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

<table>
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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AES</td>
<td>Acute Encephalitis Syndrome</td>
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<tr>
<td>ANM</td>
<td>Auxiliary Nurse midwife</td>
</tr>
<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
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<tr>
<td>ATR</td>
<td>Action Taken Reports</td>
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<tr>
<td>AWW</td>
<td>Anganwadi Worker</td>
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<tr>
<td>BCC</td>
<td>Behaviour Change Communication</td>
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<tr>
<td>CHC</td>
<td>Community Health Centre</td>
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<tr>
<td>CMO</td>
<td>Chief Medical Officer</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organizations</td>
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<tr>
<td>DC</td>
<td>Divisional Commissioner</td>
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<tr>
<td>DDA</td>
<td>Department of Disability Affairs</td>
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<tr>
<td>DDRC</td>
<td>District Disability Rehabilitation Centre</td>
</tr>
<tr>
<td>DM</td>
<td>District Magistrate</td>
</tr>
<tr>
<td>DPM</td>
<td>Division Programme Manager</td>
</tr>
<tr>
<td>GOM</td>
<td>Group of Ministers</td>
</tr>
<tr>
<td>GOI</td>
<td>Government of India</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<tr>
<td>JE</td>
<td>Japanese Encephalitis</td>
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<tr>
<td>LAMA</td>
<td>Left Against Medical Advice</td>
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<tr>
<td>MCI</td>
<td>Medical Council of India</td>
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<tr>
<td>NCDC</td>
<td>National Centre for Disease Control</td>
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<td>NCPCR</td>
<td>National Commission of Protection of Child Rights</td>
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<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
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<td>NRHM</td>
<td>National Rural Health Mission</td>
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<td>NVBDP</td>
<td>National Vector Borne Disease Control Programme</td>
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<td>RTE</td>
<td>Right to Education</td>
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<tr>
<td>SCPCR</td>
<td>State Commission of Protection of Child Rights</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>PHC</td>
<td>Primary Health Centre</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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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 disease. The majority of cases of viral Acute Encephalitis Syndrome (~90%) have no specific treatment.

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), “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

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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. 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.

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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 2013\(^5\); and (i) 78% coverage of installation of India Mark II hand pumps for Gorakhpur division\(^6\). 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 2012

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)

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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.

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

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<th>Directions by NCPCR</th>
<th>Compliance</th>
<th>Remarks</th>
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<td>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.</td>
<td>• In compliance to the directions by Hon’ble NCPCR 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 &amp; Control of AES/JE. o 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 &amp; health department with Viklang Kalyan Vibhag &amp; 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 &amp; its compliance will be communicated to Hon’ble NCPCR.</td>
<td>• The Commission has recommended for inclusive education, wherein the affected children have provision to attend regular school.</td>
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<td>2. The Commission notes that JE Immunization has not been achieved 100% amongst the target population. The children up to 15 years were</td>
<td>• In compliance to direction by Hon’ble NCPCR Gol, concerned authorities were instructed &amp; Government of UP has planned a special routine Immunization of 16-</td>
<td>• The Commission was not satisfied with the response and on further investigation it was found from the Deputy</td>
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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

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| 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. | 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. Communication details for reference, enclosed as Annexure V  
• Letter No. 21F/AES/JE/2012/3853 dated 15.10.2012  
• 2845/Sek-5- Panch- 2012 dated 12.11.2012  
• Letter no. 22F/EPI/2013/3992 dated 29 July 2013 providing the status of left out children for JE immunization. | 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. |

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. 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
to hold a consultation with experts from WHO and UNICEF within a period of 30 days and develop a strategy paper with time lines.

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<tr>
<th>Sl. No.</th>
<th>Type of work</th>
<th>Status</th>
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<tbody>
<tr>
<td>1.</td>
<td>Mini Water Supply tanks</td>
<td>In affected villages 3357 MPWs to be installed by July 2013.</td>
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<tr>
<td>2.</td>
<td>India Mark II hand pumps</td>
<td>In affected villages installation and re-boring of 18,882 India Mark II hand pumps to be completed by July 2013.</td>
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</table>

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.

- 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.
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<tr>
<th>Directions by NCPCR</th>
<th>Compliance</th>
<th>Remarks</th>
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| 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. | • In Compliance the concerned authorities have been firmly instructed. Refer to- 
• Letter No. 21F/AES/JE/RBASA-P-6-7/2012/5178 dated 21.12.2012 | • 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. | • 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. | • No concrete response received of the actions taken with regard to relocation of families living in piggeries and immunization of children from piggeries |
| 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. | • 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 &amp; Devipatan) are trained in BRD Medical College, Gorakhpur in Medical &amp; ICU Management etc. of AES/JE patients vide Letter no. 21F/AES/JE/2012/4822-23 dated 4.12.2012 |  |</p>
<table>
<thead>
<tr>
<th>Directions by NCPCR</th>
<th>Compliance</th>
<th>Remarks</th>
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<td>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.</td>
<td>• It is a policy decision to be taken at higher level in collaboration with MCI, India.</td>
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</tbody>
</table>
| 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. | • 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. | |
| 11. The Commission will review the situation within 3 months | • 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 NCPCR.

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(encrypted 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 (encrypted 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 NCPCR; 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 instrument 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 NCPCR 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

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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 College. 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% coverage of installation of India Mark II hand pumps in affected villages under the Nirmal Bharat Abhiyan and the Total Sanitation Campaign.

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

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.
References


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


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
ANNEXURES
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Annexure I  Excerpts from Impressions, Observations and recommendations made by NCPCR team, for its visit 23 & 24 July 2012- by Lakshmidhar Mishra, Special advisor, NCPCR

Annexure II  Letter no. F. No. 35/01/2012-NCPCR (PD)/25092 sent to Director National Institute of Virology, Pune dated 17 August 2012
Response received from NIV Pune

Annexure III  ATR analysis with regard to Commission’s recommendations

Annexure IV  Minutes of the Summons meeting held at NCPCR office on 3 October 2012 along with the presentation made by the State

Annexure V  ATRs received from the State of UP from October 2012-August 2013

Annexure VI  📌 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. 2013 for 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.

Annexure VII  D.O. No. 35/01/2012- NCPCR (PD). Vol. III)/-29088 dated 30.05.2013 in reference to a meeting held at NCPCR office in regard to JE immunization.

Annexure VIII  Minutes of the meeting held at Lucknow on 7.08.2013 to plan for a JE/AES Public Hearing.

Annexure IX  No. 35/01/2012- NCPCR (PD) (Vol. II)/ 30301 dated 12.08.2013 sent to Joint Secretary Department of Health & Family Welfare highlighting concerns from the meetings held with senior State Health officials on 7.08.2013 and of further discussions of a meeting with Secretary (Health & Family Welfare) on
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
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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
education and rehabilitation services for children suffering from disabilities as a
result of JE/AES.
ANNEXURE-I

Excerpts from Impressions, Observations and recommendations made by NCPCR team for its visit on 23rd-24th July, 2012 by Mr. Lakshmikant Mishra, Special Advisor, NCPCR

Observations of the NCPCR 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 NCPCR 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.

(xxii) 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;

(xxiii) 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;

(xxiv) 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;

(xxv) 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;

(xxvi) 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;

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

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)(g) 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.

The Commission had already taken cognizance of incidents of large scale deaths of children due to Japanese Encephalitis (JE) 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 hostels/nursing homes about which no information is available.

I am writing to seek the opinion of your Institute on this issue. Please 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 kind regards

(Pradipkumar Jha, Member, NCPCR)

Dr. A.C. Mishra
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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.

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 CSF 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 entroviral. 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 entrovirus in the CSF. Identification of Entroviruses in CSF as a diagnostic tool has been a challenge and similar lower frequencies have been detected by other workers (Perez-Velez et al 2007, Fowlkes et al 2008). It has been recommended that detection of entrovirus in other body fluids in acute samples should also be considered and cases may be labeled as “probable” entrovirus encephalitis cases. Entroviruses 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 entrovirus 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 cases caused by entrovirus 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.

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. 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 the periphery contribute to increased mortality. As such the facilities in Medical college have improved, however, shear 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
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, cystisereoses) 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...
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 in 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.

References
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<tr>
<th>ST. No.</th>
<th>RECOMMENDATIONS MADE BY NCPCR AFTER DECEMBER 2011 VISIT</th>
<th>Action Taken Report (complied by the State Govt.)</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>1.</td>
<td>All the PHCs and CHCs must be strengthened to provide immediate medical assistance to the patients. The district hospitals must be developed as super-specialized hospitals to treat the cases of JE and AES and special high tech virology laboratory must be set up.</td>
<td>All the PHCs and CHCs are strengthened as per the prescribed standard. Ambulance facilities have been ensured in all PHCs, CHCs and District Hospitals.</td>
<td>Strengthening implies: Physical structure; Manpower; Tools &amp; equipment; Orientation &amp; training for sensitization of functionaries. The response of the State Govt. does not cover any of these aspects &amp; is vague.</td>
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<td>2.</td>
<td>Every PHC, CHC, and District Hospital shall have Citizen Charter or list of facilities available for public information.</td>
<td>Citizen Charter has been displayed in all PHCs, CHCs and District Hospitals, giving details of the facilities available.</td>
<td>A copy of the Citizen’s Charter is required for reference &amp; should be sent.</td>
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<td>3.</td>
<td>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 &amp; AES in 8 districts; Rs. 2301.22 lakh has been sanctioned for establishing ten-bedded ICU Ward in 10 Hospitals of 9 districts.</td>
<td>Rs. 481.28 lakh has been sanctioned against the action plan towards eradication of JE &amp; AES in 8 districts; Rs. 2301.22 lakh has been sanctioned for establishing ten-bedded ICU Ward in 10 Hospitals of 9 districts.</td>
<td>The latest status of utilization of Rs. 481.28 lakh may be indicated.</td>
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<td>4.</td>
<td>Arrange a team of expert doctors from AIIMS, Dr. Ram Manohar Lohia Hospital and other national level institutions and send 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 advices from time to time.</td>
<td>Experts 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 advices from time to time.</td>
<td>The recommendation was that the State Govt. should invite experts from AIIMS, RML hospital etc. to orient the JE/AES affected Health Staff &amp; develop protocol for screening of patients. If experts have been visiting the affected areas on their own, the details of names of experts &amp; dates of visits to affected areas &amp; recommendations made should be included.</td>
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<td>5.</td>
<td>Visit of team of doctors on rotation basis from Experts from national level and other</td>
<td></td>
<td>Details of pediatricians from other districts.</td>
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<tr>
<td>Sl. No.</td>
<td>Recommendations made by NCPCR</td>
<td>Action Taken Report (compliance by the State Govt.)</td>
<td>Remarks</td>
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<td>6.</td>
<td>All the vacant post of doctors and paramedical staff must be filled as soon as possible</td>
<td>The appointment of Paediatric Doctors has been ensured</td>
<td>Details of the posts vacant, when filled up and posts remaining vacant should be furnished.</td>
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<td>7.</td>
<td>A survey must be conducted to find the number of persons who became disabled due to JE and A.E.S and a proper rehabilitation plan must be prepared</td>
<td>Survey of children survived of JE and A.E.S 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 providing services to the children.</td>
<td>Date 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.</td>
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<td>8.</td>
<td>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</td>
<td>Proposal has been sent to the union Government for additional allocation to conduct survey of identified malnourished areas</td>
<td>Details of the proposal sent to Central Govt. for additional allocation to conduct survey of identified malnourished areas should be furnished to enable the Commission to have it followed up.</td>
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<td>9.</td>
<td>The administration must fix the accountability of every death that took place so that quick and stern action is taken against erring officials</td>
<td>Death audit has been ensured in every District and the accountability responsibility has been fixed.</td>
<td>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 &amp; timely attention should be furnished.</td>
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<td>10.</td>
<td>Administration can send a proposal to Central Government to add the immunization of JE</td>
<td>Vaccination for JE has been included in the regular immunization process</td>
<td>The Commission strongly recommends that all children upto the age of five should be</td>
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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. Yogesh Dube, 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.
I. 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.

II. 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.

III. 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, continuous vigilance and surveillance ; all
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 Shiksha 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 vaccinization 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, Santkabir 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 putting 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 halfa 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/AAW 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
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 along with the rearing families.

2. Piggery rearing should be done in hygienic manner with the expert opinion. Instructions should 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/AIDS.

7. Ambulance has to be provided to every CHC/FHC. 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/AIDS have been referred to the hospital by the ambulance. Expert advice is required regarding the technical vision in 90% 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 at least 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 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.

24. Total no. of vacant positions are 40448 posts. There is overall shortage of Doctors.

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 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.
Situation of AES/JE and Control Program

Gorakhpur Division
(Uttar Pradesh)

K. Ramesh, I.A.S.
Commissioner
Gorakhpur Division

Risk Area for JE in Uttar Pradesh

High Risk Areas

High Tension Districts

District Map Showing High Risk Areas

10/4/2012
Few Facts about JE

- JE disease has been controlled in Gorakhpur Division.
- At present Majority of cases belongs to AES category.

Few Facts about AES

- Diagnosis results shows, more than 95% Encephalitis cases belongs to AES category for which there is no specific treatment nor vaccination.
- Only preventive measure is the current available means of treatment for AES.
- 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 Sallow Hand pumps because of easy boring which only gives impure water causing eruption of AES.
### Routine JE Immunization - 2012
(Between 18 to 24 Months)

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- Ventilator and Ambulance

- Fogging Machine

# 100 Ventilators are being purchased by State level.
# 20 Ventilators are being purchased by District level.
Action taken towards control of Disease

**Health Department: BRD Medical College, Gorakhpur**
- Construction of 100 Bed capacity ward is in progress in BRD Medical College, Gorakhpur.
- Increase of 7 DCH seat at BRD Medical College
- Rehabilitation Centre started in BRD Med. College
- NICU working for the treatment of JE/RS

**Action Taken**
- 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 teams visiting affected village.
Aetion Teken
Health Department:
- Around 95% of targeted age group children were immunized in year 2010 with JE vaccination. Target for one 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 Civil Administration in the Division.

Action Taken
Health Department:
- 20000 Gambusia Fish obtained from Malana research Center, Bangalore. These fish will be put in pondwater 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 465 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.
**Action Taken**

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

**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 training.
- Various IEC activities implemented by JECC in Gorakhpur district.

**Inter Departmental Coordination:**

- Case details provided to DPRO, EDO and Education Department for implementing preventive & IEC activities.
- Case verification.
- Training of ANMASHKA with support of NDMA.
- Training of 140 volunteers of Nigrik Suraksha Core.
- Training of all Pashman of Gorakhpur district.
Innovative Initiative taken from Division

Initiative from Division Level
- Documentary Film produced & film show undertaken in affected villages
- Publicity through cinema hall being done.
- Action being taken for shifting Piggery to abandoned place.
- Every Saturday “Health Education Day” being observed in school. Slogan being used during morning pray.

Initiative from Division Level
- All District Magistrate instructed to host inter-departmental coordination meeting on routine basis.
- Letter being issued from Commissioner to Gram Panchayats 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.

Initiative from Division Level
- Letter being issued from CD Commissioner to Gram Pradhans for the 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.

Innovative Action Plan prepared & submitted to authorities

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10/4/2012
अन्नेक्सरी

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* पर्य 2012-13 तक 2013-14 (25/07/2013) तक जोड़ी वैश्विक का विलेन निर्माण

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पाठ : इनकम/कोटियोजन / 1997

दस्तावेज़ निर्देशित एक पुस्तक की दस्तावेज़ करेंगी है सुविधा।
1. अनुमति द्वारा हटाना, साहित्यकार फा.वा. कारण 2012, मार्च 04/2013 देखी जाती है। दस्तावेज़ को 2012 आयोग द्वारा मार्च 04/2013 के लिए सुरक्षित किया।
2. अनुमति द्वारा हटाना, साहित्यकार फा.वा. कारण 2012, मार्च 04/2013 देखी जाती है।
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4. अनुमति द्वारा हटाना, साहित्यकार फा.वा. कारण 2012, मार्च 04/2013 देखी जाती है।

https://mail.nic.in/ucwe/webmail/attach/gkp%20001.jpg?tid=&mbox=INBOX&charset=est... 7/30/2013
सभी स्पष्ट और उपलब्ध साक्ष्यों के अनुसार दिया गया है कि विभिन्न विषयों के लिए उपलब्ध थे।

1. तिथि संख्या, व्यक्ति संख्या, विभिन्न स्तरों के प्रति का परिसर का विश्लेषण, 30 जनवरी 2012।
2. श्री राजेंद्र, उपाधिकृत, विभिन्न स्तरों के लिए, 30 जनवरी 2012 से तिथि संख्या 08/02/2012-26309, विश्लेषण 22.11.2012 के अनुसार में कार्यान्वयन करने के लिए उपलब्ध कराई गई।
3. तिथि संख्या, महानिदेशक, विभिन्न स्तरों के प्रति, 30 जनवरी 2012।
4. ऐसे जारी।

सभी कार्यान्वयन अधिकारी,
(डबलईएड/डबलईएड/2013)

वरिष्ठ प्रशासनिक अधिकारी,
(डबलईएड/डबलईएड/2013)
**Before Hon'ble National Commission for Protection of Child Rights**

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

**Action Taken Report**

In the matter of Hon'ble NCPCR

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

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<tr>
<th>Directions by Hon'ble NCPCR</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>In compliance to direction by Hon’ble NCPCR Gol. concerned authorities have been instructed by letter no 216/0/11/2012/28/SE(E)-I/2012, dated 11.12.2012.</td>
</tr>
<tr>
<td>2. Chief Secretary, Government of Uttar Pradesh reviews the Status of prevention &amp; Control AES/JE. In its review meeting on 16/11/2012 the Chief Secretary instructed as below...</td>
<td>Chief Secretary, Government of Uttar Pradesh reviews the Status of prevention &amp; Control AES/JE. In its review meeting on 16/11/2012 the Chief Secretary instructed as below...</td>
</tr>
</tbody>
</table>

A meeting of the medical & health department with Viklang...
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.

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.

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Kalyan Vibhag & Basic Shiksha Vibhag under the Chairmanship of Chief Secretary, Uttar Pradesh will be held in January 2013.

The deliberations of the meeting & its compliance will be communicated to Hon'ble NCPCR.

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 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. 2111imitomro/एसो/सैक्सीयो/ 2012/3741-42, दिनांक 09.10.2012
annexure- 3 letter no. 2111imitomro/एसो/सैक्सीयो/ 2012/3853, दिनांक 15.10.2012
annexure- 4 2845/सैक्सीयो-5-पीली-2012, दिनांक 12.11.2012
annexure- 5 letter no. 2111imitomro/एसो/सैक्सीयो-5-पीली-2012/5109, dated 19-12-2012).

There is already a system for verbal death autopsies 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 strategize for improving the situation of drinking water and sanitation in the districts. 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 timelines.

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.

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

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Work</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mini Water Supply tanks</td>
<td>In affected villages, 3857 MPWS to be installed by July 2013</td>
</tr>
<tr>
<td>2</td>
<td>India Mark-II hand pumps</td>
<td>In affected villages, installation and reboaring of 18382 India Mark II hand pumps to be completed by July 2013</td>
</tr>
</tbody>
</table>

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 PI 2012-13 (annexure-6) 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 methods viz. MPWS, India Mark-II hand pumps.

In compliance the concerned authorities have been firmly instructed.

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 milestones, details given below.

- Supply tanks and deep bore India Mark-II hand pumps are being installed as per timeframe submitted before Chief Secretary, UP as milestones, details given below.

- 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 PI 2012-13 (annexure-6) 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 methods viz. MPWS, India Mark-II hand pumps.

In compliance the concerned authorities have been firmly instructed.

- Annexure 7 letter no. - 21/1/2012-12, 21-12-2012.
- Annexure 8 letter no. - 21/1/2012-12, 21-12-2012.
ensure their protection against JE.

7. No families to be displaced without due 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.

8. The Commission has taken note of the provision of extra beds and ventilators in BRD Medical College, Gorakhpur, dedicated to JE/AIDS 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 be provided a report of the same.

9. Though some pediatricians have been redeployed to cover the requirements in the affected area, there continues to be a shortage of doctors and pediatricians/specialists. 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.

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.

In compliance to this instruction training of personnel is 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. 21/PR/032/12/2012/4822-23, dated 04-12-2012 (annexure-9)

It is a policy decision to be taken at higher level in collaboration with MCI, India.

It is submitted that the FIP for year 2012-13 was proposed to Government of India for its approval but the proposals related to various 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. 3,173,486.00C.00.
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.

<table>
<thead>
<tr>
<th>11- The Commission will review the situation within 03 months.</th>
<th>The review will be solicited.</th>
</tr>
</thead>
</table>

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,*

*Date d.*

*(Dr. M.K. Gupta)*

*State Programme Officer, AES / JE, DGMHS, Lucknow.*
पाक 21/03/1970(07/00/1070)/0070/0070-2/2012/21-775540/3 तहसील

प्राविष्टि: विभारकीय की सूचना के प्रवाहात्मक कारणों की सूचना
1. शह शुभ्य, गार 10 मासिक भाग-प्रवाहात्मक की जानकारी, शह शुभ्य, 10 मासिक, पढ़ते हैं।
2. भारतीय सरकार, भाषा विभाग, भाषा अनुवाद, भाषा का संदर्भ, भाषा का संदर्भ, 10 मासिक, पढ़ते हैं।
3. भारतीय सरकार, भाषा विभाग, भाषा अनुवाद, भाषा का संदर्भ, भाषा का संदर्भ, 10 मासिक, पढ़ते हैं।
4. भारतीय सरकार, भाषा विभाग, भाषा अनुवाद, भाषा का संदर्भ, भाषा का संदर्भ, 10 मासिक, पढ़ते हैं।
5. भारतीय सरकार, भाषा विभाग, भाषा अनुवाद, भाषा का संदर्भ, भाषा का संदर्भ, 10 मासिक, पढ़ते हैं।
6. भारतीय सरकार, भाषा विभाग, भाषा अनुवाद, भाषा का संदर्भ, भाषा का संदर्भ, 10 मासिक, पढ़ते हैं।
7. भारतीय सरकार, भाषा विभाग, भाषा अनुवाद, भाषा का संदर्भ, भाषा का संदर्भ, 10 मासिक, पढ़ते हैं।

उपलब्ध अधिकारियों,
गार 07/00/1070, 0070
प्रवक्ता- महानिदेशक

वित्तिया एवं स्वास्थ्य सेवाएँ,
स्वास्थ्य वहन, लक्ष्मीकर

संदर्भ- महानिदेशक

1. महादीप्त अपर निदेशक

2. समस्त मुख्य वित्तीया अधिकारी

पत्रक-219/एड्डि/जेडसी/2012/3741-42

दिनांक 08 अक्टूबर 2012

विषय- वित्तीया कर्मचारी के विवेचन अधिनियम के लिए।

अधिकतम संचालन में पूर्व पत्र संख्या-219/एड्डि/जेडसी/2012/3889-3900, दिनांक
04.11.2012 का संचालन ग्रहण करता था, जो विचारण में विचार 04.11.2012 के प्रारंभ होने पर वह वित्तीया अधिनियम हेतु महानिदेशक चालू कर देते हैं।

आपकी निश्चित विवेचना जताता है कि—

एडिटिव्स (New Cohort)

का अधिकारिक हिस्से हो सकता है।

इसी कारण को समाबेस, वित्तीया एवं प्रायोगिकता के दोनों पर सम्मान करते हैं इसमें वित्तीया की वित्तीया योजना नहीं होगी।

संबंधित- उच्चाकाशीयसाधक।

पत्रक-219/एड्डि/जेडसी/2012/3743-47 राज्यनिदेशक

प्रश्नपत्र- निर्धारित को सूचनां में प्रेषित-

1. वित्तीया संचालन, वित्तीया संचालन, वित्तीया स्वास्थ्य एवं परिवार कल्याण, उप्राश्न बांग्ला।
2. महानिदेशक, परिवार कल्याण, उत्तर प्रदेश लक्ष्मीकर
3. स्तर वित्तीया, महानिदेशक वित्तीया एवं स्वास्थ्य सेवाएँ, ३०००।
4. स्टूट टीम लीडर, एड्डि/जेडसी/WHO, परिवार कल्याण महानिदेशक, जमा नगरण सेड, लक्ष्मीकर
5. अपर निदेशक, यूनाइटेड पीडी, परिवार कल्याण महानिदेशालय, जमा नगरण सेड, लक्ष्मीकर

* निदेशक

एड्डि/जेडसी/2012
प्रेरक,
महानिदेशक,
विविधसंगठन तथा समितियों, उपकरण,
वातावरण भर, लखनऊ।

लेखा में,
महानिदेशक
परिषद कांग्रेस, जोधपुर,
लखनऊ।

पत्रक: 21ए. /एडी/एस/12/2012/3853
लखनऊ: दिनांक 31 दिसम्बर 2012

विविध विभाग निर्देशक जॉँटॉ टीकरकरण कार्यन्त्र 1 दिसम्बर 31 दिसम्बर 2012 में सम्पन्न किए गए उपलब्ध हैं।

मेरे प्रति,
उपलब्ध विवरण से प्राप्त होता है कि प्रशिक्षण के निर्देशन के बाद, विकास, अर्हता, शहीद के अनुसरण नीति एवं जॉँटॉ/कॉमन के सम्बन्ध में अध्ययन किया गया है और वर्ष 2012 में भर्ती रूप दिनांक निर्देशक नियुक्त कर्म पर सर्वाधिक काम के तौर पर इसके सहभागिता प्रत्याशीय रूप को निर्दिष्ट किया गया। परिलक्षित होता है कि इसके सबसे उपलब्ध का असाध्य योगदान निर्देशक के पृथक पृथक क्षेत्र का अभाव ही प्रतिक्रिया का कारण बनाता है।

बाद में उपलब्ध के रूप में आवश्यक है कि निर्देशक जॉँटॉ टीकरकरण के लिए 1/2 वर्ष 2 वर्ष, या विविध अभियन में 1/4 वर्ष 2 वर्ष के बच्चों के लिए टीकरकरण 1 दिसम्बर 2012 तथा 31 दिसम्बर 2012 के विवेक मार्ग के लिए जॉँटॉ/कॉमन आडिटर के विवेक मार्ग के लिए प्राप्त करने के लिए प्रशिक्षण करता है।

कृपया प्रकरण में कृपया कार्यान्वयन से कृपयांगतों को भी आश्वासन करने का काम करें।

प्रतिस्पर्धा

पत्रक: 21ए. /एडी/एस/12/2012/3853
लखनऊ: दिनांक 31 दिसम्बर 2012

प्रतिस्पर्धा: निर्देशन योजना का सूचनार्थ प्रविष्ट।

1. मिठांस सविंद्र, तृतीय सविंद्र, विविध स्थापत्य एवं परिसर कार्यान्वयन, उत्तराखंड।
2. विविध नियोजक, एनआरएचएफएफ, किसान कामयाबी, विधान सभा गार्ड लखनऊ।

(प्रतिस्पर्धा)
महानिदेशक
प्रमाण 2845(1)/जेबल-5—सितंबर-2012—संख्या—2845/जेबल-5—सितंबर-2012—

प्रमाण—2845(1) /जेबल-5—सितंबर-2012—संख्या—2845/जेबल-5—सितंबर-2012—

प्रमाण: नामलिखित की भूमिका एवं आवश्यक कार्यवाही हेतु प्रविधि--
1- महानिदेशक, विभाग्य एवं स्वाध्य तथ्य, 7000।
2- महानिदेशक, परिचार कार्यवाही, 7000।

आदेश से,

( चार वर्ष )

उप सचिव।

प्रेम: प्रमुख अधिकारी,

विभाग समस्त एवं परिचार कार्यवाही,

उपर्युक्त प्रबंधक द्वारा

संबंध: 1- महानगर, विभाग्य एवं स्वाध्य तथ्य, 7000।
2- महानिदेशक, परिचार कार्यवाही, 7000।

विभाग अधिनियम-6

लक्ष्य, दिनांक: [(नामांकन)]

बिना जापानी हिस्पेक्टिव्हिटेस को समुच्चय रूप से समाप्त किये जाने के लिए दिनांक 01 दिसंबर, 2012 से 31 दिसंबर, 2012 तक विशेष टीकाकरण अभियान के साथ होगा।

प्रत्येक जापानी हिस्पेक्टिव्हिटेस को समुच्चय रूप से समाप्त किये जाने का लक्ष्य नए आवेदन के लिए निर्धारित किया गया है। इस नए आवेदन की वीर्य व्यवस्था संपर्क कर रहा है।

इस अभियान के लिए आवेदन दिनांक 01 दिसंबर, 2012 से 31 दिसंबर, 2012 तक विशेष जेबल टीकाकरण अभियान पतारों का निर्णय लिखा है। इस अभियान की शांत-प्रस्तावित संरक्षण एवं आदर्शमूर्तियों के प्रसार-प्रचार गाँठनों की शहरपुरुष-मूलिका आधारी अध्ययन से समाप्त करेंगी जाती है, जिसमें आपके सहयोग सहभागिता अभियान रहेगा।

अतः जरूरत होगी कि टीकाकरण प्रशंसाएं दिनांक 01 दिसंबर, 2012 से 31 दिसंबर, 2012 तक विशेष जेबल टीकाकरण अभियान पतारों का निर्णय लिखी जाए।

प्राप्त जेबल टीकाकरण के विशेष अभियान की प्राप्ति से भाग के प्रवेश परीक्षण पर भौतिक प्रशंसा करने का योग्यता करें।

(संजय अध्यात्म)

(संजय अध्यात्म)
पावरक: 20/20000कामसूत्रातून 2000-2001 एवढ्या 12/10/16 तारिखाने

प्रतिष्ठानचे प्रमाणपत्राचे पत्र स्वीकारकरून एवढ्या अधिकारी द्वारे प्रैतिष्ठानिक विधेयक:

1. नाव: अधिकारी, नाम: सुनद शर्मा, पद: अधिकारी, स्थान: राजस्थान, ऐतिहासिक संबंधित विषय: 3% माध्यमान (संदर्भ दिली)

2. विषय: त्रिते, प्रमुख संस्था, विनिवेशी संस्था एवं विद्यार्थी क्षेत्रात, 31000 स्तराची

3. नाम: अन्नकुलाश, जोड़पुर, ढाका, अधिकारी, विद्यार्थी

4. नाम: चित्रविद्यार्थी, जोड़पुर, राजस्थान, अधिकारी एवं विद्यार्थी क्षेत्रात, 3% माध्यमान (संदर्भ दिली)

5. नाम: विद्यार्थी, अधिकारी, जोड़पुर, बहुत, अधिकारी एवं विद्यार्थी क्षेत्रात, 3% माध्यमान (संदर्भ दिली)

6. उपाधि: राजकीय प्रमाणपत्राचे पत्र स्वीकारकरून एवढ्या अधिकारी द्वारे प्रैतिष्ठानिक विधेयक:

7. राजीव, नाव: विद्यार्थी, पद: अधिकारी, उपाधि: ढाका, अधिकारी एवं विद्यार्थी क्षेत्रात, 3% माध्यमान (संदर्भ दिली)

प्रतिष्ठानाचे प्रमाणपत्राचे पत्र स्वीकारकरून एवढ्या अधिकारी द्वारे प्रैतिष्ठानिक विधेयक:

प्राप्त: 20/20000कामसूत्रातून 2000-2001 एवढ्या 12/10/16 तारिखाने

प्रतिष्ठान चे प्रमाणपत्राचे पत्र स्वीकारकरून एवढ्या अधिकारी द्वारे प्रैतिष्ठानिक विधेयक:

प्राप्त: 20/20000कामसूत्रातून 2000-2001 एवढ्या 12/10/16 तारिखाने
### Budgetary Outlay for 2012-13

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total Amount Required (Rs.)</th>
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</thead>
<tbody>
<tr>
<td><strong>1. Disease Surveillance</strong></td>
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<tr>
<td>(a) Training, book for ASHA, AWW in local language to be developed, procured and supplied by the state HQ.</td>
<td>2,457,000.00</td>
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<tr>
<td>(b) Training, book for ASHA, AWW in local language to be developed, procured and supplied by the state HQ.</td>
<td>300,000.00</td>
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<tr>
<td>(c) Printing, book for Ayush (600 batches @ Rs. 2,000 for each batch)</td>
<td>1,200,000.00</td>
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<tr>
<td>(d) Training, book for Ayush (600 batches) to be procured and supplied by the state HQ.</td>
<td>1,200,000.00</td>
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<tr>
<td>(e) Printing of material to be developed procured and supplied by the state HQ.</td>
<td>6,600,000.00</td>
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</table>

| **2. Prevention** | |
| Approx. funds for treatment of AES/JE patients for anti-biotics, Icu and hyperalimentations etc. @ Rs. 12,000 per patient for approximately 10,000 patients. | 100,000,000.00 |
| Display of treatment schedule (Wall chart/Calendar) at each treatment centers & sub-center (2000 schedules @ Rs. 60) to be developed, procured and supplied by the state HQ. | 3,000,000.00 |
| ICU for seven districts namely: Arangiri, Mau, Ballia, Baraunpur, Gonda, Shrawasti and Raebareli, as per doj sanction for SE affected districts: 24 x 86 lacs / district ICU (HR: Rs. 619.38 lacs, construction/rehabilitation of premises: Rs. 16.84 lacs, equipment etc.: Rs. 92.80 lacs) | 170,000,000.00 |
| Free Transport Facility to all referred patients @ Rs. 1000 / Patient. | 10,000,000.00 |
| Special early treatment centres 24x2 for AES/JE, mainly at the inter district convergence point locations of various endemic districts viz. Hati, Khadia, Ramkoth, Kasiya, Tamkuhiyal, Badhalganj, Sahajwara, Campusgarh, Pharalinda, Nichaula, Nausharo, Bhatni, Gaun Bazari, etc., is of utmost priority for mitigating the morbidity and mortality of AES/JE @ Rs. 25 lac / Each Treatment Centre for 20 centers | 50,000,000.00 |

| **3. Treatment** | |
| (a) Display of treatment schedule (Wall chart/Calendar) at each treatment centers & sub-center (2000 schedules @ Rs. 60) | 3,000,000.00 |
| (b) ICU for seven districts namely: Arangiri, Mau, Ballia, Baraunpur, Gonda, Shrawasti and Raebareli, as per doj sanction for SE affected districts: 24 x 86 lacs / district ICU (HR: Rs. 619.38 lacs, construction/rehabilitation of premises: Rs. 16.84 lacs, equipment etc.: Rs. 92.80 lacs) | 170,000,000.00 |
| (c) Free Transport Facility to all referred patients @ Rs. 1000 / Patient. | 10,000,000.00 |

| **4. Diagnostic Facility** | |
| (a) Training of Laboratory Staff at State HQ. (4 batch 26) | 110,000.00 |
| (b) Printing material per batch | 20,000.00 |
| (c) Workcentre refreshment per batch | 20,000.00 |
| (d) Printing material per batch | 20,000.00 |

**Note:** The above details are indicative and subject to revision based on final budget allocations.
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<tr>
<th>Component</th>
<th>Activity</th>
<th>Total Amount Required (Rs.)</th>
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<tbody>
<tr>
<td>Advocacy Facility</td>
<td>(f) TA to Facilitate Sec. aims, per batch</td>
<td>10,000.00</td>
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<td>(g) Reagents &amp; Laboratory</td>
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<td>Subject.</td>
<td>(i) Advocacy Meeting</td>
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<td>(ii) A4/A5/W - Printed Advocacy Materials for these from State Head</td>
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<td>(iii) Traditional Headers with specific treatment literature</td>
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<td>(iv) Wall writing at public places at least at 10 places in each PHC @</td>
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<td>Rs. 500 for 60  sq feet surface area (for 210 PHC in 16 districts)</td>
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<td>(v) Advocacy Workshops</td>
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<td>(vi) Insect Collector for Vector Surveillance</td>
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<td>(vii) Malathion Technical</td>
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<td>(viii) Small Portable Thermal Fogger to be procured by State Head</td>
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Note - The procurement of Medicines, Insecticides, Printed ECC Material and equipments will be made at State-Head Quarter with FOR Supply Destination.
अन्तर्ज्ञातिकं उद्देश्य, ब्राह्मण वेशभूषा संबंधित रहेगा, तथा शास्त्रीय निगम संबंधित।

प्रेम, 
माननीयता,
विचारिणा एवं मानवीय संबंध, विशेष रूप से स्वयं ज्ञान, विश्वास के अभाव

सेवा में,
1. ग्रामीणों के लिए दौड़, दौड़ का श्रम एवं परिवार स्वस्थ, 
 गोवर, गोवर संबंध, भेंड, एवं समय ग्लानत।
2. संस्कृत वीना एवं विद्वान विषयक विचारण संबंध, 
 वेद भाषा, नीति, इतिहास एवं वेदना के क्षेत्र व ज्ञान तथा समाजसेवा के लिए काम

प्रोत्साहित, (संयोजन) एवं 30.11.2019, (कश्मीर, विज्ञान) भाषा, विज्ञान, परिस्थिति सहित कार्यक्रम शामिल करके, भाषा सर्या के समान तिथि 02.10.2010 को 
में दिखाई देने के बाद, संबंधित भाषा ग्रामीण संबंधित।

विभिन्न विषयों के लिए ग्रामीण सरकार वाणिज्य अधिकारी इत्यादि विभिन्न संबंधित 
ग्रामीण सरकार के नियम से संबंधित है।

अपनी सरकार के नियम हर जितना बड़ा होगा, भाषा सर्या अधिकार इत्यादि विभिन्न संबंधित 
ग्रामीण सरकार के नियम से संबंधित है।

अपनी सरकार के नियम से संबंधित है।

कार्यक्रम 21 अगस्त 2019, दिनांक 9 अगस्त 2019, 30.11.2019, 02.10.2010, 07-02019, निर्देश 
प्रतिवेदन विद्वानों ने ग्रामीण संबंधित एवं भाषा के माध्यम से संबंधित चर्चा की, जिनके बारे में 
1. भाषा सर्या, शैली तथा संबंध विशेषता संबंधित, भाषा सर्या, पत्रकार, ज्ञान, ज्ञान, 
 विज्ञान, 36 हो, नहीं दिखाई।
2. विचारिणा संबंध, ग्रामीण बालक, विचार एवं परिवार स्वस्थ, 2019 साल
3. विचारिणा बहुत, विचारिणा बहुत, विचारिणा बहुत, विचारिणा बहुत
4. भाषा सर्या, विचारिणा बहुत, 2010 तिथि 
5. संस्कृत रूप, गोवर, गोवर संबंध, 2019 साल
6. संस्कृत रूप, गोवर, गोवर संबंध, 2019 साल
Annexure - 5

Some piggeries have been relocated by the Administration. The Constitution requires a report on their rehabilitation and also urges upon State Governments to ensure immediate and 100% immunization with priority to all children and families dealing with pigs to ensure their protection against SE

Point No. 7 - No families to be displaced without due consideration to adequately rehabilitate and appropriate compensation. The piggeries that existed in areas of human habitation must receive the minimum amount of immediate attention to their situation of hygiene and sanitation. The constitution expects a report on all these aspects."

The piggeries will be compensated and the administration is committed to the rehabilitation of all the affected families. The report was also submitted to the high-level committee for consideration.

Sri V. N. R

Administrative Officer

Date: 21st April 2013

Note: The piggeries were relocated to ensure the health and hygiene of the residents. The administration is committed to the rehabilitation of the affected families.
सदिविनांक:

1. नामनिर्देश, निगरानी शिला एवं प्रशिक्षण, प्रबंध प्रणली स्वरूपः
2. प्रशिक्षण छात्रावादी, निगरानी शिला एवं प्रशिक्षण, प्रबंध प्रणली स्वरूपः
3. प्रशिक्षण हेतु आदेश और समस्या प्रदान करने का क्रम और स्थल
4. प्रशिक्षण हेतु आदेश और समस्या प्रदान करने का क्रम और स्थल
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No. T.13020/28/2012-CC&V
Government of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi
Dated December, 2012

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.


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:
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
MBBS, MRCP (Pediatrics) U.K., MPH (UVM) Member
GOVERNMENT OF INDIA
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O.No.35/01/2012-NCPCR(PD)(Vol.II)/2764/2
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-110001

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.

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,

[Signature]

(Deputy Commissioner (Imm))

[Telefax: 23062728]

Copy to: PS to JS (RCH)  
PS to DC (CH&I)
Dear [Name],

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 up to 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 Dar (Consultant) at Mob 9810419083 & Shri Y.K Gupta (PS) at Tel.23724026 & Mobile 9818342029.

With

Yours sincerely,

(Dr.Vandana Prasad)

Dr. Rama Singh
Director General,
Health & Medical Services,
Swasthya Bhawan,
Lucknow (Uttar Pradesh)
Dr. Vandana Prasad
MBBS, MRCGP (Pediatrics) U.K., MPH (UWC)
Member

NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS
D.O.No.35/01/2012-NCPCR (PD)(Vol II)/.../44
D.O.No.35/01/2012-NCPCR (PD)(Vol II)/...
Dated:18/03/2013

Dear [Name],

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

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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 (Dr. Vandana Prasad)

Yours sincerely,

Dr. Ved Prakash Gupta,
Director General, Family Welfare
Swasthya Bhawan,
Lucknow (Uttar Pradesh)
Dear Mr./Ms. [Name],

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

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Kindly confirm your participation in the meeting with Swati Das (Consultant) at Mob 9910419083 & Shri K.K Gupta (PS) at Tel:23774426 & Mobile 9818342029.

Yours sincerely,

Vandana Prasad

Dr. Ved Prakash
General Manager, Administration & RJ, NRHM
State Programme Management Unit (SPMU)
National Rural Health Mission (NRHM),
Vishal Complex, 19-A, Vishram Sadan Mang,
Lucknow-226001

5th FLOOR, CHANDERLOK BUILDING, 38 JANPATH, NEW DELHI- 110 001
FAX: 23724026 / Email: prasad.vandana@nic.in
Sub: Action Plan to achieve time-bound coverage of all immunized children under the age of 15 yrs with respect to JE

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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...

Yours sincerely,

Vandana Prasad

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

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 up to 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 presence at the meeting with Swati Das (Consultant) at Mob 9810419083 & Shri K.K Gupta (Po) at Tel.23470217 & Mobile 9818342029, Fax: 23724026).

With regards,

Yours sincerely,

(Dr.Vandana Prasad)

Dr. A.C. Dhariwal
Director
National Vector Borne Disease Control Programme (NVBDPC)
Shamnath Marg, Civil Lines, Delhi – 110 054
Dear Shri Prakash,

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, 2003 (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 9810439083 & Shri K.K Gupta (PS) at Tel:23472217 & Mobile 9818342025, Fax: 23724026.

With regards,

Yours sincerely,

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.
D.O.No.35/01/2012-NCPCR (PD) (Vol III)/2-4/14.

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.

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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:23478277 & Mobile 9818342029, Fax: 23724026).

with Regards

Yours sincerely,

(Swati Das)
Consultant

Dr. Vandana Prasad
Member
NCPCR

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

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

5th FLOOR, CHANDERLOK BUILDING, 36 JANPATH, NEW DELHI - 110 001
Phone / Tel: 23478275 Fax / Fax: 23724028 Email: prasad.vandana@nic.in
Dr. Vandana Prasad
GoVERNMENT OF INDIA
MBBS, MRCGP (Fediana), U.K., MPH (UWC)
Member
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O.No.35/03/2012-NCPCR (PD) (Vol III)/2 Dated:18/03/2013

Dear Dr.:

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 9810413069 & Shri K.K. Gupta (PS) at Tel: 23724025 & Mob: 9818342025.

With best regards,

Yours sincerely,

Dr. Vandana Prasad

Dr. V.K. Raina
Joint Director
National Vector Borne Disease Control Programme
Shamnath Marg, Civil Lines,
Delhi-110004

5th FLOOR, CHANDERLOK BUILDING, 36 JANPATH, NEW DELHI - 110 001
Pone/Tel: 23476275 Fax: 23724026 Email: prasad.vandanain
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.

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,

(Dr. Vandana Prasad)
Copy to:

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

Vandana Prasad
(Dr. Vandana Prasad)

0/L
10-6-2013
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:

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Case that needs to highlighted</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>- The survivor of JE/AES who have been disabled but disability certification not been issued rehabilitative services, medical treatment, and education is not provided.</td>
</tr>
</tbody>
</table>
| 100% immunization coverage in the State, especially in the high disease prone areas and to children who live in piggeries | - It was identified that although immunization status in the State has improved over the years, but the there is still not 100% coverage.  
- 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. |
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**

| JE/ AES cases in the State have reduced but the cases to death ratio continue to remains the same.
| Case fatality of AES remains high at 14%.
| 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.

| Need to improve the situation of drinking water.
| Install Mark II hand pumps across the district/ State.
| Hold a consultation with experts from WHO and UNICEF and develop a strategy paper.

| Need to strengthen the health system.
| 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.
| 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.

| 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 identified and strongly highlighted during the public hearing.
| Highlight a case when treatment has been charged.
| 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 to be highlighted.

| 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 respect to 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.
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,

[Signature]

Copy to:
The Principal Secretary, Department of Medical, Health and Family Welfare, Government of Uttar Pradesh, U.P. Secretariat, Bapu Bhawan Lucknow.
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 health officials in Lucknow on 7th August, 2013 in this regard. Further discussions were held in the presence of Secretary (Health & Family Welfare) on 9th 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. 8104/.
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. Staff for 100 extra beds for JE/AIDS have not been approved by the Centre.

The net result of these issues is that there will be inadequate personnel to handle JE/AIDS cases requiring hospitalisation 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/AIDS (pts 1-4). We also request a response to the additional issues (points 5 & 6).

Dated: 12/08/13
<table>
<thead>
<tr>
<th>Contact Person</th>
<th>NGO Names and Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ms. Yashodhara</td>
<td>SAHYOG A-240, Indira Nagar, Lucknow-226016, UP</td>
</tr>
<tr>
<td>2. Ms. Arundhuti Dhuru</td>
<td>State Advisors to Supreme Court Commissioners A-893, Indira Nagar, Lucknow-226016, UP Phone: 09919664444</td>
</tr>
<tr>
<td>3. Fr. Varghese Alumchuvattil</td>
<td>Purvanchal Gramin Seva Samiti (PGSS) Fažīna Nagar, Padhībar, Chorpurwa, Hussain Nagar, Gorakhpur, UP 273014 Phone: 09415875646</td>
</tr>
<tr>
<td>4. Shri. Rajesh Mani</td>
<td>Manav Seva Sansthan Vikas Nagar Colony, Bargadwa Gorakhpur, 273007, UP Phone: 0983807412</td>
</tr>
<tr>
<td>5. Shri. Manoj Kumar Singh</td>
<td>Purvanehal Gramin Seva Samiti (PGSS) A-893, Indira Nagar, Lucknow-226016, UP Phone: 0983807412</td>
</tr>
<tr>
<td>6. Mr. Valbhav Sharma</td>
<td>Phone: 09415282206</td>
</tr>
<tr>
<td>7. Ms. Seema Srivastwa</td>
<td>Mahila Samakhya, Gorakhpur B-882 Swami Dayanand Coloney Near Sastri Choraha, Gorakhpur, UP Phone: 09415222424</td>
</tr>
<tr>
<td>8. Shri. Manish</td>
<td>Q.NO. C-9, Vikas Nagar F.C.I road, Bargadwa, Gorakhpur-273007 Phone: 09415310131</td>
</tr>
<tr>
<td>9. Mr. Akhilesh Kumar Yadav</td>
<td>Ughdosh Sewa Sansthan House No. 81st, Rapti Nagar, Phase IV, P.O Chargaun Gorakhpur-273007 Phone: 09452130131</td>
</tr>
<tr>
<td>10. Ms. Anita Nura and Mr. Kamla Vishwakarma</td>
<td>Davud Memorial Christian Gramin Vikas Samiti Opposite Old petrol pump P.O. – Bashratpur, Gorakhpur-273004, UP Phone: 09452457192</td>
</tr>
<tr>
<td>11. Mr. Awadesh Kumar,</td>
<td>Baba Rani Karan Das Gramin Vikas Samiti Siktoor Bazaar, Manaram Gorakhpur-273007, UP Phone: 09898908856</td>
</tr>
<tr>
<td>12. Shri. Prabindra Rev</td>
<td>Rajendra Prasad Sewa Sansthan, Sant Kabir Nagar Gram Post Tama, Haisar Bazaar, Ghanghata Sant Kabir Nagar-272165, UP Phone: 09936585839</td>
</tr>
</tbody>
</table>
शिक्षा का अधिकार
वर्ष शिक्षा अधिनिदेश
वर्ष पहले शह वर्ष
प्रत्येक जनवरी, 2013
राज्य परियोजना कार्यालय,
उपाध्ये सभी के लिए शिक्षा परियोजना परिस्थिति, विद्या पत्र, निर्देशांक, लेखन नं - 228 007

तथा में,
किसा वैशिष्ट्य शिक्षा अधिकारी,
शर्म शिक्षा अधिकारी,
सम्म जनवरी, 2013

पत्रकास्त: 30.9.2013 / 2965 / 2013-14 लेखन, दिनांक: 24 सितंबर, 2013
विषय: राज्य वाला अधिकार संस्करण आयोग (NCPCR), नई दिल्ली की जनवरी गोरखपुर में आयोजित जन सुबहाई में गह आयोग द्वारा दिये जाने के विकासों के संबंध में।

महोदय,
राज्य वाला अधिकार संस्करण आयोग (NCPCR), नई दिल्ली की जनवरी गोरखपुर में आयोजित जन सुबहाई दिनांक 11-09-2013 में यह तथा आयोगी में आया कि प्रायोगिक विधान रिटर्नों पति, जनवरी गोरखपुर के अधिकारों द्वारा जापान इंडोनेशिया / एशिया इंडोनेशिया सिंचालन (डेडल) / 20.00एम) से प्रभावित बालिका का सोमवार को इंटरनेट चालू के लेखा के लिए विभिन्न बिन्दु को हो। विधान आयोग में आने के विरोध दिये गए जहां अधिकारियों को जोड़ता / 00.00एम से प्रभावित बालों एवं सामान्य विश्वासपालक के लेखा विवेक (CWSN) को प्रभावित विधान आयोग में आने के लिए प्रेषित किया जाता, जबने न कि इंटरनेट दीर्घ के लेखा दिनांक पर।

अतः आपको विश्वासित किया जाता है कि अपने जनवरी के समय विधायिक के प्रायोगिक अधिकारकों के यह विषय प्रश्नात लिये जाए जो 00.00 एम से प्रभावित बालों एवं सामान्य विश्वासपालक के लेखा विवेक (CWSN) को प्रभावित विधान आयोग में उपस्थित होते हद तक जाए एवं उनके अधिकारी को बालों को प्रभावित विधालू संबंध हेतु प्रेषित किया जाए। विधालू के अधिकारी द्वारा इंटरनेट / इंटरनेट सोशल दान दान के लेखा विवेक से प्रेरित किया जाए।

इत्यादि विवेकों का कष्ट से अंत्यापति पुस्तिका किया जाए।

भावदीया,
(अनुमान जी)
राज्य परियोजना निदेशक

पूर्वा: 30.9.2013 / 2965 / 2013-14 लेखन, तद्दिनांक
प्रतिक्रिया नामग्री आयोग, राज्य वाला अधिकार संस्करण आयोग, (NCPCR) 65 तल, नवदला विहार, 36 वर्ष, नई दिल्ली - 110001 को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

(अनुमान जी)
राज्य परियोजना निदेशक
Dear Chairperson,

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,

(Kushal Singh)

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

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.

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.

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.

A great deal of delay has been reported in the issue of disability certificates to the victims.

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,

(Kushal Singh)

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

Yours sincerely,

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

5th Floor, Chanderlok Building, 36, Janpath, New Delhi - 110 001
Phone/Tel: 011-23731583 Fax: 011-23731584
Dear Nita,

The National Commission for Protection of Child Rights (NCPCR) had held a public hearing on Japanese Encephalitis/Acute Encephalitis Syndrome (JE/AIDS) 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,

(Kushal Singh)

Ms. Nita Chowdhury,
Secretary,
Ministry of Women & Child Development,
Shastri Bhavan,
New Delhi-110001
Dr Vandana Prasad
MBBS, MRCP (Pediaiatrics) U.K., MPH (UWC)
Member

Annexure XII

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O.No.35/01/2012-NCPCR (PD)(Vol.III)\(\text{\textcopyright} 276\)

Dear Smt. Devraj,

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/AIDS) 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/AIDS. 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/AIDS 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/ERG/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/AIDS 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/AIDS 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.

5th FLOOR, CHANDERLok BUILDING, 36 JANPATH, NEW DELHI - 110 001
Prasad.vandana@nic.in
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 Prasad)

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


As you are aware, Japanese Encephalitis has led to death and disability amongst children in the Gorakhpur 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.

Yours sincerely,

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

[Dr Vandana Prasad]
Complaint

I hereby complain of the following:

1. (Details)

2. (Details)

3. (Details)

I request that appropriate action be taken to address the above issues. I reserve the right to take further legal action if my concerns are not addressed.

Thank you for your attention to this matter.

[Signature]

Date: [Date]
<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Recommendations made by NCPCR</th>
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<tr>
<td>11</td>
<td>Pediatric ventilators and other machines must be made available in all the District hospitals. Every District hospital in affected areas must have a dedicated well equipped 24 beds ward for the JE and AES patients.</td>
<td>Pediatric ventilators and other instruments required for ICU in Urban process</td>
<td>Details of pediatricians and nurses trained for ICU management of children with AES.</td>
</tr>
<tr>
<td>12</td>
<td>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 Prisical Secretary, Health and also send a copy of the report to the Commissioner.</td>
<td>Distnict, Division and State level Inter-Departmental Coordinating Committees are operational and meeting in every month to discuss the activities accomplished and further course of actions</td>
<td>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.</td>
</tr>
<tr>
<td>13</td>
<td>Ensure formation of a Joint Committee at District level under the District 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. These shall be representation from the civil society as well.</td>
<td>As given in previous point</td>
<td>As given in the remarks column in relation to recommendation No 12</td>
</tr>
<tr>
<td>14</td>
<td>Every affected districts should make an Action Plan and Citizen Charter for long term intervention and immediate intervention to combat the epidemic as per the disease 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.</td>
<td>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 Lakhimpur Districts</td>
<td>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.</td>
</tr>
<tr>
<td>15</td>
<td>All the shallow hand pumps must be identified, sealed and replaced with deep bore.</td>
<td>JE Nigam has installed 3322 deep bore India Mark II Hand Pump in the Kushinagar District.</td>
<td>This is a positive and welcome development. The 3322 deep bore India Mark II Hand Pump installation in the Kushinagar District.</td>
</tr>
</tbody>
</table>
Recommendations made by NCPCR

1. Mark II hand pumps and these must reach affected villages. Efforts are made to
increase 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.

2. 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 JE and AES,
with active support and co-operation of local
NGOs.

3. Training of the Trainers (TOT) for 15
 districts was conducted during May
and June 2012 with the support of
NDMA, Govt. of India. Accordingly
training is being organized continuously in 7 other Districts.

4. 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.

5. 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.

6. Proper surveillance system must be
functioning at the earliest and a report
must be sent to the Commission as yet.
Names of the districts where labs have
been installed may be indicated.

7. The testing of drinking water has been
done on priority basis regularly.

8. No details about (a) when samples of water
were sent for test (b) details of the laboratories
where the samples were sent for test, (c)
findings of the test have been furnished.

Mark - I, 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.
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<td>20.</td>
<td>Efforts filling of the pits causing waterlogging and breeding of mosquitoes and sprinkling of bleaching powder regularly</td>
<td>Bleaching powder is being sprinkled regularly to decontaminate the drinking water. Since the water gets logged all over during rainy season when JEATES is also in peak, it is merely impossible to fill the pits.</td>
<td>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.</td>
</tr>
<tr>
<td>21.</td>
<td>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.</td>
<td>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 206 to 2010. All the children between 1 and 2 are included in the ongoing immunization process.</td>
<td>Please refer to the text of main letter regarding vaccination point (vi).</td>
</tr>
<tr>
<td>22.</td>
<td>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.</td>
<td>Efforts are on to purchase and supply fogging machines to all blocks.</td>
<td>The recommendation was made in December, 2011. The ATR states that efforts are on to purchase &amp; supply fogging machines to all blocks. This indicates that Govt. has failed to appreciate the urgency &amp; seriousness of the problem.</td>
</tr>
<tr>
<td>23.</td>
<td>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.</td>
<td>Sanitation and cleanliness drive is ensured through the local governance (municipality/urban governance unit and village cleanliness committees).</td>
<td>On the one hand Govt. of UP has pleaded its inability to fill up the pits which become the breeding grounds for quinx mosquitoes; on the other, they are saying that sanitation</td>
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<tr>
<td>24.</td>
<td>All the committees at village and Panchayat level like Village Water and Sanitation Committee, Village Health Committee etc. must be evaluated and sanctioned 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.</td>
<td>All Committees at Village-Panchayat level are active and are working in good coordination.</td>
<td>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.</td>
</tr>
<tr>
<td>25.</td>
<td>Training programmes for all the doctors working in the area for proper sensitisation about the issue and skill development to handle the cases.</td>
<td>Training of Doctors is being ensured from time to time and the same has been incorporated in the Model Action Plan.</td>
<td>Training acts as a tool of information as well as sensitisation. In the context of deaths of children on account of JEEAES 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 responsibility, dedication and mobilizing and involving all sections of the civil society to launch a collective combat against the forces of JEEAES. 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.</td>
</tr>
</tbody>
</table>
The above recommendations were made by the NGPCR team in course of its visit to Gorakhpur from 5th to 8th December, 2011, the NGPCR team led 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 UP to State to deliver health services. There is a vast network of professionals (Doctors, Nurses, ANM, 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+ to 5+ per 1000. 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 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 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 helpless victim in a situation of indebtedness & bondage.

32. The common man 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, ANMs, LHVs, MPHWs are also visiting 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 & victimizing their plight and predicament by deceptive & coercive 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 & AEP.
35. For this, series of measures are needed:
- All shallow handpumps must be identified, sealed and replaced with deep 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 to at least six 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.
- MDP/PH 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) should 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 bore wells or pipewells. Under no circumstances, pigs should be allowed to be an integral part of human settlements as (a) they carry untold diseases 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.
- 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.

IV. Communicating to the people

36. 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 information/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 context of an IEC package in the context of JE & AES:
- 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;
- If they do not do the doables, the disease will strike and fatality is imminent;
- Even if the child survives, it will be mentally challenged and rehabilitation of mentally challenged children is a very difficult proposition.

37. 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.

V. Physical infrastructure - human resource management & development - how to strengthen medical colleges, district headquarters hospitals, DCCs/PHCs, etc.
38. Medical College
   - A sufficient number of pediatric 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 equipment.
   - 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 medical officers 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 pediatric 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.

39. District Headquarters Hospitals
   - Every district headquarters hospital in affected areas must have a dedicated and well-equipped 25 beds for JE & AES patients.
   - Pediatric ventilators and other medicines must be made available to all district headquarters hospitals along with necessary equipment 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 immunized 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.

40. CHCs & PHCs
   - 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 "don'ts" on the part of the relatives/caregivers of patients should be displayed on the walls of CHC/PHC.

41. Rehabilitation of patients who survive but may tend to be victims of severe mental retardation
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 through consultation with the Director and other professionals of the Institute regarding the knotty 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 NCPCR is fully empowered to grant payment of such compensation u/s 5(8) of CPCPR 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.

- 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.
- The State Government should consider to set up a Rehabilitation Centre for all such children at the district level. More Nutrition Rehabilitation Centres should be established to take care of all malnourished children (particularly in Gr. III & IV) of the district.

4b. Recommendations for research activities with a view to prevention occurrence & re-currence of JE & AES

- Research is required at 2 levels.
- At the field level, we need properly qualified Entomologists to determine the species of vectors and their habitat. 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 culicoid mosquitoes and mechanisms of development of insecticide resistance can be understood and non-toxic insecticides against the culicoid mosquitoes at all stages can be developed.

A copy of the report of the NCPCR team is enclosed. The report covers: Impressions, observation and recommendations made by the NCPCR team in course of its visit to: (i) Shri Ram Vanvasi Chhatras, Keshodram, Gorakhpur; (ii) Rejkiya Bal Samprebhan Grihe 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 Bamra revenue divisions of UP.