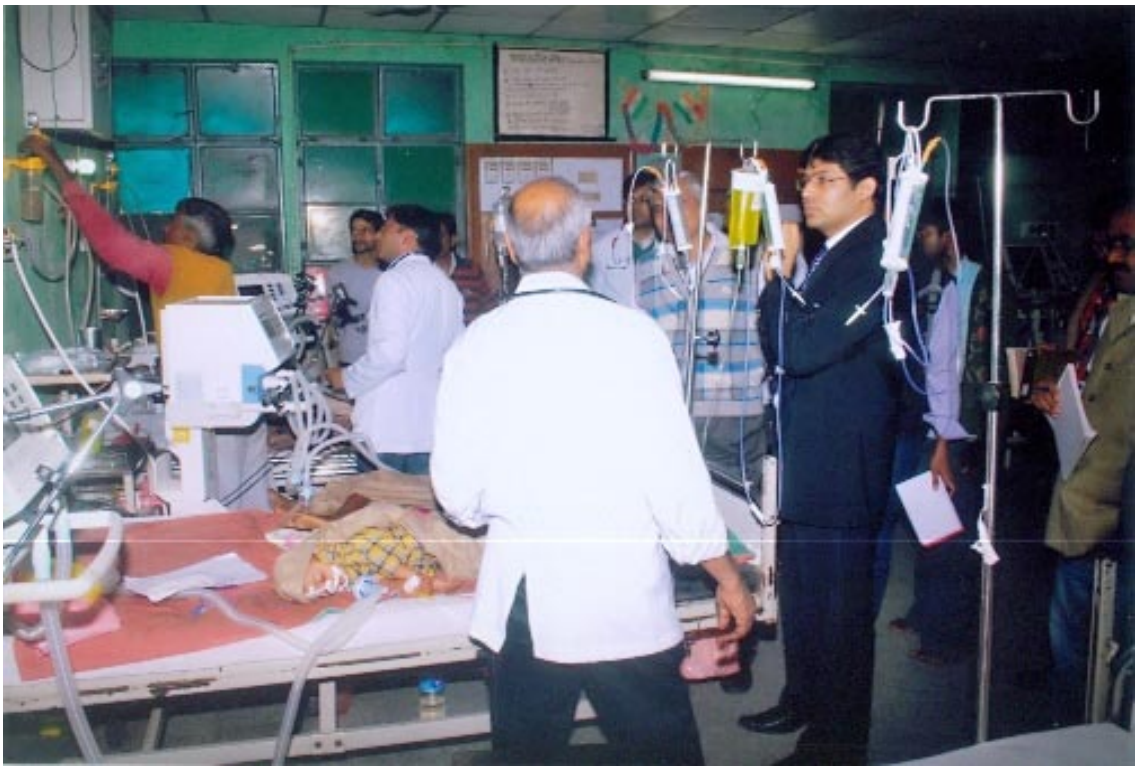
NCPCR VISIT TO GORAKHPUR DIVISION: A REPORT

Assessment of Large-scale Deaths of Children due to Japanese Encephalitis/Acute Encephalitis Syndrome



Report Submitted by:

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Accompanied by:

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New Delhi – 110001

2011

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Abbreviations

AES -	Acute Encephalitis Syndrome
ATR -	Action Taken Report
BRD -	Baba Raghav Das Medical College
CMO -	Chief Medical Officer
CWC -	Child Welfare Committee
DM -	District Magistrate
GOM-	Group of Ministers
ICPS-	Integrated Child Protection Scheme
JE -	Japanese Encephalitis
JJ Act-	The Juvenile Justice (Care and Protection of Children) Act, 2000
NCPCR-	National Commission for Protection of Child Rights
NGO -	Non-Governmental Organisation
RTE –	Right to Education
SCPCR-	State Commission for Protection of Child Rights

Visit of NCPCR team to Gorakhpur Division to assess the large scale deaths of children due to Japanese Encephalitis and Acute Encephalitis Syndrome

From 5th – 8th December 2011.

1. Team Composition

Dr. Yogesh Dube, Member- National Commission for Protection of Child Rights (NCPCR) led a team to Gorakhpur division and visited Gorakhpur, Kushinagar and Deoria districts from 5th – 8th December 2011. He was accompanied by Dr. Ramanath Nayak (Senior Consultant) and Mr. Divyakar Pathak (Consultant) as team members.

2. Background and Purpose of the Visit

The Japanese Encephalitis (JE) and Acute Encephalitis Syndrome (AES) have played havoc in various districts of Gorakhpur and Basti divisions of Uttar Pradesh since last 33 years. Though the disease has posed major challenges to the public health system, the Government has not done anything substantial to curb the same. Recently it drew the attention of the Parliament during a Calling Attention Motion in the Lok Sabha. While responding to the same, the Union Minister of Health and Family Welfare shared the information that 1133 deaths were reported in 2011 alone due to JE from Uttar Pradesh, Odisha and Bihar, out of which 575 were from Gorakhpur and Basti divisions of UP. Also it is worth noting that "25 per cent of children affected by this disease die while 40 per cent of those who survive become physically challenged or lose their mental balance", as updated by the Union Minster. The Central Government

maintained that effective steps were being taken to tackle the disease by bringing down the number of JE cases from 36 per cent to 6.4 per cent of the population, because of the introduction of vaccination process since 2006.

Large number of child deaths reported in 1978 in Gorakhpur region of Uttar Pradesh due to an unknown fever, which directly affected the brain. Later the disease was identified as Japanese Encephalitis (JE), as the virus causing the disease was first detected in Japan. The cause of JE in Gorakhpur region was established as due to mosquito bite. Though the disease and the cause of the disease were identified, Government made no persistent effort to curb the same except initiating fogging for some time. Nevertheless deaths were reported every year, but the Government was happy with the number game as it often claimed that the figures are low in comparison to previous years. The epidemic of 2005 claimed hundreds of lives, revealing the unpreparedness of the Government to control the menace. Afterwards the Government took possible steps to curb the diseases in the region by accelerating the vaccination process and providing compensation to the families till the year 2006. Subsequently no effort was made to continue the fogging, vaccination drive and further research on causes and concerns of the disease. The disease broke out again in 2010 and received media and public attention at large, waking up the Government to step into. The effort of both the centre and State governments identified the cause of the deaths as Acute Encephalitis Syndrome (AES), which has a multi-organ effect. The patients after medical care/treatment survived, but led to numerous disabilities and as of now there are no efforts to rehabilitate

them. There is no end to the deaths and even the Government data given below are quite disturbing.

Data on Acute Encephalitis Syndrome (AES) in Uttar Pradesh from 1.1.2011 to 9.11.2011

Districts	Affected	Died	Status of Blood Sample			
			Total	Report received	JE+	JE Death
Gorakhpur	838	141	808	579	31	3
Deoria	665	94	482	344	20	4
Kushinagar	748	120	663	487	31	4
Maharajganj	330	51	301	222	16	1
Basti	83	17	80	63	6	2
SantKabir Nagar	172	28	171	122	9	1
Siddharth Nagar	126	22	117	91	14	3
Azamgarh	11	2	9	5	2	0
Balrampur	17	4	17	14	6	2
Gonda	6	1	6	6	1	0
Mau	8	2	8	4	1	1
Balia	8	1	8	4	3	1
Ghazipur	4	0	4	1	0	0
Ambedkar Nagar	1	0	1	0	0	0
Others	813	146	-	-	-	-
State Total	3017	483	2675	1942	140	22

Taking cognizance of the large-scale death of children due to Japanese Encephalitis (JE) and Acute Encephalitis Syndrome (AES) in Gorakhpur Division (especially Gorakhpur, Kushinagar, Deoria and Maharajganj districts), Dr. Yogesh Dube, Member, National Commission for Protection of Child Rights held a meeting with the Director General of Health, Government of Uttar Pradesh in November 2011 in Lucknow. Dr. Dube expressed his dissatisfaction over the Government actions in dealing with as well as preventing the JE/AES cases. He also felt that the Government is lacking any long-term plan and appropriate measures to curb the disease. So he led an investigation team to the affected districts of Uttar

Pradesh for looking into the complaints and media reports related to large-scale death of children due to JE/AES. In this context the Ministry of Women and Child Development *vide letter No. 1-3/2011-CW-I, dated 20.10.2011* had also requested the NCPCR to send a team to examine the ground reality of the reported starvation and malnutrition deaths of children in Gorakhpur region.

3. The Tour Itinerary

Visit programme of NCPCR's Team led by Dr. Yogesh Dube, to Gorakhpur Division from 5 to 8 December 2011.

Travel Itinerary

Date	Travel Plan/Activity
5.12.2011	• Departure from Delhi at 1335 hrs. (By AI-433) and arrival at Varanasi at 1600 hrs. • Left for Gorakhpur by road and Night stay at Circuit House, Gorakhpur.
6.12.2011	• 1000 hrs. – Meeting with Addl. Director Health and CMO. • 1200 hrs. – Visit to B.R.D. Medical College, Gorakhpur. • 1330 hrs. – Visited District Hospital, Gorakhpur • 1400 hrs. – Field visit. • 1900 hrs. – Arrived at Kushinagar, meeting with the District Magistrate & other Health Department officials and night halt.
7.12.2011	• 1000 hrs. -- Visit to Madanpur village of Kasiya block • 1200 hrs. – Visited District Hospital, Padrauna, Kushinagar • 1730 hrs. – Visited District Hospital, Deoria. • 1800 hrs. – Left for Gorakhpur and night halt.
8.12.2011	• 1100 hrs.— Meeting with the Divisional Commissioner, Gorakhpur at Circuit House, Gorakhpur • 1300 hrs. -- Left for Lucknow by Road to board the flight to Delhi

4. Meeting with the Addl. Director (Health) and CMO, Gorakhpur

The Additional Director of Health, Gorakhpur Division (Dr. Diwakar Prasad) and the Chief Medical Officer, Gorakhpur District (Dr. R. N. Mishra) met the NCPCR visiting team in Circuit House and briefed about the epidemic prevailing in the region for more than 3 decades. They stated that though the disease came into view in the year 1978, no sustainable action plan and preventive measures were taken over the years. The Government came into full action after the 2005 epidemic, which claimed hundreds of lives. The Government not only accelerated the vaccination process, but also provided compensation (Rs. 25000 for death and Rs. 50000 for disabled) to the families till 2006. But the initiative was for a very short duration, as a result the epidemic repeated in 2010, proving more disastrous and high casualties. All these disasters could have been a lesson for the Government; however, till date the officials claim that they are able to bring down the figure to 5-6 per cent from a high 50%. The deaths and the cases of multiple organ failure leading to large-scale disability among children are still reported. The cases are no more confined to children below 15 years, but detected among adults too. Lack of sanitation and safe drinking water coupled by people's awareness are the major cause of the JE/AES and till date the system could not be put in place. The children, particularly from the poor and illiterate families have been suffering due to the negligence of the health department.

5. Meeting with representatives of civil society group & CWC in Circuit House, Gorakhpur on 06.12.2011

NGO & CWC Mtg, CIRCUIT HOUSE CONFERENCE HALL, 06/12/11

Sl.No.	Name and Designation	Organisation and Address	Contact No. & SIGNATURE
1.	Sri. REXLINE	PGSS. Gorakhpur	
2.	Ravi Rai	Member CWC. Goralchpur	9415212611 raviraisingapore @ hotmail.com.
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5	RAJESH MANI	C WC Member M.S.S. SEVA Gyaluee Gorakhpur, Director	9838070412
6.	Vinod Kumar	Sanvhitkari Suvasharm Parlawal Bazar, Maharajganj.	9450884457
7.	ABHISHEK SHAHI	Coordinator:- PGSS - GKP	9839924432
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9	Arjun Singh Secretary	Deen Dayal Upadhya welfare Sotid	09889811903 sduwelfare@yahoo.co.in 9235560010 Sociali
10	S.K. Srivastava. Secretary	ARS. Himavat	9415002425
11	Raj Karan Singh	M.J.S.S C-105/171 Chandeshwar/Jan-GKP	9450436470
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13	Jitendra Kumar Shukla	Gramin Seva Sansthan Gorakhpur	9450432151

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15-	संजय कुमार पाण्डेय. सचिव	चेतना ग्रामोद्योग सेवा संस्थान, E-687, ECF गो०	09415822460 0551-2261242 cgssgkp@yahoo.co.in
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17-	Ratn Prakash Tripathi Project Manager	Gramin Seva Sansthan, Gorakhpur Email: gramin_seva@rediffmail.com.	9453277375
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19-	[illegible]	ग्रामोदय, ग्रा० देवरिया [illegible]	-9307801168
20	K.M. Ansari	PGVS Gorakhpur	9919580494
21	Satish Kumar/FMDC	PGVS, Gorakhpur	9454350974
22	[illegible]	[illegible]	9580806940
23	Bibhas Chatterjee.	Gram Niyojan Kendra	9415339761
24	Ram Gopal	Gram Niyojan Kendra	9412825842
25	Asim Dutta	Gram Niyojan Kendra	9005631236
26.	[illegible]	[illegible]	9451520102

The NCPCR visiting team had an interactive meeting with the representatives of civil society group on the issue of JE/AES in particular

and Child rights in general at Circuit House, Gorakhpur on 6 December 2011. About 50 members from various civil society groups, who are actively working on the child rights issue, highlighted numerous issues, concerns, gaps and anomalies in tackling the JE and AES.

The civil society members were of the view that Government has completely failed in addressing the issue except its claim of bringing down the disease to a substantial low percentage of 5-6 over the years. Not refuting to the Government figures the members demanded that there should not be any comparison of number or figure. To them, urgent need is to bring the Government, non-Government and community together to find out a sustainable solution to the killer disease so as to redeem the public faith on the governance system in general and the health facilities in particular. The members questioned the credibility of the State Government, as the latter has filed an affidavit in response to a PIL, which claims that all the PHCs and CHCs are well equipped and can easily handle the JE/AES cases. But actually it is not so, as a result the Medical College is flooded with patients, whereas the district hospitals are without much JE/AES cases, lack of infrastructure and required equipments.

In order to ensure the rights of the children in the district, NCPCR team emphasized on the role of Child Welfare Committee, which is functional since last one year. As informed, the members have not received any induction training. Dr. Dube suggested that CWC Chairperson and members must play proactive role in safeguarding the interest of the children and a bridge between the Government and the community.

According to the representatives of NGOs the disease is curative and preventable, if proper preventive measures are taken by involving the community at large. Majority victims are from the poor and socially disadvantaged groups and it has not received as much attention as it should have. The major concern is the unpreparedness of the administration/Government in dealing with the cases of JE/AES. The Medical College is not in a position to handle the flow of patients during the monsoon season. The village level committees on various subjects except the committee on construction are non-operational. The committees are for the record only just to serve the purpose of the government.

Entire Gorakhpur division is a flood-prone region and agriculture is the main business of the people. Pig, Paddy and Pit (water logging) are the main reason of the spread of the disease. The agriculturist cannot be separated from the paddy, so alternatives like routine fogging, sprinkling of diesel/kerosene in the ponds, etc. could be explored. The piggeries could also be separated from the human habitations. The civil society group demanded their involvement in various activities of the Government to maintain transparency, increase outreach and involve the community. They urged to the team that if Government cannot ban the local quacks, efforts may be made to train them on first-aid treatment. Also the disease should be declared as national calamity and get place in the National Eradication Programme. There is need for setting accountability at as all levels. They also advocated for the Homeopathy treatment of the JE/AES as it proved successful in Andhra Pradesh.

Dr. Yogesh Dube, Member, NCPCR thanked all the representatives of the civil society groups for flagging off the issues and concerns on JE/AES. He urged them to be vigilant on child issue in the region and in touch with the Commission on continuously basis. He promised that Commission would take the issues to its logical conclusion for the betterment of the children. He also assured that the issues raised by them would be brought to the attention of the Government in the meeting with the Divisional Commissioner scheduled after two days and with the Chief Secretary sometime later this month.

Dr. Yogesh Dube, Member, NCPCR in a meeting with the representatives of civil society groups in Gorakhpur

6. Visit to BRD Medical College, Gorakhpur

The NCPCR team visited the Baba Raghav Das (BRD) Medical College, Gorakhpur. This is the only Hospital in this region, which is dealing with the epidemic, although it has its own limitation like shortage of resident doctors, trained staff and beds. The team interacted with the patients, doctors, medical staff, etc. to get firsthand information on the disease. As the hospital was informed by the administration about the visit of the inspection team, it looked neat and clean. However, there was no restriction on the movement of public. There is no prescribed rule on how many attendants can be allowed at a time for one patient. Due to paucity of beds, even in the off season, one bed is occupied by two and more patients. Also the hospital lacks adequate number of doctors and other support staff. The relatives attending the children are helping the children inhale the nebulizer and keep vigil of the saline solutions pierced to their bodies. Normally one patient is kept under the medical observation for a period of on an average 15 days. On the day of the visit to the Hospital the team was informed that there were 285 children admitted in the hospital, out of which 107 were identified AES cases. There were 9 cases of children with severe acute malnutrition (SAM) under medical observation in the ward, which received more than 270 cases in last one year.

Thirteen staff engaged in the Nutrition Ward of the Hospital is being supported by the UNICEF. The record of the ward revealed that 9 children were under the medical observation suffering from malnutrition. The staff dealing with the malnourished cases felt that major causes are the unemployment, poverty, illiteracy and inadequate food. Even the pregnant women and lactating mothers are also underfed and not aware of the nutrition value. Sharing their experience they stated that the vulnerabilities are more among the OBC communities followed by the SCs. The team also found a child (aged 2 years) returning back to the ward after 8 days, although he was under observation for 25 days in the same ward. The family members/relatives attending the malnourished children in the ward for a period of minimum 3 weeks are not only getting into huge debt but also there is every possibility that the entire family comes under the effect of severe malnourishment.

Though the hospital administration claimed that all medicines are provided free of cost, the visiting team found the attendants/ relatives attending the patients buying the syringe, needle, intravenous, etc. The Hospital is charging Rs. 40 each for x-ray and blood test and Rs. 10 for

urine test. The reports are made available in the next day. In case CTC test is advised then it has to be done from outside, which costs Rs. 940. Interacting with the visiting team, Prof. K.P. Kushwaha, Department Head Pediatrics (and Principal in-charge) stated that doctors do not want to come to this hospital. Also the hospital has inadequate infrastructure. On the other hand it receives patients from Gorakhpur, Kushinagar, Maharajganj, Deoria, and adjoining districts of State of Bihar and even from Nepal. According to him, in majority cases the patients come directly and not referred by the District Hospitals. The poor and illiterate people of far off places initially get in touch with the local quacks. If the condition of patient worsens then only they take the patients to the District Hospital or Medical College. The Doctors attending the patients in encephalitis ward felt that they are overworked, as they are working on an average of 15-18 hours per day. Patients' management is a major concern in the ward. There is need for better management of the ICU and increase the number of ventilators. In order to address the shortage of resident doctors, the Medical College needs to increase the number of PG seats.

7. Visit to District Hospital, Gorakhpur

The NCPCR team led by its member Dr. Yogesh Dube visited the District Hospital, Gorakhpur. While the BRD Medical College is overcrowded and one bed is occupied by more than one patient, the district hospital was without any JE or AES cases. The 105 bedded-hospital has received 153 child patients as of the day of visit of the inspecting team. There is facility for JE test and a dedicated Encephalitis ICU, though pediatric ventilators are not available. Currently they have a ventilator; used only

in ambulance during the transportation The District Hospital is well maintained and looked cleaner in caparison to the BRD medical College Hospital. There was no much crowd as the flow of patients to this Hospital was low.

The Superintendent in-charge stated that this hospital is well equipped and can provide equal service, except ventilator facility. However, it is the belief of the people who want to go to the Medical College directly. He informed that the CDC Atlanta team visited the hospital in 2009 to review the facilities available. Besides ventilator in the pediatric ward, he advocated for adequate numbers of doctors, supporting staff and supply of required medicine in time.

8. Field visit to Madhi Village and Pipraich

The NCPCR team visited a village of Gorakhpur, 30 km from the Gorakhpur main town. The village is supposed to be an ideal village as it was identified by the administration. During visit Dr. Yogesh Dube interacted with one of the families, where a child named Savita died due to Japanese Encephalitis in November. She was admitted in hospital on 19th November and died after five days. Initially the family took the child to the block hospital. As the case was serious and there was no required support system to treat her, she

was referred to BRD Medical Hospital. The team found that the children in the Madhi village were drinking water from the local hand pump, even though it was marked in red. There are no alternative sources of drinking water. There was no sensitization programme for the public to spread awareness about the disease and the required precautions this regard.

The village has been done fogging and sprinkling of the bleaching powder.

At many places water was stagnant and the pits near the hand pumps are breeding mosquitoes. No effort had been made by the panchayat or the block office to improve the sanitation of the village in spite of reported deaths in the village. Till the day of visit only two India Mark II hand pumps were provided to that village and they are also not as per the norms of the Government. Since the level of water is above prescribed strata, the water from the India Mark II hand pumps is also equally contaminated. No further testing of the water sources had been done. Dr. Dube directed the Block officials

and gram pradhan Mr. Shiv Narayan Nishad to arrange bleaching powder and fogging machines for the village. After visiting Madhi village the team went to a Community Health Center in Pipraich Block of Gorakhpur district. The team visited the 32 bedded Ward in the centre and surprisingly found only 2 patients. The wards were without electricity and other basic amenities. The team met Medical Officer Mr. I.D. Choudhary and 4 other doctors who came after knowing that a team had came for inspection. When inquired about the cases related to J.E and A.E.S., the doctors were clueless and none of them had any information about the deaths or the number of patients visited the health center during last one year.

9. Meeting with the District Magistrate and Health Department, Kushinagar, at Pathik Niwas on 06.12.2011 at 8 p.m.

During the discussion with the District Magistrate Kushinagar, Mr. A.K. Barnawal, the Commission got to know that there are 98000 malnourished cases in the district. The number of malnourished children in Grade IV is more than 200 and in Grade III and II are almost one lakh. During the interaction it came into notice that there is a need of screening the patients and social audit of the deaths occurred in the district, which will give a clear picture about the reason of deaths. It was also felt that separate case

studies must be prepared so that the intervention must be more targeted and the different causes of deaths and number of death due to which specific reason can be clearly distinguished. It was also emphasized that the victims must be given compensation and further detail case study of the family must be prepared. Special training program to sensitise ASHA and ANMs on J.E. and A.E.S. must be conducted.

10. Meeting with of civil society groups in Kushinagar

Meeting with the Representatives of Civil Society Group At Pathik Niwas, Kushinagar on 07.12.2011, 10 a.m.

Interacting with the NCPCR visiting team the representatives of the civil society groups informed that the district is highly backward and the awareness level of the people is extremely low. Poverty, illiteracy, malnourishment and unemployment are the common phenomena and the programmes/schemes like MDM, ICDS, immunization, etc. are not quite visible. The general public is not aware when and where the vaccination is available. The Hospitals are without medicine and for majority sections of the society the local "Quacks" are more reliable.

NGO meeting of Child Rights
एवं इनसे जुड़ी संस्थाओं के साथ बैठक दिनांक - 07/12/21

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7	Amar Nath	Samudaik Kalyan Evam vikas Sansthan Kushinagar	9984811903
8	Rakesh Kumar Gupta	MAA CHAMPA DEVI MANWA SEWA SANSTHAN JOKAWA BAZAR KUSHINAGAR	9838011527 9670076172
9-	राघवेन्द्र प्रताप शुक्ल	जिला बाल कल्याण समिति कुशीनगर	9838616005
10	दीनानाथ मिश्रा	शिशु शिक्षा सेवा एवं [illegible]	9450683111
11	[illegible]	मानव सेवा संस्थान कसया कुशीनगर	9839407490
12	DR. Anil Kumar Singh	Vital Care Foundation KASIA	9005840888
13.	Kailash Sarma.		9838123790

Sl.No.	Name and Designation	Organisation and Address	Contact No. & signature
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16	हरिया नन्द शर्मा	सर्व सेवा समिति- [illegible]	9161679041
17	संजय सिंह	[illegible]	9721585050
18	शत्रुघ्न सिंह	प्रगतिशील सेवा संस्थान [illegible]	9839267675
19	जितेन्द्र सिंह यादव	प्रबल सेवा संस्थान [illegible]	9918739553
20	बसवती लाल	[illegible]	9936978370
21	रामेश्वर त्रिपाठी	शान्ति महिला एवं बाल विकास संस्थान [illegible]	9956464097
22.	Kaushik kumar (District-Co.ordinator)	Gramin Vikash Samsthan Banka.	9451957667

Interacting with the NCPCR visiting team the representatives of the civil society groups informed that the district is highly backward and the awareness level of the people is extremely low. Poverty, illiteracy, malnourishment and unemployment are the common phenomena and the programmes/schemes like MDM, ICDS, immunization, etc. are not quite visible. The general public is not aware when and where the vaccination is available. The Hospitals are without medicine and for majority sections of the society the local "Quacks" are more reliable.

The Mushahar Bastis are in vulnerable situation in terms of cleanliness, sanitation and water facilities. Stagnation of water in villages is very common and administration is well aware of it. The village panchayat committees are for name sake and not at all operational. The children go to schools only for MDM as Teachers often remain absent or are engaged in non-academic works. The members were informed that the vaccination is not on the campaign mode and the dose is also not complete.

11. Visit to Madanpur Village of Kasia Block in Kushinagar

As suggested by the members of civil society groups, the NCPCR team decided to visit a nearby village to have an idea about the sanitation and water facility in the villages. The NCPCR team asked the Health Department of Kushinagar district to facilitate their visit to one of the villages. Accordingly, they were taken to Madanpur village, which is considered by the administration as one of the ideal villages. It looked the Health Department had made the arrangement in advance as the village road was clean and marked with whitening. The slogans on total sanitation written on the walls looked very fresh.

On interaction with Mr. Pradeep informed that he lost his son Kuldeep (18 months old) on 17 October 2011 in BRD Medical College Hospital due to

gastroenterology. Despite the fact that they lost a child due to contaminated water, Pradeep's family still using the same hand pump, marked red by the Health Department. Right in front of his house, there is a big pit, filled with water and no way to release the same. The village well has water but people don't use. It was found dirty, leading to breeding of mosquitoes. The base of the Hand pump (India Mark II), next to Pradeep's house, was found repaired very recently. The public claimed that the water is not safe, as it is having 80 feet pipe and 20 feet lattice.

The team also visited the Primary School of Madanpur, but found locked as the previous day was a holiday. There is one Anganwadi Centre in the School, which caters to 3 *tolas* (hamlets). The centre was open and the worker present. She showed 3 empty bags and claimed that the ration was there and it got over on that particular day only. However, the CDPO came to her rescue and said that the centre is not a safe place to keep extra ration, so it is being kept in the house of the worker. The attendance register revealed that there are 68 children below between 7 months and 3 years and 63 children from 3 to 6 years.

12. Visit to District Hospital, Padrauna, Kushinagar

The District Hospital visited by the NCPCR team has a dedicated 25 bed for the Pediatric patients, out of which 16 are earmarked for the AES cases. The CMS present in the Hospital Dr. Md. Jamil Ansari informed that the Hospital currently taking care of 18 AES cases. As per record 22 AES patients died in the Hospital between January and November, including 2 deaths in first week of December. The proposal sent to Government this year has included 50 beds for the Pediatric ward in the Hospital.

The Doctors dealing the cases of JE/AES and the pediatric in general felt that there is need for massive awareness programme among the community in the district. There is no ICU and CCU, which is an immediate requirement. Also the building for the same is ready and only needs to be made operational with adequate trained staff. There is shortage of Doctors in the Hospital.

On interaction with the outdoor patients and public in and around the Hospital it was revealed that the cleaning of the Hospital has been contracted out to one agency (Bombay Security) from Gorakhpur. The Hospital has neither security facility nor any wheelchairs for the patients. The patients were even found roaming with saline attached to them and feeding pipes in their nose. There is no fixed time for distribution of medicine and most medicines are not available in the hospital. The medicines prescribed by Doctors are usually not available in the open market but surprisingly the medicines are available in the chemist shops right outside the hospital boundary wall. The Chemist shops have provided the ladder facilities, so as to enable the public to cross the wall and come back.

13. Visit to District Hospital, Deoria

The team made a surprise visit to Deoria district Hospital which has the facility of 230 beds. The team was informed by Mr. R.K. Srivastava, the Chief Medical Superintendent,

that the hospital has 8 dedicated beds for A.E.S/J.E patients. The team interacted with a patient named Subhra who was admitted there since 24th November. She conveyed her satisfaction over the treatment available in the Hospital. During the visit the team found that there are no pediatric ventilators in the hospital. The one which is available is lying idle as there is no oxygen suction pump. Dr. Dube felt extreme dissatisfaction on this type of negligence on such a sensitive issue. He directed that the pediatric ventilators must be made available as soon as possible and the dedicated beds must be increased. The Commission felt that there is extreme shortage of trained staff and the hospital is understaffed.

The team visited a locality in Deoria called Ramanth-Deoria, where they found that the "Suwarwada" (Piggeries) and around these piggeries people are residing in large numbers. It is not only breeding mosquitoes but also making dirty and filthy. In another location just behind the District Magistrate's residence, large number of piggeries were found. The sheds for the pigs are being shared with the boundary wall of the DM's official residence.

14. Meeting with the Divisional Commissioner, Gorakhpur , 8.12.2011 at Circuit House


अमर उजाला
गोरखपुर

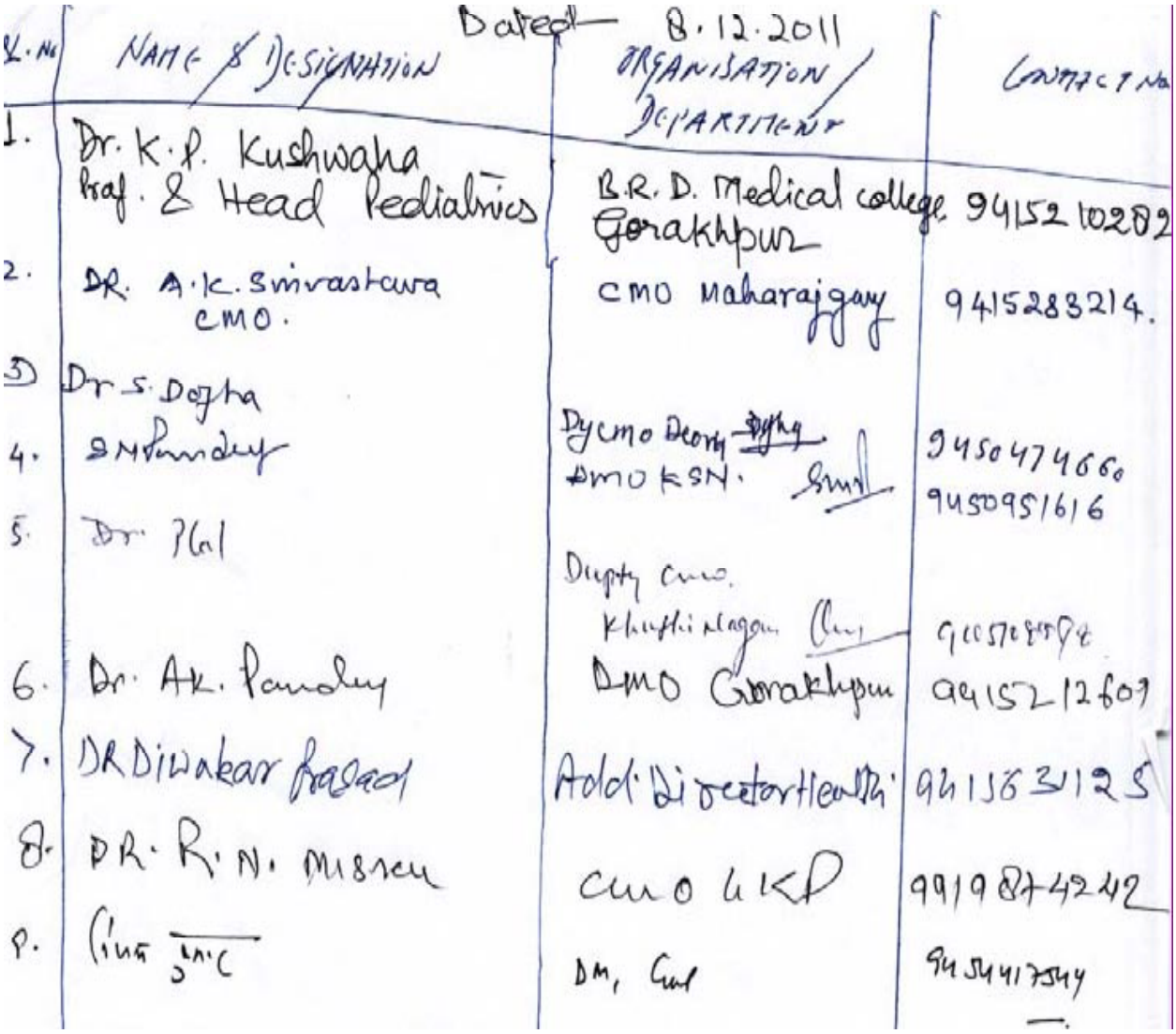
जेई उन्मूलन के प्रयास नाकाफी

राष्ट्रीय खाद्य सुरक्षा अधिकार आयोग की टीम ने माना, अभी बहुत करने की गुंजाइश

Dr. Yogesh Dube, Member, NCPCR in the meeting with the Divisional Commissioner, Gorakhpur along with representatives of other Departments/Authorities

Attendance

S.No.	Name & Designation	Contact Detail including Mobile and Email
1.	Dr. Yogesh Dube Member, NCPCR	NCPCR, New Delhi
2.	Mr. K. Ravindra Naik, Commissioner,	Office of the Divisional Commissioner, Gorakhpur
3.	Mr. Sanjay Kumar	District Magistrate, Gorakhpur
4.	Dr. Ramanath Nayak Sr. Consultant	NCPCR, New Delhi
5.	Mr. Divyakar, Consultant	NCPCR, New Delhi
6.	Dr. K.P.Kushwaha	Principal, B. R. D. Medical College
7.	Dr. A.K.Srivastava	CMO, Maharajganj
8.	Dr. S. D. Ojha	Dy. CMO Deoria
9.	Dr. S.N. Pandey	Dy. CMO Kushinagar
10.	Dr. Diwakar Prasad	Additional Director, Health
11.	Dr. R. N. Mishra	CMO, Gorakhpur



Dated – 8.12.2011

S.No	NAME & DESIGNATION	ORGANISATION / DEPARTMENT	CONTACT No
1.	Dr. K.P. Kushwaha Prof. & Head Pediatrics	B.R.D. Medical college Gorakhpur	9415210282
2.	DR. A.K. Srivastava CMO.	CMO Maharajganj	9415283214.
3)	Dr S. Dogra		
4.	S.N Pandey	Dy CMO Deoria ~~Dy hq~~ DMO KSN. Sunil	9450474660 9450951616
5.	Dr. Pal	Deputy CMO. Khushinagar Clerk	9[illegible]
6.	Dr. A.K. Pandey	DMO Gorakhpur	9415212607
7.	DR Diwakar Prasad	Addl. Director Health	9415631125
8.	DR. R.N. Misra	CMO U.K.D	9919874242
9.	Clerk DM.C	DM, Gkp	9454417544

While briefing on the casualties due to Japanese Encephalitis and Acute Encephalitis Syndrome in the Gorakhpur region, the Divisional Commissioner stated that the epidemic is spread over 13 district of Gorakhpur and Basti Divisions of Uttar Pradesh State. Confessing on the inexcusable negligence on the part of Government to address the situation for more than 3 decades, the Commissioner briefed about the

actions initiated during last year. He informed to the visiting NCPCR team that vaccination needs to be accelerated as the process has been able to arrest the spread of the disease to a substantial percentage. To him poor drainage and sanitation and lack of safe drinking water facilities are the main cause of the disease. He assured that there is no dearth of fund to bring the disease to total control, but public participation is must. He stressed awareness building of public, sensitization and capacitating the service delivery staff and ensuring participation and right decision by the panchayati raj institutions.

The Divisional Commissioner presented before the NCPCR team the details about the funds sanctioned and head-wise break up for various development programmes intended towards the curbing of the JE/AES disease. Some of the initiatives are water supply, sanitation, sensitization/awareness programme, up-gradation of hospitals, experimenting Homeopathy, residential schools for the disable children, vaccination/fogging, etc. He stated that the issue has been now referred to the Group of Ministers (GOM). Further research on the disease has been looked after by the National Institute of Virology, Pune. There is a full centre on Virology at Gorakhpur and tie up with the CDC Atlanta. However, the Commissioner informed that the medical department is helpless to find out the real cause of the disease. This can be found out only if the autopsy of brain is done, which is not allowed as per law.

Appreciating the initiatives of the Divisional Commissioner, Dr. Yogesh Dube, Member, NCPCR urged the officials present to deal the diseases /cases with sensitivity. He stressed fixing accountability and activation of

the newly formed JE Control Committee. He also assured that the Commission would take up the issue with the Central Government and recommend its inclusion in the National Eradication Programme.

15. Recommendations to Government of Uttar Pradesh

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

1. All the PHC and CHCs must be strengthened to provide immediate medical assistance to the patients. The district hospitals must be developed as the super specialized hospitals to treat the cases of J.E and A.E.S and special high tech virology laboratory must be set up;

2. Every P.H.C, C.H.C and district hospitals shall have Citizen Charter or list of facilities available for public information;

3. Ensure approval of the proposals sent by the districts to curb Japanese Encephalitis and Acute Encephalitis Syndrome on priority basis;

4. Arrange a team of expert doctors from AIIMS, Dr. Ram Manohar Lohia Hospital and other national level institutions and sent them for the screening of patients so that clear identification of the cases could be done as soon as possible;

5. Visit of team of doctors on rotation basis from other medical colleges to work in the affected areas for short period of time so that they can provide their services as well as train the doctors working in the affected areas under their guidance;

6. All the vacant post of doctors and paramedical staff must be filled as soon as possible:

7. A survey must be conducted to find the number of persons who became disabled due to J.E and A.E.S and a proper rehabilitation plan must be prepared;

8. Special attention must be given to the children who are suffering from malnutrition and a survey must be conducted to know the exact details of Gorakhpur and Basti Division and district administration must ensure that no case of malnutrition exists;

9. The administration must fix the accountability of every death that took place so that quick and stern action is taken against erring officials;

10. Administration can send a proposal to Central Government to add the immunization of J.E and A.E.S in the National Eradication/ Immunization Programme;

11. Pediatric Ventilators and other machines must be made available to all the district hospital. Every district hospital in affected areas

must have a dedicated well equipped 25 beds ward for the J.E and A.E.S patients;

12. Ensure formation of a district level committee under the District Magistrate in all the affected districts with appropriate support from the State task force, which will review the situation in every 15 days and will report to the Principal Secretary, Health and also send a copy of the report to the Commission;

13. Ensure a Joint Committee at Divisional level under the Divisional Commissioner with representation from Panchayati Raj institutions, Social Welfare Department, Women and Child Development Department, Health Department, Public Health and Engineering Department and Rural Development and Education department. There shall be representation from the civil society as well;

14. Every affected district should make an Action Plan and Citizen Charter for long term intervention and immediate intervention to check the epidemic at the earliest in line with the Project Implementation Plan (PIP) developed for Kushinagar district. In the action plan special emphasis must be given to the best interest of the children;

15. All the shallow hand pumps must be identified, sealed and replaced with India Mark II hand pumps and these must reach the depth as prescribed by the government norms. Alternative water sources must be developed like water supply through the taps or Rain water Harvesting system in the schools at least on a priority basis;

16. Projects of IEC and BCC activities must be approved on a priority basis and a campaign must be carried out in every affected village to sensitize the people about J.E and A.E.S. with active support and co-operation of local NGOs;

17. Overall infrastructure of all the laboratories testing the AES and JE samples at district level must be reviewed at the earliest and a

report must be sent to the Commission within a month's time. Increase the number of labs in the affected districts before the next monsoon;

18. Water contamination in all the affected areas should be checked on a regular basis. All the sources which are found contaminated should be marked. All the laboratories which are testing water must check the samples of affected areas on priority basis;

19. Proper surveillance system must be developed in all the affected areas and a report on this must be shared with the Commission;

20. Ensure filling of the pits causing water-logging and breeding of mosquitoes and sprinkling of bleaching powder regularly;

21. Vector transmission should be interrupted at the earliest. Vaccination/ Immunization drive must be carried out on a campaign mode to reach every section of the society;

22. Every district must have adequate number of fogging machines to carry out fogging in a campaign mode in all the affected areas and the responsibility of monitoring shall be with the gram panchayats;

23. Special sanitation and cleanliness drive should be carried out in the affected areas and a report must be sent to the Commission within 2 months; and

24. All the committees at village and Panchayat level like Village Water and Sanitation Committee, Village Health Committee etc. must be activated and sensitized about the J.E and A.E.S. Total Sanitation Campaign and School Sanitation and Health Education programmes must be started in all the affected villages/panchayats;

25. Training programme for all the doctors working in the area for proper sensitization about the issue and skill development to handle the cases; and

26. Ensure profiling and auditing of patients to develop case studies of each patient and also study the recurrence of the disease in the patients.

Ensure that the same are implemented at the earliest. An Action Taken Report may be furnished to the Commission within 15 working days from the receipt of this letter.

Welcoming the suggestions and foregoing issues and concerns flagged off by the visiting team, the Commissioner promised to address the same and sent an action taken report (ATR) to the Commission.

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Annexure- I

National Commission for Protection of Child Rights
5th Floor, Chanderlok Building, 36-Janpath, New Delhi-110001
Ph.011-23478200, Fax: 23724026/23731584
Website: www.ncpcr.gov.in, Email: ncpcr.india@gmail.com

F. No. UP/Comp/2011/ 15th December 2011

Dear

We thank you for your detailed response, *vide letter no. Z-28020/238/2011 CH dated 28.11.2011* regarding deaths of children reported from several States. We do hope that the action plan as envisaged is rolled out in the country in letter and spirit. In the mean time the National Commission for Protection of Child Rights taking cognizance of the deaths of hundreds of children in Uttar Pradesh due to Japanese Encephalitis and Acute Encephalitis syndrome, sent a team led by Dr. Yogesh Dube (Member), accompanied by Dr. Ramanath Nayak (Senior Consultant) and Divyakar Pathak (Consultant) to the State to visit the affected Gorakhpur Division from 5th – 8th December, 2011.

The team visited the affected areas of Gorakhpur division, i.e., Gorakhpur, Kushinagar and Deoria districts. The team also inspected B.R.D Medical College and District Hospital of Gorakhpur, District Hospitals of Deoria and Kushinagar Districts and Community Health Centre of Pipraich Block of Gorakhpur district. The team also visited Madhi, Madanpur and Ramnath-Deoria in Gorakhpur, Kushinagar and Deoria districts respectively. It also inspected the working of Primary Schools, Health Centers and Anganwadi centers. The team met the family of the patients who died due to Japanese Encephalitis and Acute Encephalitis Syndrome. Visiting team also met various Associations, civil society groups and representatives of panchayats. The team also held meeting with Divisional Commissioner of Gorakhpur Division, DM Gorakhpur and other officials of Health Department of the division and reviewed the administration action to stop the deaths of children due to Japanese Encephalitis and Acute Encephalitis Syndrome in the State.

The visiting team was highly concerned about the unpreparedness of the Government to prevent the deaths of children. Many of the villages the Commission's team visited were sample villages selected by the administration and the situation even in those villages was an eye-opener. Children were drinking unsafe water even after the hand pumps were marked red. The Chief Medical Officers of all the three affected districts specially that of Gorakhpur sent their proposals this year only although the epidemic has been in existence since 33 years.

In view of the abovementioned concerns, the Commission requests you to kindly look into the following on priority basis:

(i) Approval of the proposals sent by the State Government of Uttar Pradesh in this regard;
(ii) Strengthening the health infrastructure in the affected areas, i.e., Gorakhpur and Basti divisions with immediate effect;

(iii) Inclusion of the immunization of Japanese Encephalitis in the National Eradication/Immunization Programme;
(iv) Ensuring total vaccination, including the adults, of all affected districts;
(v) Inspection of the incidence of JE and AES on a routine basis by a central team; and
(vi) Ensuring testing laboratories and Virology Institutes at district level.

Also enclosed is a copy of the recommendations made by NCPCR to the State Government for your information.

With

Yours sincerely,

Sd/-
(Lov Verma)
Member Secretary

Shri P.K. Pradhan
Secretary,
Ministry of Health and Family Welfare
Government of India
Nirman Bhawan, New Delhi