

Ref: NTI Lib 3/2/96

Min. of H & FW, GOI, Annual Report 1991-92

Intro by RL Misra Sec Health, in Min of H & FW.

- Sri Dasai Choudhary demitted charge on 20/6/91 as Dputy Minister.
Sri ML Potdar assumed charge as Union Minister for H & FW on 21/6/91. Smt DK Thara Devi Siddhartha also joined Ministry as Minister of State.

- "The govt will actively promote projects in the health sector for achieving significant reduction in levels of morbidity & mortality of communicable & non communicable dis's during the 8th Plan."
- 2. Among communicable dis priority will be accorded for
 - (i) AIDS control
 - (ii) Leprosy eradication
 - (iii) Malaria control.

No mention of TB because throughout the intro the morbidity & mortality due to it is more than all these 3 together.

Cannot blame universal general alone - our own upper classes & decision makers who today have much less of the dis & easy access to health services - themselves 'forget' about TB.

- NACO involving outlay of Rs 270 cr has been formulated. WB approached, negotiations recently concluded & IDA (International Development Assn. - a soft loan affiliate of the WB) is expected to provide assistance of Rs 229.5 cr. Project implementation for 5 yrs from 1/4/92. Assistance will be provided to State / UT's for - progr. mangt, surveillance, blood safety, IEC, STD control, condom prom, case mangt.
- Leprosy - NCEP - of 201 endemic dis of country, 135 under regular NDT coverage, 66 under modified NDT progr. In 77 more districts prevalence are bet 2-5/1000 pop. NDT showing encouraging results. Recently approached WB for financial support to progr.

- Malaria inc. from 6.47 mill cases in 1976 to 1.9 mill cases in 1990 i.e. 70-78% red in 13 yrs. Malarious status of country, initiated. Purpose to delimit highly malarious areas & PHC as a unit & developing multi-pronged anti-malarial strategies incl. various methods of control depending upon needs of the area. This exercise has been completed in Karnataka & revised Action Plan is being implemented & effect from 1/4/92. ~ underway in Hk, Raj & Guj. Proposed to be extended to AP + MP ~ 92-93 & other States in phased manner. Goal under Intensified Tribal Malaria Control Campaign would be to reduce inc. of malaria in targeted tribal areas in 7 States.

• Kala-azar, JE & Blindness & Cancer Control

(Letter 2 pushed strongly by international lobbies)

- Enforcement of Drugs & Cosmetics Act 1940 to make available safe, rational, efficacious drugs & curb sale of spurious, adulterated drugs has been one of the priority concerns of the Ministry during the year. & H.W. - Ministry assumed greater responsibility in licensing process (i.e. State endorsement) for blood, blood products, immunobiologicals & IV fluids. Requeste Rules being made for the purpose. + strengthen Central Drug Control Office - i.e. staff & testing lab, State machinery, also planned to be strengthened & Centrally sponsored schemes for drug testing facilities + staff. M.S.O. (Med Stores Dep't) given greater responsibility for procuring quality drugs & for control of Govt hospitals, LGHS dispensaries, other institutions incl. State govt's.
- National Institute of Biopics being est. at HoiSA near Nellore, & assistance of Govt of Japan (OECA - Rs 37.17 cr) & USAID (Rs 17.85 cr) & balance of Rs 24.25 cr by Govt. It will have facilities for:
 - (a) quality control of vaccines & biopics
 - (b) testing efficacy
 - (c) ensuring safety
 safety of new vaccines for leprosy & hepatitis of blood products, reagents & diagnostic kits.

- Strengthening / upgrading staff, diagnostic equipment, other facilities of Delhi hospitals!! also quality + pressure. (!) - Safdarjung - 900 new posts, Dr R M Malik (500 new posts), ,
AIMS (Cancer, ophthalmology, neurosciences, cardiovascular vascular surgery + Nuclear Magnetic Resonance), Smt SK Ruparel Hospital
Accident + Emergency Service + Blood Bank (c world Bank loan)

Tuning up Administration An efficient admin is the backbone of any org.
- To ensure govt policies + progr's are implemented not only in time but also efficiently, i.e. latest, efficient management methods adopted. computers of data + Admin. Tuned up by enforcing discipline + accountability, steps. To ensure punctuality several steps taken - Calendars of activities around Action Plans drawn up. Monthly hearing of grievances of staff + their redressal.

Health Plans

7th Plan outlay for Health Sector Rs 3392.89 cr of which Rs 2495.52 was for State + UT's, Rs 557.75 cr for Centrally Sponsored Program + Rs 339.59 cr for Central Schemes
For 91-92 Rs 14993.00 lakh for Centrally Sponsored purely Central Schemes + Rs 15197 L for States + UT's for Plan progr's + Rs 45140.00 L for Non Plan progr's allocated. And outlay of Rs ~~75330~~ Rs 75330.00 L provided.

Since Independence, a successive plans, broad objectives of health progr's have been control of dis like TB, malaria, leprosy, Blindness, diarrhoea, CVS, cancer, foetal, mental ill etc; to remove imbalances of health services in urban / rural areas / diff regions. i.e. large rural health network setup. of SC's, PWC + strengthening hosp at sec + tertiary levels + specialisation; Challenges to dev. equitable distri of health services

Details of Provisions under Revenue & Capital (Plan & Non Plan)
for 1991-92 in respect of DOH (Rs in Thousands)

Demand No.	Plan		Non Plan		Total
	Capital Revenue		Capital Revenue		
40. Depn of BHK	51,00	2,93,49,00	1,85,22,00	2,66,18,00	7,45,40,00
31. Less: advance					
to govt servants	—	—	—	94,62	94,62
78 & 79 Works budget	7,90,00	—	—	—	7,90,00
	8,41,00	2,93,49,00	1,85,22,00	2,67,12,62	7,54,24,62
	Revenue		Capital		Total
Plan	2,93,49,00		8,41,00		3,01,90,00
Non Plan	2,67,12,62		1,85,22,00		4,52,34,62
Total	5,60,61,62		1,93,63,00		7,54,24,62

Minister Discretionary Grant. - financial assistance up to
 50/- per case for hospitalis- / R. of very poor.
 di sanctioned, but only Rs 8.681. utilized for 140pts

Med. Stores Organisation

M.S.O. = 7 depots at B'bay, Cal, Gwalhati, H'bad, Madras, Kanpur
 + Delhi resp. for procurement + supply of quality medical stores
 incl. equip to various hospitals / disp's throughout country at most
 economical rates. Abr 1800 regular indentors. 3 chemical labs
 attached to M.S. Depots at B'bay, Madras + Cal to conduct
 quality control test. No fund out for price for anti TB drugs.

Also receive supplies from Unicef, SIDA, WHO, USAID. +
 distribute to diff parts of the country. Drugs / Home for national
 health progs - NHEP, VIP, P.D. handled M.S.O. Relief supplies
 during natural, national calamities.

Budget Provision

<u>Description</u>	<u>Budget Provision (in 1000's Rs)</u>	<u>1991-92 NON-PLAN</u>
1. Depots	5,16,00	
2. Clearance for handling internal stores	93,00	
3. Drug Manufacture 665 Excl. Budget Medics	61,00	
4. Purchase of materi India + abroad	78,04,00 <u>84,74,00</u>	
Capital Outlay on M.S. Depots	<u>PLAN</u>	40,00

Statistical Data of 1980

Year	No. of indentures	Total Purchase	Total value of stores supplied
1982-83	15,528	16,91,41	18,44,83
83-84	15,528	19,00,14	21,40,20
84-85	16,000	37,71,31	40,95,15
85-86	16,000	45,46,99	46,59,51
86-87	16,000	58,42,00	59,54,00
87-88	1,800	56,05,00	50,74,00
88-89	1,800	67,75,00	1,38,51,00
89-90	1,800	65,00,00	1,51,33,05
90-91	1,800	74,37,18	1,50,88,01
			(incl. Propr Stores)

NTCP

of abt 440 dls upto end Sep'r '91, 378 have DTC's & equip/staff for DTA in ess' to gen. health & medical institutions. + abt 330 TB clinics mostly in big towns + cities to look after needs of local pop'.
 Abt 47000 beds for Rx of severely sick TB pts. TB Rx + Clin. Centres esp. in major states to undertake basic tx of med / PHU for popu.

Anti TB drugs for free Rx of TB pts are being supplied to TB clinics by State Govts as a centrally sponsored scheme on 50:50 sharing basis bet. Ctr & the States. 100% centrally sponsored supply of drugs to villages + med / equip / drugs to UT's continue. SIDA continues to assist NTCP as per agreement entered into. The GOI & SIDA authorities SIDA agreed to supply XRay units & Odeka cameras, miniature Xray film rolls, vehicles & limited quantities of Rifampicin + Pyrazinamide for SCC pilot study + microsupplies to needy rural PHC's to augment CF activities in rural areas.

As part of new strategy in R regions under NTCA, SEC & R+2 introduced in 253 districts so far. (Somebody had underlined this & pen is a question mark - to check & verify rep. actual coverage - ? any date to look this up) More die to be covered in a phased manner. They will be div of R from 18-24 mths to 6-8 mths.

As a result of high priority given by the Govt to NTCA, essential activities considerably expanded. New TB case detection ↑ from year to year. Against detection of abt 10.81 L new TB cases during 1982-83, abt 16.16 L new TB cases were detected during 1990-91. To expand TB case detection among the rural pop. & to involve PHC's in TB CF activities targets were also laid for conducting 50 sp. ex's per mth per PHC for the first time during 83-84 & nearly 12.12 L specimen ex's were conducted. There is significant improvement of this activity & during 90-91 abt 25.00 L sp. ex's were conducted in PHC's.

Targets for 91-92 in respect of new TB case detection is 17.00 L & abt 33.96 L in respect of sp. ex's of new chest symptomatic at the PHC's. During period April 91 - Aug 91 abt 7.06 L new TB cases (provisional) have been detected by the States & UT's & nearly 6.54 L (provisional) sp. ex's conducted at PHC's.

BCG Vaccine Lab Madras

(The first para is reproduced verbatim from last year's report. !!)
Due to intro of EPI & subsequently VIP vaccine sp. suddenly ↑ to a very great extent. So ↑ installed capacity & to meet additional sp. expansion progr for this lab. was incl. in VII 5 yr Plan & total outlay of 1 cr. UNICEF agreed to supply free imported equip ments & spares costing about 2 crone. For this expansion & installation some constn of new bldg's / lab's & modifc of existing lab. had to be done. Moreover ser target for supply of BCG vaccine for 91-92 at 440.5 L doses to meet the sp. of VIP in India. Owing to this the production target

for the lab remaining at 150 L. doses, it was decided by Tirka Mission

To find out 'none at all' this
+ reasons why prod could not

? an ideological shift from 1948.

To import around 300 L. doses through UNICEF

'How much does this cost'

But upto end Nov 1991, 220 L. doses imported thru UNICEF + after testing
a total of 202 L. doses of these passed + supplied

'Waste' - is this the normal proportion

Due to modernisation of prod. a/c. + install. of central AC. etc prod.
had to be stopped from 13/9/90. All but one imported machine have
been installed. One Industrial Type Freeze Drier has not yet
been installed without it prod. cannot be augmented to an appreciable
extent.

Lab after modifi. & help of old Industrial Type Freeze Drier resumed
production on 2/6/91. Biologicals produced + supplied during period
April 91 to Nov 91 are

	Prod. (in lakhs)		Supply (in lakhs)	
	Amps/ vols	Doses	Amps/ vols	Doses
FD BCG vaccine				
20 doses / amp	2.24	44.78	14.85*	296.92*
Tuberculin PPD				
RT 23				
180 doses / vol.				
1 TV / dose	0.12	12.36	0.12	11.89
2 TV / dose	0.00249	0.249	0.00306	0.306

(* figure includes vaccines produced + supplied by this lab.

during the year, vaccine stocked by this lab. + those imported)

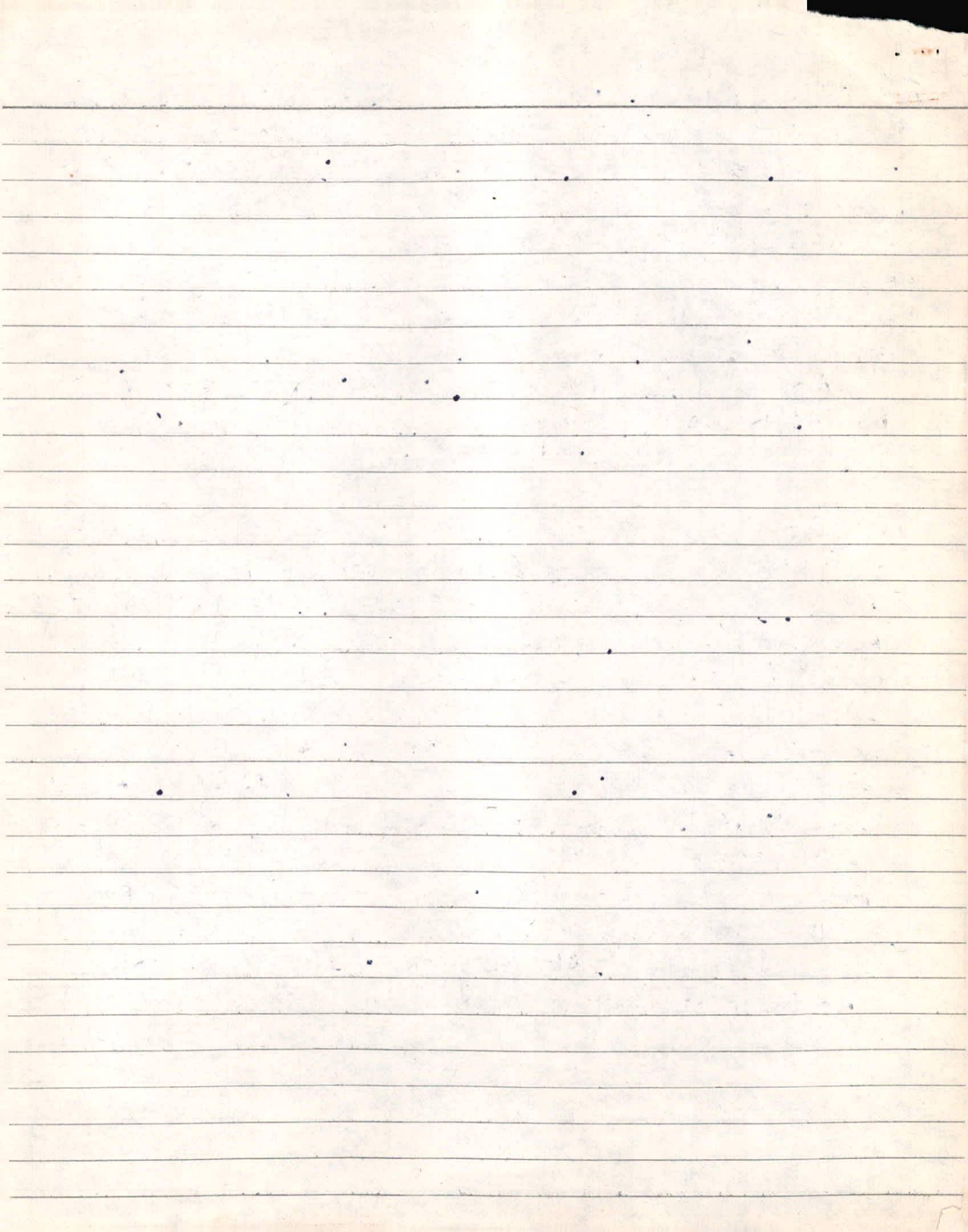
PG students - MSc Microbiology - Medical Microbiology + vaccines produced by this lab

Future Plan of Action - Machines received except Industrial Type Freeze Drier - all others installed, 1 installed capacity ↑ from 240 L doses to 300 L doses. After complete installation of all the machines, capacity will be 500 L doses, 80% of it can be achieved within 2 yrs after installation.

A proposal for opening a unit for prepⁿ of diluent for the BCG Vaccine has also been made & it is understood that the MOH & AW have approved the proposal & an outlay of 2 crore Rs.

A proposal for setting up of 3rd Unit of BCG Vaccine Lab Machines to achieve self sufficiency in prodⁿ of BCG Vaccine has also been submitted & is under consideration by Govt.

NTI (p 80) est. in 1959 to evolve nationally applicable methods of TB Control & for key personnel for NTP. ABR 5100 personnel of diff. categories have been trained in by the courses held in the Institute since. Apart from the Dist. course, it also undertakes refresher courses for people working for DTP & recruitment / by seminars for senior health administrators & teachers of medical colleges etc. Institute is also recognised as a WHO Collaborative Centre & International courses are held in the Institute. - 3 such courses held so far. NTI also engaged in imp. epidem, sociology, & background & OR connected to NTP. It provides suitable tech. guidance to DTC's to improve performance from time to time. NTI also monitors DTP then quarterly reports - feedback given to States for corrective action. Also brings out annual report on monitoring the Progr.



NTI Lib 26/6/96

Min of H & F, GOI, Annual Report 1980-81

Intro - R. L. Mishra, Sec (Health)

TB is was a great killer once, has been rendered less fearful today, tho' it continued to be one of our major public health probs. Nearly 1.5% of our total pop is estimated to be suffering from radiologically active TB of the lungs. Essential activities under the HTCP have been greatly extended at all levels. SCC drug regimens initiated in 212 dists of the country have shown encouraging results i.e. TB R down from 18-24 mths to 6-8 mths. More dists are to be covered under the new drugs in a phased manner in the years ahead. New TB case detection is being stepped up year by year. As against 10.81 lakh new cases detected in 82-83, nearly 16.69 lakh cases were detected during 89-90. PHCs are also being closely involved in TB case detection. A target of conducting 50 sputum ex's / mth has been fixed for every PHC for TB detection among rural pop's. Sig. improvement in this activity has been reported.

Organisation - Min of H & F Dept. of H. - Sec, GOI
Dept. of F. - Sec, GOI

Secretary (H & F)

↓
 Addl Sec. - (1)

Joint Sec. (i) JS (F.A) - Accts, cash, invt audit, admin, coord, compl, PTO, Grants, Fin, Bud.
 ↳ Under Sec's US - Fin, Bud, analyst etc i sec's for all above.

(ii) JS (B) - D.S. (CHS) - US CHS I + II, US (D), US (PH) - ^{Sec} CHS I - V, Parl. Sec.,
 Dir. DL (Hindi)

(iii) JS (V) - Dir PH, US (HS) + (H) - Pub Hlth + Related, CHS, Hosp, Res.

(iv) JS (A) - ME, IH, Fellowships etc.

(v) JS. D. - work relating to TB is submitted to JS (D) Thru Dir. PH

also covers ISM's (Ayur, Homoeop), Siddha.

(vi) JS (SM) - covers estt, SC/ST, Ugi, JCH, coord. CCP, Welfare.

②

Directorate Gen. of Hlt Services

DG

Asst. Dir. Gen. (AKM)

(1) DDG(P) - ADD(TB) - DADG(TB) - TB Office.
DDA IPH - TB Sec.

(2) DDG(M) - Nursing Advisor

(3) DDG(L) - Leprosy

(4) DDG (HE) - monitoring & eval. lcp. progr.

(5) DDG(RH)

(6) DDG (Stores) - ADG, DADG, DDA

Dir. A+U - Admin. Cash, JCN. Genl

DDG(P) -

Dir CBHI, DADG, Bureau of Planning

DDG-PH

DDG-H

DDG-PH

Dir. CGHS

ADG's

International Cooperation for Health + FW

Swedish International Develop. Agency - has been assisting NTCP since 1979 & material & equipment planning for Asis of TB pts. It is also assisting the pilot study in Sec. regimen by supplying anti-TB drugs like R + Pyrazinamide. After the expiry of the 2nd agreement in June 1989

Selection of area for support was im p / good -

magnitude of suffering, poor, not lacked funds

SIDA extended their agreement to support the NTCP for a further period of 1 year i.e. upto end June 1990. Next agreement is being finalised bet. GOI + SIDA authorities

one would need to interview key actors - in GOI - Sec, DDG's + in SIDA

The foll. anti-TB drugs, mat. & equip. have been agreed to by SIDA for supply during the year 1990-91.

1. X-ray unit & Kodak Camera - 1
2. Mahindra + Mahindra jeeps - 25
3. Rifampicin caps - 1 million
4. Pyrazinamide tabs - 1 million
5. X-ray film rolls - 20,000 rolls

amt of money not specified here

SIDA also assists NLEP since 1978 - financial assistance for additional input vehicles, drugs, equip, add PHL, HC, & cash incentives to workers etc for expansion of MDT to leprosy cases in endemic dists. Agreement was for 18 dists. Agreement extended to June 1990.

Under the agreement SIDA's commitment was to provide financial assistance of \$3992648 and of actual expenditure of \$3191981 has been incurred on the MDT dists by SIDA.

It is now proposed to sign a new 3yr agreement with SIDA for funding of MDT dists. - for funding of 5 dists which were initially in the MDT progr & SIDA support. These will continue to receive SIDA assistance till they reach maintenance phase. SIDA will also fund 10 new MDT Folds. Contrib = SEK 32,000,000.

During 90-91 an amt of Rs 1.45 cr. of SIDA Assistance was approved for National Blindness Control Progr & receives DANIDA aid.

- major pub. hlt pbs
- NTP (p 35 - 37) - 1.5% reduction & 0.4% sp+, expenditure
- of 440 dls upto end Sept 1990, 378 dls provided EDC's equipped & essential equip: & manned by trained staff. to undertake districtwise TB progr in assn & gen. hlt & med. instl's. In addition there are abt 330 TB clinics mostly located in big cities & towns to look after the needs of the local pop.
 - Abt 46,000 beds available in country for seriously sick TB pts.
 - TB Trg & Dem. Center estab. in major states & for basic trg of medical & PHW's up for progr.
 - Anti TB drugs for free Rx of TB pts are being supplied to TB clinics run by State govt as a Centrally Sponsored Scheme. on 50:50 sharing basis bet Centre & States. Supply of anti TB drugs to TB clinics run by vol. bodies & supply of mat, equip & anti TB drugs to UT's continued as 100% Centrally sponsored schemes.

SIDA continues to assist in supply of X-ray units & Odelra cameras, mini X-ray film rolls, vehicles & limited quantities of R & P for SCC pilot study & microscopes to nearly rural PHC's to augment case finding activities in rural areas.

- As part of the new strategy in the R regime under NITP, SCC centres in 212 dist. in 80-81 introducing another 30 dist. has been proposed. More dist. are expected to be brought under these regimes in a phased manner in the ensuing years.

As a result of giving high priority to NITP essential activities under the progr. have been considerably expanded: New TB case detect: 7 years to year - 10.81 L. new TB cases in 82-83 to 16.69 L. new TB cases detected in 89-90. Further to expand the TB case detection among the rural populace & involve the PHC's in TB case detection, targets were also laid for conducting 50 sp. exam/mth at each PHC. for the first time during 83-84 & nearly 12.12 L. sp. ex's were conducted. There is a sig. improvement in this activity & during 89-90 abt 25 L. sp. ex's were conducted in the PHC's.

Targets for 90-91 in respect of new TB case detection is 16.50 L. & abt 33.96 L. in resp. of sp. ex's. Of new chest symptomatic at PHC's. During April 90 - Aug 90 abt 6.18 L. new TB cases (provisional) have been detected by Sides & UT's & nearly 8.42 L. (provisional) sp. ex's were conducted at PHC's.

BCG vaccine lab, Madras - a subordinate office under DGHS was setup in 1948 with WHO & UNICEF assistance. To manufacture & supply BCG vaccine & Tuberculin PPD to all States & UT's of India. Supply of PD BCG vaccine to States & UT's done under EPZ & VIP, as per allocation fixed by GOI. Biologicals also supply to med. institutions & private practitioners on payment. This is the only lab

in India producing PD vaccine + Tuberculin ADS.

Madras University PG's - MSc + PhD Microbiology train here

Future Plan of Action → expansion of BCG vaccine lab incl. in VIII
5 1/2 Pl. & outlay of Rs 1 crore. is exclusive of imported machinery costing
abv 1.2 mill US \$ at UN price. The mechanical consisted of 3 ES/100
Automatic Ampoule Sealing Machine from Japan, one industrial type
freeze drier & 1 vacuum desiccator from France. → installed by
engineers from Japan. Air conditioning & cabling work is in progress
for installation of the industrial Type Freeze Drier. As soon as the
work is completed, the engineers from M/s Usifroid France, who
supplied the freeze drier will be. intimated for the installation.

Production capacity will + from present installed capacity
of 12 L ampoules of 20/50 doses each to fulfil the requirement of vaccine
under EPI / UIP.

Other

after intro of MDI

* NLCP converted to NLEP in 1983 / → made 100% Centrally
Sponsored in 65 + 75 Pl. → aim to eradicate all known
leprosy pts by 2000 AD.

* Filovir Report gives budget & expenditure

* Hospital Services Consulting. Corpor. (India) Ltd, N Delhi.

under admin. control of Ministry → engaged as leading consultancy
org in health sector in India & abroad. Started in Mar 1983
- has shareholders. Earned Rs 43.33 L profit (before tax) in 87-88 alone
i.e profit of 19.93 L after tax this year against 19.33 L in
previous year. Will recp. its strength & deputed Baybaleel
architect for hospital design.

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Annual Report 1990-91, Min of Health + FW

2/8/96 NTI ①

- Intro - long - by R. L. Misra, Sec. Health, MOH + FW - 8/5/91
- new setup. - long type report - better paper/print, illust;
 - vds by CBHI & prod. Health Info vds
 - Turning goals - HFA 2000 + pop. stabilis'
 - Raised std of living + improved quality of life. of the common man has all along been one of the main objectives of dev. planning.
 - H + FW intrinsic part of overall dev.
 - Against goal of est. 54,612 SC's in 7th PI - 51,237 were est. during that period i.e. 150% of 1,30,512 SC's functioning end Sept '90
 - Against target of 12,392 PHC's for 7th PI, 9,826 est. during that period - i.e. total 20,532 PHC's functioning by end Sept 1990

TB - a great difference is rendered less fruitful today **for whom** tho' it continues to be one of our major public health problems.

1.5% - pop - radio active TB of lungs. Essential activities under NTCP have been greatly extended at all levels. SCC drug regimens intro in 212 dists of the country have shown encouraging results in ↓ TB Rx dur - from 18-24 mths to 6-8 mths. More dists are to be covered under the new drugs in a phased manner in the year ahead. New TB C.D is being stepped up year by year.

Against 10.81 lakh new cases detected in 82-83, nearly 16.69 L cases were detected during 1989-90. PHC's are also being closely involved in TB case detection. Target of conducting 50 sp. ex's per mth has been fixed for every PHC for TB detection among rural pop. 'Sig improve' in the activity has been reported.

VIP started in 1985 - against vaccine preventable dis and TB in early 1986 it was revised as one of the tech. app. missions aimed at ↓ mortality + morbidity among children + achieving self sufficiency in vaccine production. Starting in 31 dists in 85-86, progr covered 452 dists in 89-90. Indigenous vaccine prod - DPT 2sp, BCG + needles while polio is imported in bulk concentrate. In 90-91 - VIP target + to cover all infants. Dis surveillance shows encouraging trend esp - polio + diphtheria inc. & indicate a sig decline.

- Sri Nilamani Ray, demitted Office on 23 April 1990. He was succeeded by Sri Rasheed Haseed who demitted charge of Office on Nov 7, 1990. Ministry functioned under charge of Prof. Stakeel-ur-Rehman + Sri Dasai Chakrabarty, who assumed charge on 21/11/90 as Union Min for H + FW + Union Dpt Min resp. Prof. Rehman relinquished charge on Feb 20, 1991 in view of its national trip. Dept of FW would under charge for full time Sec.

v. quick turnover during period of political instability
- relatively unknown people. - ? find out more abt them from ? Dr UK.

UIP comes under one of 9 Technical Divisions in the Dept of FW. Dept of FW - Technical side divisions: ① Programme appraisal + special schemes ② Technical operations (Stentis' / IUD / modk, post partum) ③ MCH ④ Eval + intelligence ⑤ Mass educ + media ⑥ Modk, marketing, supply, dietri ⑦ Transport ⑧ UIP ⑨ Area projects

On the Secretariat side is Policy Division, Aided Prog's Division, organized Sector, Coop. sector, villages + Plan Budget div.

Tight up administration - An efficient administrator is the backbone of any organization. - To ensure that Gov policies + prog's are implemented not only in time but efficiently also - enforcing discipline + accountability - punctuality - surprise checks - Manag' / computeriz' - calendar of activities + action plan - close watch to minimize delays or disposal of cases.

Redressal of public grievances - "Shikayat Adalat" for mal wof. 11/9/85.

HEALTH PLANS - contain financial allocations + objectives for various components of health services - This is given due importance. 7th Plan envisaged complete integration of the organizational set up under Hlth, FW + MCH. + simplif financial integration + obj of funding services as a package programme.

7th Plan Outlay for Hlth Sector Rs 3392.89 Crore of which Rs 2495.55 cr for State + UT's, Rs 557.75 cr for Centrally Sponsored Projects + Rs 339.59 cr for Central schemes

1990-91 - Rs 14,990.00 L for Centrally Sponsored + purely central ^{schemes} / (3)
 allots - Rs 11,463.00 L for States + UT's for Plan Projects +
 - Rs 41,726.00 L for Non Plan Projects
 Total outlay - Rs 68,179.00 L provided

Audit Inspection - new aspects introduced - but? Corrupt never been
 sound.

300 insp reports

(? audit objections)

988 Audit Paras - audit insp report paras.
 in budget - offset by $\leftarrow$ drug + gen prices $\leftarrow$ value of Rupee.

Details of Provisions under Revenue + Capital (Plan + Non Plan) for 1990-91
in respect of Dept of HITE Rs in Lakhs.

	PLAN		NON-PLAN		
Demand No.	Capital	Revenue	Capital	Revenue	TOTAL
40 - Dept of Health	45.00	264,08.00	166,67.00	250,52.00	681,79.00
30 - Loans + advances to Govt. servants.	-	-	-	93.10	93.10

75+76 Works Budgets	10,47.00	-	-	-	10,47.00
	10,92.00	264,08.00	166,67.00	251,52.10	693,19.10

	Revenue	Capital	Total
Plan	264,08.00	10,92.00	275,00.00
Non Plan	251,52.10	166,67.00	418,19.10
Total	515,60.10	177,59.00	693,19.10

Chapters of book reorganised

Part I - DOH - (1) HITE Plans (2) Med. Relief + Supplies (3) Nat. HTH. Prog
 (4) Prev of food poisoning (5) HE, Res. Grp (6) ISM/Homes (7) Facilities for
 SC's/ST's. (8) Use of Hindi in official work (9) Environment. aspects.
 for HFW

Part II - DOFW (1) Nat. FW Prog (2) Budget outlays + expenditure
 (3) Facilities + services (4) PCH (5) Rural HTH Services (6) Demogr. res + eval.
 (7) organised sector + wages (8) Mass educ + medic (9) Performance (10) District
 residence + area dev projects (11) Autonomous bodies + subord. off.
 Annexures - Org. charts + Subordinate Office

Ref NIT Lib 5/7/86

Annual Report 1989-90, Min. of H & FW,

better setup, illu., paper.

Divided into Dept of HHC + Dept of FW

Date - by R Srinivasan, Sec. GOI, Min. of H & FW Feb 24, 1990,

highlight of time - good management.

Goals - PHC for All + Achiev. of NRR of country by turn of century as stipulated by Nat. HHC Policy. $\rightarrow$ improved quality of life.

- Sri Ram Niwas Mirdha, Union Minister of H & FW +

Ms. Saroj Khaparde, Min. of State demitted charge on July 4, 1989.

Sri Rafique Alam Union Min. of State demitted charge on Dec 2 1989

Sri Nilamoni Routray, ~~also~~ Union Min. of H & FW on Dec 5th 1989.

Efficient changes, bureaucracy felt greater power.

- long units highlighting each progr. - in the last yr of the 75th year pl
- $\uparrow$ life expectancy from 32 yrs in 1947 to 58.6 in 1986-91 an imp. yardstick to measure SEDW as well as effective implement. of Health Policy + Progr's. being carried out + central support.

Q - write to him abt NTP - emp! pgs

- Wd of internet agencies.

- WDR, - 1993.

NMEP works better health progr against any single communicable dis.

- steady headway. - 6.47 mill cases in 1976 to 1.78 mill cases in 1988.

However $\uparrow$ in 1st half of 1990

TB Now sec 'dmg' has $\downarrow$ due from 18-24 mths to 6-8 mths. 'Dmg' intro in 19th selected dist^s - dmg current yr propose to extend it to another 18 dist^s. Renewed emphasis being laid on detection of new TB cases for $\bar{e}$ sp. ex's are being $\bar{r}$ conducted, esp. in rural areas. Steps being taken for more effective followup + minimizing dropout.

7th Plan aims at integrⁿ of organisational set up under H+FW incl. financial integration towards funding of service as a package programme.

7th Plan outlay for Health Sector is Rs 3,392.89 cr of e Rs. 2495.55 cr are for State & UT's, Rs 557.75 cr for Centrally Sponsored projects + Rs 339.59 cr for Central schemes.

During 1989-90 (Annual allocⁿ) Rs 13,487.00 L for Centrally sponsored + purely Central schemes + Rs 10,313.00 L for States & UT's for Plan projects + Rs 35,879.00 L for Non Plan projects have been allocated i.e. total outlay of Rs 59,679.00 L provided.

This report has gone back to earlier schemes of giving financial info - perhaps inbetween it was not given the full capacity of Govt. Dept. or now there is a more transparent accountable sys.

Details of provision under Revenue + Capital (Plan + Non Plan) for 1988-90 for Dept of HII [Rs in lakhs]

Demand No	PLAN		NON-PLAN		TOTAL
	Capital	Revenue	Capital	Revenue	
41. Dept. of Health	58	237,42.00	166,67.00	192,12.00	5,96,79.00
30. Loans + advances to Govt. servants	-	-	-	88.40	88.40
75+76 Works Budget	2,00.00	-	2,26.25	-	4,26.25
	2,58.00	237,42.00	168,93.25	193,00.40	6,01,93.65

	Revenue	Capital	Total
Plan	237,42.00	2,58.00	240,00.00
Non Plan	193,00.40	168,93.25	361,93.65
Total	430,42.40	171,51.25	601,93.65

Format of Report reorganised -

Chap 1 - organisⁿ

This is new - to ask MRS abt it. Q

how/why it originated?

any examples esp. specific to TB

The govt is quite concerned abt urgent need to rone up administrative machinery & set up both in the office & at the cutting edge levels. All out efforts made to improve quantity + quality of work by cutting down delays, in efficiency & red-tapism. Adminstr. being rone up thru enforcement of discipline & accountability. Calendar of activities + Action Plan under each progr drawn up to monitor progress & achieve targets on time. Senior Officers asked not only to carry out surprise checks about attendance, punctuality but also be vigilant abt quality of disposal of cases. Periodic reviews being made to monitor speed of implementⁿ of various progrs / schemes.

Public Grievances Cell - a Dpty Sec. as Director (Grievances) appointed to look into grievances of public incl pensioners & their redressal.
'Shikayat Adalat' formed w.e.f. 11/9/89 for grievances from CBHS beneficiaries & gen. public receiving R from hospitals in Delhi only.
15 shakti - once in 3 mths.

CHS Central Health Service - restructured in 1982 - 4 streams

a) Public Health (b) Teaching (c) Non Teaching (d) gen duty

Recruitment thru UPSC. Encouraged to undergo higher studies to r quality of work. ? 6000 ~~staff~~ Officer cadre

Joint Action Council of Service Doctor Organisation JACSDO - ap'g for > 2 yrs. for better pay scales & career prospects.

Chap 2 HITE Plan - a finances given above.

Chap 3 Med. Relief + Supplies - CBHS, Sapdarjung, Ram Manohar Lila Hospital - elite services for elite pps

25% of 'others' use it.

Cancer control, Nutrⁿ, JE, Bld. transf, Natural Disaster, Hospital Services Consultancy Corporⁿ.

NHEP

Budget - under 50% Central share given below

Year	Budget Provision	Estimated expenditure (in Lakhs)
1987-88	8200.00	8486.98
1988-89	8300.00	

★

National Filariasis Control Progr. Budget + Expenditure (Rs in Lakhs)

Year	Budget			Expenditure		
	Cash	Kind	TOTAL	Cash	Kind	TOTAL
1985-86	40.00	92.00	132.00	40.00	100.55	140.55
86-87	50.00	100.00	150.00	36.89	113.11	150.00
87-88	50.00	100.00	150.00	73.95	76.07	150.00
88-89	45.00	155.00	200.00	64.26	135.74	200.00

Leprosy NLEP

Under the progr Rs 65 cr. allocated for 7th PI period (85-90)
for progr + additional outlay of Rs 20 cr for 89-90

Thus total expenditure during 7th PI would be Rs 85 cr.

Ref.

NTI 12/8/86

Health Services in India 1987-88 + 1988-89

(1)

CBHI, DBHS, MOH + FW

- National Health Policy given
- Success to NTP

of 460 dls upto end Sep^r 1988, 371 - DTC + 335 TRd

SCC already given to 196 selected dls of the country. It is proposed to enter 'another 25 dls during 88-90. - expressed 'entire' in the remaining dls.

Targets 1989-90 -

(a) New TB case det^r. - 16 L

(b) Sp. ex^t for new chest symptoms of PHC's - 33.78 L
upto end of 2nd phase of 88-89 det^r 7.48 L new TB cases have been reported detected + 11.01 L sp ex^t of PHC's (BTE for provision)

SIDA - (a) assisting GOI thru WHO for MDT in 15 selected Dls under NIEP. Of these 17 Dls have completed entrance phase of MDT where prev. rate has come down by 80-90%. These Dls are now under maintenance phase. & GOI. Recently SIDA expressed desire to take up 20-30 more endemic dls for entrance of MDT.

(b) SIDA assists NTP since 1979 by supplying mat. + equip. As per agreement bet GOI + SIDA valid upto June 1989 SIDA agreed to assist NTP for 35 mill Swedish Kroners. As to original amt has since been spent SIDA also agreed for additional assistance of 15 mill. SEK for remaining period of agreement (upto June 1989) & incl. 100 chest x-rays for DTC's under NTP.

During 1988-89 SIDA agreed to supply

(2)

1. X-ray unit & Odolca camera 14
2. X-ray film rolls 55,000
3. Rifampicin caps 10 L
4. Pyrogizamide tabs 10 L
5. Vehicles 50.

② SIDA assistance used since 1977 for reinforcing NTEP in areas of high prev. of *P. falciparum* infectⁿ. Assist has been continuously used to support operational activities, monitoring field related res. tp & eval. etc. 2 agreements with SIDA signed for May 78 - June 84 & Sept. 84 - Dec 87 for an expenditure of ^{upto} US \$ 7,673,598 + US \$ 5,55,523 were incurred. 3rd Agreement with SIDA for assistance to NTEP covered July '87 to June '93 - being finalized. Expected that further assistance will be contd beyond July '89.

Health Functionaries

Mr. Tel. Vora - Min. of H & F.W.

Saraj. Khapender - Min. of State H & F.W.

? P. V. Narasimha Rao - mentioned as Union Min. of H & F.W.
? mistake - H. R. Narasimha Rao

Dr. G. K. Vishwanath - DGHIS.

Sri R. K. Ahuja Jr Sec.

Sri S. S. Bhatli Jr Sec.

Sri S. K. Ahluwalia Jr Sec.

Dr. P. S. Rao Addl. Sec.

Sri J. Narasimha Rao Jr Sec.

Health Services in India 1984-85 to 1986-87

(1)

Preface

26th issue of "....." earlier called Annual Report of DGHS from 61-77.

Present report covers 3 financial years '84-85 to '86-87

Dr G.K. Vishwakarma, DGHS 5/4/88.

(v. late report - Rajiv Gandhi yrs)

Communicable + other dis's control Progr - Commun. dis's account for more than 2/3rd of total morbidity + mortality in the country.

Progr. implementⁿ at all levels is being strengthened. PHC system, delivery comprehensive, first line care, + better dis. surveillance + control.

Successful implementⁿ of NLEP in 1958, annual inci of malarie drastically ↓ from 75 mill. to abt 0.1 mill in 1965

These were the good or golden years of public health & pop. support to health. ~~As the~~ ^{As the} malarie were completely eliminated. Arbores could not be maintained. - 6.67 mill. cases in 1977

Budget under 50% central share	(Rs in L)
1986-87	Budget provision 5500.00 est. expenditure 7815.14
1987-88	8200.00

Legacy - NLEP-1955.

- MDT intro a selected dti, replacing prolonged doxone monotherapy.
- 1986-87 MDT ^{to be} extended to 26 more dti a total of 48 dti covered
- pop. of 99 mill ± 1.3 mill gross cases.
- overall 439 mill. pop. covered by NLEP.
- Annually 4-5 L new cases detected in India.

physical inspection - 601 LCU's, 919 urban leprosy centres, 215 dist. leprosy units, 6239 SET centres, 45 leprosy tip centres, 284 railway hospitals wards, 22 sample runway cum assessment units, 11 leprosy rehab. promotion units.

- 7th Plan (85-90) Rs 65 cr. provided against expenditure of Rs 40 cores in 6th plan (1980-85). 1987-88 outlay Rs 17.00 cores against expenditure of Rs 13.9 cr in 85-86. + Rs 15.3 cr in 86-87. Rs 75 L given additionally as grant-in-aid during 86-87 to volpps in SET. SIDA, DANIDA, UNICEF + WHO contribute towards eradication of leprosy by supplying material, equip^t, operational cost etc for MDT in select dists.
- Independent Evalⁿ by GOI + WHO in Feb 1986 - aggregate level performance of progr. v. satisfactory work areas / shortfalls in some States identified + suggestions to remedy them made. NACP again evaluated in 1987. + recommen^t. sent to States.
- A mech^{ism} for annual meetings of volpps est^d. to est^d commun^{ity}, exchange info, to understand nature of their work + to support + recognise their contributions. In Dec '87 meeting 127 reps of volpps participated.

Some working model exists.

Since TB is widespread - links to world agencies at Central + State levels would be good as in

VHAS, CHAI, CMAI, IFC, AIDAN, LSPSS.

NACP major pub. hlt prob.

NSS - 1.52 rechol. active lung TB of ~~17~~ 1/4 or 0.4% of pop. of 434 dists, by end Oct '87 - 371 DTC's in ess. equip, trained staff for NACP in ess. to gen. hlt + medical evnt.

Ca very routine form of reporting done now,

unlike the early years of PU Benjamin

additional 300 ordinary TB clinics, mainly in big towns cities for local pop. needs

some of these may have even closed down

Shay play a, very limited role. even in the cities

46,000 beds - for severely sick + 'emergent' TB pt
17 TB Tip + Demo. centres in major States for basic tip of PMW
AT drugs for free Rx of TB pt supplied to TB clinics
run by State Govts. as a centrally sponsored Scheme
on 50:50 sharing basis bet. centre + States
Scheme of supply of ATB to TB clinic run by vol. bodies +
of supply of material + equip / other TB drugs to UT's

③
however continues as a 100% centrally Sponsored Scheme.
SIDA continued to assist NTP as per agreement ~~but~~ got
for 5 yr period & expires in June 1989. SIDA agreed to
supply 50 sets of X-ray equip, lab. equip, mini x-ray film rolls
& limited stocks of V_2O_5 & P for pilot studies & see being
conducted in 18 dists of India. Ass supply of X-ray units
& other materials have almost been completed SIDA has
been requested for additional assistance.

As part of new strategy in R regimen under NTP,
SCC in R + P have already been introduced in 44 selected
dists. of the country. Proposed to intro SCC in another 75 dists
during current financial year. More dists to be brought under
SCC in a phased manner in the ensuing years. SCC to div of R
from 18 to 6-8 mths.

With aid of NTP in 20 At. Progr, essential activities under
progr considerably expanded. - check NTP budget - 80's +
compare in '90's - was there a steady slow & or dramatic
T in 20 pt progr - also compare in 90's.
60's - 70's - laying the inflection.

New TB case detection T from yr to yr.

82-83 - 10.81 L new TB cases detected.

83-84 - 12.08 L.

84-85 - 12.55 L " " "

85-86 - 13.58 L " " "

86-87 - 14.39 L " " "

TB expand TB G D in the rural pop. & to involve PHCs in

TB CF. Rayel was bid to conduct 50 sp. ex. / mth
at each PHC for the first time during 83-84 & nearly 12.12 L
sp. ex's were conducted, sig. improvement of this activity
has occurred & abt - 22.67 L sp. ex. in 86-87 at PHCs

Considering the high prev. rate of TB in India it was
considered necessary to step up the tempo of new TB
cases det in 87-88. Rayel for CD & to 15 L & PHCs could
enroll upto and of 2nd qtr of 87-88, nearly 7.48 L
new TB cases reported to be detected by States / UT's & 98.71%
achieved & abt 10.78 L sp. ex. reportedly conducted at PHCs

EPI - started by GOI - 1978. (WHO/UNICEF strategy never mentioned → pulled wool over peoples eyes as to how national & local health decision makers squandered dollars flowing in & ? of lack of competence!) (4)

TT for experienced mothers started in 1975-76. & uptake EPI = 78.

Polio + Typhoid - 1979-80.

TT (School children) - 1980-81

BCG brought under purview of EPI in 1981-82

Measles - 1985-86.

VIP started in 85-86.
 → immune 80% eligible infants open to
 6 vaccine preventable diseases
 cover 100% pop. wome.

• Implemented in phased manner

• Catchment areas of 106 med. villages covered. + 30 dtr
 1986-87 - 62 new dtr.

87-88 - 90 " " proposed.

88-89 - 120 " " " "

89-90 - remaining dtr.

State country to be covered by 1990

BCG
Supply

Taper
172009 L

Total requirement
215.25 L

Seventy pl 822 L infants + 925 L expenditure

Typh. mangi., infant. & additional in put being provided

Progr. supervision - State Reviews

Sholar allotted to Officers of HCP div for reg. field visits to dist.
Health Clin. written to State HCP Clin. to ensure quality.

Addl. Sec. written to State HCP Sec.

Addl. posts sanctioned. Asst-Immunis Officer + State,
mechanic, typist, driver.

Infrastr - Rural Health Services

NHP seeks to shift emphasis from hospital based urban medical care to rural health care. ∴ creation of primary HHCs infrastr in rural areas reqd. Need to achieve 100% targets for SC's & PHC's by 1990. ∴ free lance consultants only 50% of reqs would be est. by 1990.

MNP main prop:

a) <u>Subcentres</u>	1/4/85 - 84,968 functioning	7 th PI target - 54,883
	1/4/87 - 101,922 "	87-88 " - 92,33
	30/9/87 - 1,02,160. "	Apr-Sep 87 achievement - 238
b) <u>PHC's</u>	1/4/85 - 11,140 functioning	7 th PI target 12,390
	1/4/87 - 14,307 "	87-88 target 2,274
	30/9/87 - 14,409 "	87-88 achia 100 Apr-Sep
c) <u>CRC</u>	1/4/85 - 791 "	7 th PI target - 1553
	1/4/87 - 1280 "	87-88 target - 257
	30/9/87 - 1293	April-Sep 87 achia - 13

Scheme of Up HPWs (Mde) initiated in 1982 to meet future reqs. after conversion of unimproved HPWs. This a 100% Centrally sponsored scheme, with a 6:5% PI.

1 1/2 yr up now ↓ to 1 yr. - basic plan 10th Sep.
47 up centres (44 HFWs + 3) strengthened
7th PI - 50,000 to be handled

EF memo for opening 85 new schools approved by Expenditure Finance Committee. 30 sanctioned + 35 new ones. 88-89

Scheme sanctioned in Nov - but 1/2 yr's short?

Orignal: Tip of med. + PH staff earlier called Cont. Ed. for
PHC staff - centrally sponsored scheme under PwP. (6)
25% tip - GOI - bears 100% of running &
SD of running cost.

86-87 - Karnataka - proposed real + sanctioned
Scheme for tip of specialists + paramedicals - 6% Pl. Controlling

10) Tip of LT's Short run both proper (Respected scheme,
designed to enable States to meet shortage of LT's in
rural areas. Mould grandly phrased. Non recurring +
recurring grants available to res. Taking up tip proper
ie the task of LT shortage has been res. &
tip taken up.

Sanctioned / taken up: Kerala / HP / UP. ie not: Karnataka.

Scheme of providing lab facility at PHC's
100% centrally sponsored. - financial. given to States
i.e. States have to give an undertaking that the per cent LT
will be filled up when lab facility is set up.

Tip & employ of MPW's

MPW scheme launched in 1974

SD: SD Central Assistance Obj.

- ① to convert all existing multipurpose workers at diff levels
into MPW's after reorient. courses.
- ② integ. of up + str. on various health & PwP progs. at
PHC / Dist & State levels.
- ③ provide funds for console, Rtr & educ. aids.

VHG Scheme

- VHG Scheme launched in 1977 as a 100% centrally sponsored scheme.
- 1/1000 pop, 3 ant tip, manual + RT, Rs 200 per student camp tip.
- Monthly honorarium Rs 50 + medicines Rs 50.
- Serbock in 1979 when it was incl. in the category for 50% central share.
- Scheme taken under FW Pagar. 100% funding. Revised scheme communicated to States in 1981. - preferably female VHG's, 30y, permanently resident.
- Male VHG's only if 1st available & preference to ex-servicemen, freedom fighter, person known for solid service.
- VHG not to consider this as source of income. / future employ. & job.
- 1986 - greater emphasis on CSSR. States requested to discontinue service of male health females + replacement of VHG's.
- VHG's in different parts of the country for stay order on the communication of 601. Hence States requested not to give effect to earlier comm. & continue to Male VHG's in record. They continue except in Guj, Assam, Rajas + Jee. where they have been disbanded.
- ANH & LHV tip. + der tip.

NTI > 4600 trained in 56 courses so far. - DTC rooms + refresher courses for DTC personnel + Res. / Top seminars for sen. hlt admin + Prof's genl. colleges.

NTI camp as WHO collaborating Centre & proposal to start an. Internat. Top. Course ? in Jan 1988

+ Res.

+ Tech. guidance to DTC's

⑧ BCG Vaccine Lab Machines - only BCG Lab: India.

1968 = WHO (UNICEF,

^{new} Supplier Sbltel + UT's under EPI + to medical institutions + private practitioners.

+ Res - prod + quality control oriented research on BCG vaccine

+ via WHO Collaborative Centre for quality control of BCG vaccine manuf. by labs outside India.

+ Machines Univ. PG students - REC / RD Microbiology

April - Oct 1986 prod + supply of biologicals.

	prod - (L)		Supply	
	Ampoules/Doses Vials.		Ampoules/Doses Vials.	
Freeze dried BCG	6.370	120.60	7.601	152.02
20 doses/amp.				
Tuberculin	0.13	13.0	0.14	14.0.
100 doses/vial				

Future Plan To meet 7 units of FD Vaccine for EPI, Govt sanctioned 1 Cr Rs under JIPPI for expansion of lab.

UNICEF - agreed to supply 1 industrial type freeze dryer + spares + accessories costing Rs 25 L + 1 Ampoule Sealing Machine (Vacuum) + spares + accessories costing abt Rs 37 L.

If funds permit UNICEF may supply another Sealing machine

contd

FD BCG 1985	5.066	101.32	4.600	92.00
20 doses/amp.				
1986	6.370	127.40	7.601	152.02
Tuberculin 1985	0.11	11.00	0.12	12.00
100 doses				
1986	0.13	13.00	14.00	14.00

Internat. Assist

1. WHO - for biennium 86-87 provi. US \$ 11,623,700 from regular budgetary sources + US \$ 7,537,000 from extra budgetary sources. However, account 5% reduction of regular budget i.e. US \$ 559,400. Assistance in the form of experts, fellowships, supplies + equip.

WHO assistance primarily conc. i areas of direct relevance to national priorities as reflected in 5yr plans + Revised 20 Pr Progr of GOI i.e. TB, Blindness, leprosy.

1984-85 biennium - asser. Regular budgetary source US \$ 9,920,000 + extrabud US \$ 4,850,000 (UNDP + voluntary fund for HTH Promi)

1988-89 expected ~~as~~ US \$ 13,019,300

5) US \$ 6,629,600

+ 3 sources - a) sp. progr. for Res + Trp i Tropical Dis.

b) Res. dev + Trp i Human up

c) WHO global Diarr Dis Control Progr

2. UNICEF 2 mill US \$ provided thru UNICEF in add. to Rs 300,000 p.a. Then the Leprosy Mission for 3 SIDH selected HAT Dist.

Immuniz 18,727 mill. US \$ for ongoing EPI progr. + 10,2733 mill. US \$ for support to 30 dists during 7th Pl. period upto Sept '86

During 86-87 Rs 148 mill. expected from UNICEF.

3. USAID To improve rural health care by creating an epidemic network - Project Loan + Grant Agreement bet GOI + USA for Biomed. Research. - Field epid lab. support sys, ch epidemic, M.S. = Malaria + Quack Control of biotropicals

SIDA expressed tentative willingness to finance. has project on U/A for nearly SEK 50 mill. or Rs 9-10 cr approx for e GOI to submit project outline.

① Agreement signed on 2/2/85 betr GOI + SIDA to supply dump period July 84 to June 89 - SD May Unit + Odessa cameras, Mini may film reels, anti TB dumps for sec shelter, support for NIT + HE activities for 35 mill. Swedish Kroner.

② Dump 85-86 - 17.8 mill SEK (\$2.5/mill) given for MDT under NLEP. Expected dump 86-87 this will be SEK 15.6 mill. (\$ 2.2 mill).

d) Dump July 84 - June 89 GOI to receive \$10.3 mill for P. falciparum containment progr. under SIDA / André Melani Agreement. In 1985 - \$2 mill approx + 2.2 mill \$ expected in 1986.

③ Pilot project on School Health Services also receiving SIDA assistance.

Imp
Govt functionaries

Sri SS Dhawan - Union Min Sec.

Shri P.P. Chaudhary - Jt. Sec. MOP & F.W.

Dr Laro Singh - Jt Sec

Sri S. Keshavakumar - Dpty Min for F.W, Min of H & F.W.

Sri P. N. Maheshwari - Addl. Sec, MOP & F.W.

Social Medicine & Allied Schemes

Broad obj of health program 1961-69 — control + erad. commun. dis;
provide cur + prev services in rural areas thru est. PHC / CD Block;
augment & improve medical & paramedical personnel
— based on 1961 Report of Hth Survey & Pl. Comm. Ills.

Med. Pub. Hth Outlay

1st Pl — 140 cr. Rs
2nd Pl — 225 Cr.
3rd Pl — 225.86 Cr. *slightly*
66-69 — 140.11 Cr.
4th Pl — 433.53 Cr. *T.*

Annual Non Plan expenditure on hth progs
2nd end of 3rd Pl — 120 cr.
end of 4th Pl — 190 cr.

For Annual Pl 1986-87 — outlay of 692.93 cr against
provision of Rs 608.74 cr + anticipated expenditure
Rs 596.34 for 85-86 as shown below. (Rs in Cr)

	Centre	State	UT's	Total
--	--------	-------	------	-------

1985-86.

approved outlay	200.00	366.86	41.76	608.74
anticipated expend 86-87	190.72	356.25	41.78	588.75

1986-87 approved outlay	200.00	446.00	48.24	694.24
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Source: Annual Plan 1986-87, Pl. Com., 601, p 216

14

HNP - Annual Plan Outlay 1985-86 — Rs 173.99 cr.

Shortfall of expenditure of Rs 26 cr.

① ESI Incr of morbidity is no new cases / 1000 insured persons + 1000 family (insured persons) (unit) (all India)

Cause of Dis.	per 1000 insured persons		per 1000 family (insured persons) unit	
	1983-84	1984-85	1983-84	1984-85
1. TB resp. syl	12.1	12.7	10.5	13.6
2 TB other for	3.9	5.7	4.1	5.7
9. Malware	26.9	26.3	25.4	26.0

Started coverage of 1.20 L industrial workers - Kanpur & Delhi on 24/2/52. Total coverage 61.15 L end 1983-84 & 61.60 L end 1984-85 (workers). Total beneficiaries incl. insured persons from 270.36 L end 83-84 to 272.03 L end 1984-85

Total no of beds 21,238, full time specialists 782.
ESI dispensaries 1215

② Cad Oliver labor welfare Fund, - 3 Central Hospitals

a) Shahbad Bikaner - 300 general beds + 100 TB.

b) Kailash, W.B. — 350 " " + 100 "

c) Haldwari, MP — 100 " " + 50 "

d) + 10 Regional hospitals. — various covered field.

TB 300 organisms beds + 56 reserved beds. Subsidized medicines

June, 1984-85 — 20,815 beds + new TB/O & bed

83-84 — 11,035

③ Mica Mica Welfare Organiⁿ

- ① Bihar a) Central Hosp 100 beds
b) Regional " 10 "
c) TB Hospital 50 "

+ dispensaries (Ayur 8, Allopathy 3, Mobile 10 - 2, community centre 3
Donor 14

Subsistence Allowance Rs 1000/mth to TB pt dependent.

④ AP - a) Central Hosp - 30 beds

from 1964 - 65 - b) TB ward of " - 20 "
c) Regional " - 10 beds each

+ 2 Ayur disp + 1 Mobile disp. - from

TB X-ray plant & Odol camera installed in Central Hosp

4 reserved beds for TB + chest hosp

Subsistence allowance of Rs 100 / TB pt.

⑤ Rajasthan

a) Central Hosp - 30 beds

b) Allopathy disp - 3

c) Mobile unit - 1

d) Hw's - 3

e) Ayur disp - 3

TB subsis allowance Rs 50. = 00

⑥ Jan, Mayanere + Chusone One Minor Labour Welfare Fund

Hosp. Disp - MP, Orissa, Goa, Karnataka

⑦ Jharkhand Kar. - Hospital

⑧ Karnataka + Andhra Pradesh Minor Labour Welfare Fund

⑨ FCI

⑩ FCI - CFI

⑪ Beedi Workers

Ports + Docks
Jaldi

Railways

TB cases

TB Sandstone Bed
Cherchery

TB back reserved for
Rychoff (1/4)
TB Sandstone.

	Year	TB case TB	death.			
1. S.E. Rly. Cal	1984	4076	123	7	200	30
	1985	4270	124	7	200	-
	1986	3668	105	7	200	-
2. W. Rly ^{Rode} Rajasth	1984	246	9	-	-	-
	1985	456	9	-	-	-
	1986	367	8	-	-	-
3. W. Rly, Bbay	'84	3734	62	10	110	82
	85	3622	66	10	110	82
	86	2666	72	10	110	82
4. N. Frontier Rly Gambati	84	2391	35	5	140	-
	1985	2117	50	5	140	-
	86	2231	47	5	140	-
5. N. Rly, Delhi	84	746	74	8	142	10
	85	827	107	8	146	10
	86	889	96	8	146	10
6. Central Rly	84	3337	160	10	117	82
	85	3299	113	10	117	82
	86	3834	115	10	117	82
7. NE Rly Gorakhpur	84	2127	32	7	105	-
	85	2395	26	7	105	-
	86	3595	33	7	105	-
8. Diesel Locomotive works - Varanasi	84	120	4	1	-	-
	85	135	2	1	-	-
	86	136		1	-	-
Total				48	814	204
				48	818	174
				48	818	174
						8962
						9020
						9289

TOTAL back
reserved

Reports from States & UT's

Karnataka State Medical Department was being in 1884 when few hospitals & dispensaries under British admin. were handed over to Maharaja's Govt. Formation of medical Dept. & Sanitary Dept. designated senior surgeon - to administer med. institutions & advise Govt. + ex-officio Sanitary Commissioner. Sanitary Inspector in all taluqs for Rural Sanit. projects commenced under Panchayat Regulations of 1926. After freq. recurrence of plague in 1896 in pandemic/epidemic form - a full time Officer to organize preventive measures to control the dis. appointed in 1907 - designated Dy. Sanitary Commissioner. 1911 - Public Health Institute estd. by State Govt. & 2-3 Dist. Health Labs. to research major health probs of State to provide a scientific base for control of dis. & to advance major pub. health. 3 malarial research stns. One of it was Mandya - then an arid dist. & v. low malarial. - soon displaced by Vishveshwariah Canal. 1921 - influenza pandemic - took heavy toll of life. Govt. for control of epidemic dis. Govt. Sanitary Dept. separated from Medical Dept. - next 10 yrs period experiment in developing a viable st. for Hlt Admin in the State. Sanitary & medical depts merged & separated 4 times during this period.

State Govt. invited Dr. Sweet an expert in public health from Rockefeller Foundn. to survey health probs of State & recommend a suitable admin. st. + projects for Hlt Dept.

On his recommendation in 1929 Sanitary Deptⁿ separated from Medical
& collected Deptⁿ of Pub. Health. Govt. Government reluctant to give effect
to his advice to est. rural health units. The timely pressure was (16)

made by Pub. Hlth Deptⁿ - the possibility of disease occurring in rural epidemic
form in Madhya Pradesh was if sufficient adherence prev. measures were
not undertaken. gave a push to the Dept. State Govt. ignored advice
& started work - fully exposing out break ^{in large} the State Dist
high morbidity & mortality. & threatened the epidemic in the
command areas. Govt. requested Deptⁿ to undertake needed
measures to bring this under control. - relative control unit est.

1932 in Madhya Distⁿ. This formed pieces of health unit
refractory. des. based on the control page - 1934

Rockefeller Foundⁿ: Unit in Ramgarh. - one of 3
prev. hlt. services demonstr. centres - diff. parts of District
on exptl. basis. to demonstrate concept of institution based
comprehensive preventive health services to the community.
Govt. could centre after 5 yr. exptl. period. & standardized
intep. of prev. & cur. hlt. care. + made it a type centre for med. &
Prm's + a research centre for rural health problems -
it provided impetus to Govt. to make a policy decision to provide
rural health service thru health centres to control major health
problems of the State & to provide Basic health services to the rural
pop. ABR 80 PHU's started bet 1942 - 1950.

est. in 4 western Dist^s of Mysore State (Chimnaga,
Chikmagalur, Hassan, Mysore) hyper endemic for malaria.

Health Services in India 1983-84, CBHS, DGHS, MOHFW, GOI.

Intro by Dr GK Vishwakarma, DGHS, 8/6/87 - vide!

①

earlier called Annual Report of DGHS till 1977

Since 1961 DGHS publishing annual reports of activities in health field

Communicable & Other Dis. Control Progs. - Malaria, filaria, leprosy, TB, STD,

Dysent, gonorr, blindness, leishmaniasis, JE

NTP - 1.5%, 0.4% - no sig. change in subsequent ^{limited} surveys.

in total pop of 68 cr. (1981 census) est. 10 mill persons suffer from infectious disease TB of which 2.5 mill are for the ^{most} part.

Policy objective under NTP - provide TB CF + Rx facilities on domestic basis

Aims - provide well equipped + staffed DTC's + co-ord. to undertake TB CF, Rx + prev. activities in areas where all health + medical institutions located in the dist. so that these facilities are made available to pts living even in rural areas nearest to their homes.

of abt 400 dists in India 355 have DTC's + DTP's. +

300 TB clinics do CF + dom Rx.

44,700 TB beds.

17 TB Trp + D.C.'s - provide tech guidance + assistance to ^{assessments} _{progs}

check over LWTC.

During 6th PI (a) scheme for DTC + TB beds - State Plan Sector.

(b) Supply of AT drugs, material + equip - Centrally Sponsored Scheme in SD: SD sharing bet. Centre + State.

(c) Supply of AT drugs to volag TB clinics + of mat + equip + drugs to DTC's in a 100% Centrally Sponsored Scheme.

SIDA assist NTP - during 83-84 - 50,000 sets of min X-ray films + 25 sets of X-ray units + 1000 camera to un-equipped DTC's + for replacement of old unserviceable sets of equipment + supplies latest anti TB drugs like R + P.

Proposed to intro SCC on pilot basis in few dists of country to assess their efficacy, under existing field cond's in current financial year.

in line of NTP a new 20 pr progr - a new theme has been given for supplementation of activities. Targets were laid for the 1st time during 82-83 for detection of new TB cases (10,00,000) - of which 10,81% new TB cases were detected - a percentage achievement of 108%

During 83-84 - Target 12.50 L new TB cases. + (2)
 To actively involve PHC's in TB case detection - Target of conducting
 600 sp. ex. of new chest symptoms in 1 year at PHC's also laid

Rural Health Services - MNP, CHG, H/W, Dai (F), H/W (F), Com H/W.
 Officers Typ Scheme, Rural H/W Typ Centre & approach.

MNP

SC's - functioning 1/4/80 - 47172

6th Pl Target - 37940.

est. 80-83 - 18471

Target for 83-84 9010.

PHC's. - functioning 1/4/80 - 5484.

6th Pl Target - 756.

est. 80-83 - 475.

T - 405.

Subsidiary
HC's.

- conversion of rural dpts (cur) to SHC's - prom, prom + cur.

functioning 1/4/80 - 2056.

6th Pl Target - 2270.

est 80-83 - 1126.

Target 83-84 - 804.

CHC

functioning 1/4/80 - 218.

6th Pl Target - 315.

est 80-83 - 253.

Target 83-84 - 70.

CHG's (formerly CHV's) intro on 2/10/77

from 77-78 to 78-79 scheme operated as 100% centrally-sponsored scheme

1979-80 converted to cat II Central Scheme on 50:50 basis. However,

100% financial assistance is again being provided under FWP since 1/12/81.

4,247 PHC's covered + 2,51,030 CHG's covered upto 30/9/83

During 83-84 - expected tot all remaining States & UT's except

Bihar will be covered. Budgetary provision of Rs 5056 L made

for scheme in current year.

Guj, Har, HP, MP, Maharashtra, Manipur, Nagaland, Orissa, Sikkim, Tripura, WB,
 Mizoram, Pondicherry, Arunachal Pradesh, D & NH, Delhi & Chandigarh
 fully covered. Punjab, Bihar, Assam & Rajasthan & discontinue the
 scheme earlier have reintroduced it.

J&K, Ker, TN + AP - all schemes - Refbar: School Health Prom. School Teacher (3)
Ker. - paediatrics in PHC's: 2 dists + drugs, TN - min PHC's,
AP - 'medic' scheme

MPW scheme - set up of multipurpose workers + employ of additional workers
Tp - 7 Central Tp Institutes for Key Trainers/DHO's
47 H + FWTC's. - PHC HO's + BEE's trained
PHC HO + BEE to sup. up at PHC for their PHW's
Scheme implemented in phased manner + entire country to be
covered by Mar '84. By Mar '83 - 326 dist complete - incl
Karnataka - all dist complete.
MPW Kit + Work Manual
↳ recd from UNICEF.

ANM + LHV Tp. + Rep. Tp. Institutes for Nursing tutors + DHN's

NTI - 48 tp courses - 3800 personnel trained
- 2 regular tp courses, 13 with dur. in 82-83
+ revisional tp courses - seminars for DHO's of 2 States, mod. with teachers
sen. hlt administrators + rec

BCG lab. facility - proc supply April - Oct 83
FD BCG vaccines, 4 84.23 L doses 110.3 L doses
Tuberculin, 13.92 L doses 12.26 L doses

DANIDA grant for 3 with tp of 1 Tech. supervisor at Copenhagen
WHO \$1500 for tests of BCG from 7 countries (Senegal)

④ Railways	TB - Cases	Deaths	TB Sandstone/Cheerling	beds	④ TB beds retained for Rly staff
SE	3237	124	7	200	30
E	3046	-	9	260	-
S	+	+	6	106	20
W KDR	509	9	-	-	-
W Bberg	4189	81	10	110	44
NEF	+	+	-	-	-
N	-	-	-	-	1
Central Rly	3457	153	10	117	82
NE	1941	51	7	105	-
S.C.	1363	57	4	105	15
Chittaranjan loco shed	91	3	-	-	-
	<u>17,833</u>	<u>478</u>	<u>53</u>	<u>11,003</u>	<u>192</u>

(Total beds in Railways - 12,106)

SIDA - control assie to Lep, TB, Mal + pilot project in School Health Service.

Staff - Dr D B Bickel - DGHS - Oct 83 attended meeting
Dr SS Sidhu Sec, Hq H & Fw.

Jr. Sec's - Sri P P Chaudhary, Su Subramanyam, SK Sudhakar
PR Dasgupta. etc.

Reports from States - new section. This report has been requested
Karnataka

area - 1,91,791 sq km. 4 Revenue Divisions, 18 Dist 175 Taluk
pop 1981 census - 3,71,35,714 - sex ratio 963 of 1000 ♂
83-84 - budget prov - Rs 7821.42 L for BHC plan +
complex schemes for implementing various national +
state health programmes incl FW + MCH

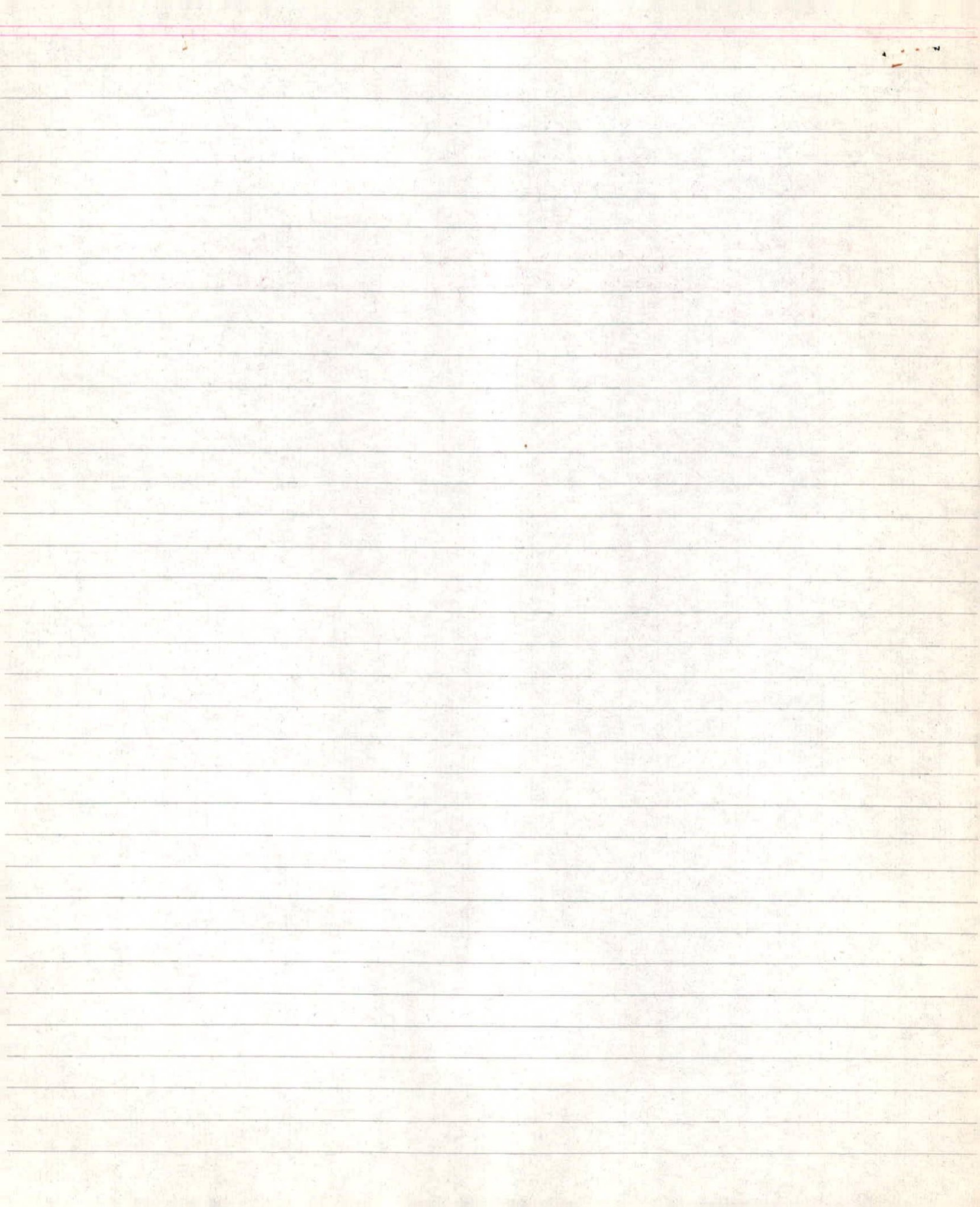
TB - 10 Govt TB Hosp's + 18 TB wards attached to Dist Hosp's +
major hosp's in State - total bed strength of 2168 + 682 resp. +
3 private TB hosp's - total bed strength of 633 i.e.
3493 beds. 18 Dist's is 1/dt except - Bilal where LWSIC.
- CD, CH, dom Rx.

TB Rehab + after care Centre at Bilal, attached to TB hospital, Old Road, Rd!
1 yr tp. 40 candidates / yr.

(3)

~~This~~ year under report - 47,921 TB cases detected against target of 75,000 - 83-84 is 64% of annual target.
EPI - Target 10,000 for BCG 83-84. BCG given to 4,67,548 is 47% of annual target.

States have very varied ways of reporting - Kar was abt the best. Some were v. shabby, general, some no's no. rates.



Enlis - Dr SS Sidhu, Sec H+FW, 22/2/83

"To improve the quality of people's lives is a very important function of a Govt." "All national plans & programmes are aimed at improving the economic, social & moral status of people so that the Nation can become strong & self-reliant."

Thrust towards - FP, PHC, leprosy, TB, blindness, MCH & nut. esp. tuberc & leprosy
FP - After setback suffered during 77-79 sustained & vigorous efforts were

1981-82 - sig. improvement - focus on achievement

Ministry set up 20 member Pop. Advisory Council to analyse implement. of Pop. Plan. & set up working group for
organising & managing, Incentives & disincentives, Communication, Strategy, Research &
Technology & Con. particip. & major evaluation in vol. sector by Indian Assn. of
Parliamentarians on prob. of Pop. & Dev. FW progr - integrated &
package of services & area specific attention to districts esp. to weaker
& deprived sections of pop. long term goal to < BR to 21/1000 + DR to 9/1000
leprosy - a National Leprosy Eradic. Board under the Union Health Sec will

be set up for effective implementation of policies evolved by the
Commission - setting up structures - mechanisms - An endemic Status
similar policy guidance & implementation bodies. Sizeable step up in bi Plan
alloc. to NLEP envisaged - during this period also successful completion
overall budgetary provisions were constrained - New HDR strategy to
interrupt transmission in hyperendemic dists launched in Wardha &
Purnia first & then extended - pilot phases of new ideas foll. a fair
am. of consult. (This has real & effective this is remains to be seen)

TB - a major health problem in the country DIC's provided by HTH Ministry &
X-ray equip, mini X-ray films & anti TB drugs. Main strategy of progr
is to detect as many cases of TB as possible. A target of 10% new case
detection was fixed for 82-83. Till Jan 83 abt 80% of large machines
to ensure proper involvement of AHC's in fresh TB case detection, States &
UT's have been asked to fix a mthly target of micro. exam. of sputum of
50 symptomatic in every AHC. & to utilise existing microscopic
/lab facilities & microscopes provided under NLEP for this purpose. A Task
force had been constituted to review the present progr & recommend
measures to make the progr. effective & time bound. Their report has been

→ TO FIND OUT - GET REPORT.

②

finalised & is being examined by the Govt. One of the imp. recommendations is the conversion of the progr from 50% Centrally Sponsored to 100%.

Blindness — Target of 12.95 L cataract operations fixed for 82-83 & over 5.15 L done till Jan 83. It has been impressed upon State & UT Govts that they should pay urgent attention to this. 100% assistance offered as material / equip & cash subsidy. + nationwide scheme for op. ophthalmic assistance working for set-up under chairmanship of Dr. Suman Nath, ex. Member, Planning Commission to study & suggest the prob of blindness & measure to reduce it.

Ca — med. coll. hosp. being dev. to provide S & R.
9 centres being dev. as Regional Cancer Research Centres.
Central Assistance for Cancer Therapy & Early Detection.
Med. Educ. Review Committee headed by Dr. S. J. Mehta.

Health being a State subject — effective implement. of various H & FW progs can be ensured only thru proper liaison & communication — State / UT's

- 8th Joint Conference of Central Council of H & FW & Central FW Council — 18-20 Aug 82 at N Delhi chaired by Union Min for H & FW. — reviewed various modes, wide ranging recommend.

- 6 Regional Meetings of H & FW Ministers of States / UT's held by Union H & FW Min June 82 reviewed progress / performance of various H & FW Progs. ^{as contained in the revised 20pt prog.} chalked out strategies for 82-83. _{on operational goal.}

- 2 Conference of Health Secretaries of all States / UT's — Feb 82, Jan 83 for 1st hand appraisal of implement. of various progs, enabling identification of gaps in the implementation, their filling up & evolution of future strategies.

- Sri B. Shankaranand, Union Min for H & FW & Mrs. Kumudben M. Joshi, Dpt. Min for H & FW, Govt. Stewardship of Ministry.
Smt. Maheswari Kidwai — ^{assumed charge of} Min of State of H & FW on 27/1/83

Some similar networks of DGHS's

need for networks at State, Dist, Taluk level.

→ Feb 82 — disc. @ FW / MCH, Delhi, Health people @ MNP @ ROME @ NMEP, Govt. House
(c) ISH's. Jan 83 (a) FW P (b) PHC. incl. MNP @ Agency blindness TB Malawi @ drug control

- ^{CCH+} Jt conference (Fwc. - reviewed imp. prop. - FWP, Leprosy, TB Blindness
E are incl in the new 20pt prop. Recommended
- a) State/UT govt to Rs village at all levels - PHC, Dist/State - as equal partners in joint national ventures - esp FWP
 - b) emp. evidence private medical practitioners of all sys of med in all appropriate aspects of FP/MCH
 - c) multi-sectional appr. to Fw
 - d) State/UT govt shd envisage the effective implement of nat. prog. for Leprosy, TB Blindness E are included in new 20pt prop.
 - e) food cell, drug control organi^s, tribal areas, mental health, blood don^rs, health info
 - f) Resp. for drug cooler supply + secur. shd rest in Hq H+FW.

Health Plans: Marked shift made in Nat. Hlth Policy from hospital based services to community based preventive, promotive, participatory service, duly backed by curative facilities.
Goal - HFA - 2000, + "needs of many shd prevail over those of a few"

The Mix. Needs Progr in the State Sector supplemented by Control & Sponsored Progr. is the main instrument for dev'g PHC delivery sys. The inclusion of substantial improvement of universal PHC facilities + control of Leprosy, TB, Blindness in the new 20pt prop. is indicative of added emphasis in this shift.

PHC infrastr. - PHC's + SC's, UHG's, + ROME + SMS + drug control.

Recommendations of Working Group/Task Force for Leprosy, TB & Pres'g Blindness in view to revamping these schemes has been processed.

Annual Plan 82-83 - Outlay Rs 392.44 cr. - HME Sector +
(81-82 356.60 cr.) Rs 35.6 cr. for UHG's.
+ Rs Sources for SC's under FWP.

Table on Outlay & Expenditure

(4)

Sector	1981-82		1982-83
	Plan outlay	Actual expd.	Approved outlay. Res. cr.
<u>A. Central Sector</u>			
i) Purely Central Schemes	32.42	26.27	38.95
ii) Centrally sponsored.	92.58	94.50	81.05
Sub Total	125.00	120.77 +*	120.00 → ** incl. 2.7 cr. for capital works under Min. of Works & Housing
<u>B. State Sector</u>			
i) States	209.15	214.53 @	247.01
ii) UT's	22.45	20.64 @	25.43
Sub Total	231.60	235.17	272.44
Grand Total A+B	356.60	355.94.	392.44

* + 35 cr for VNR's + 8 cr for SC's under FWA.

** Actual expend. ^{120.77} excl. capital works for e Min. of Works & Housing is responsible, whereas 125 cr includes Rs 3.41 cr. being provision for capital outlay.

@ indicates anticipated expenditure.

IMP { Increase in overall outlay for '82-83' is due to the fact that substantially increased outlays for control of TB, leprosy, & blindness have been provided as these stand included in the new 20 Point Progr. announced by the PM.

+ major portion for malaria control Rs 55 cr. + ↑ outlays for M.P.W. Prog, Goitre control, Cancer, Ramtaram Laria hospital, Safdarjung Hosp, CGHS, AIMS, PRIMER, etc. + new 'Control of Guinea Worms' scheme intro in 82-83.

Details of Provisions under Revenue & Capital (Plan & Non Plan)
for 1982-83 in respect of Dept. of H.M.L.

(5)

Demand No.	Plan		Non-PLAN		Total
	Capital	Revenue	Capital	Revenue	
1.	2.	3.	4.	5.	6.
44 - Dept. of Health	-	-	-	106.18	106.18.
45. Med & Pub H.M.L.	56.93	11729.00	7199.72	7161.31	26152.96.
766. Loan + advances to Govt. servants	-	-	-	44.99	44.99.
91 + 93 Works Budget.	192.85	---	57.42.	-	249.27.
Total	249.78	11729.00	7256.14	7318.48	26553.40.

	Revenue	Capital	Total
PLAN	11729.00	249.78	11978.78.
Non-PLAN	7318.48	7256.14	14574.62.
	19047.48	7505.92	26553.40.

Audit Inspection Report - from various Accountant Generals & Director of Audit, Central Revenue.

Audit objection - 167 paras relating to Attached & Subordinate Offices of D.O.H.

Inspection Report - No. of paragraphs outstanding as on 31/12/82
D.O.H. (proper) 97.
Attached & Subordinate Offices 1080
Deptally managed commercial /
quasi commercial undertakings 178.
Hospitals under Delhi Admin 158
Total 1513

Financial assist. required for re-construction of wings for
e) TB, Leprosy, Co. + med. inst's for purchase of equip. / addition /
alteration to existing bldgs. etc.

Nor. HHC Progr - NHEP, Filicue, Leprosy.

(6)

NTP

Super 353 - DIC's estab. +
additional 300 TB clinics participate in CF + dom R.
44000 TB beds.

During 6th PI period - Typ + Demo centres est. 80 for.
- Schemes for estab of TB centres + TB beds have
been included in State Plan Sector. Under Centrally Sponsored Sector
mat. + equip / anti TB drugs are being supplied on a 50:50 basis
to States + 100% to TB clinics in UT's + by wages.
For 6th Plan Outlay of Rs 700 h earmarked for this Scheme
+ equip 82-83 - provision is Rs 200 h. (ie 2 cr.)
SIDA assist to NTP - X-ray equip + Odolca cameras + mini X-ray
Task force report under consider.

BCG vaccine lab, Guwahati -

1982 - 250.3 L doses manuf. + 237.7 L doses
supplied to States / UT's.

1983 - (Jan-June) - 137.6 L doses manuf.

+ Agreement in 1970 to test BCG vaccine prod. in other labs.
under International Quality Control Sys.

<u>Vaccine</u>	<u>Annual Target</u>	<u>Proportional Target</u>	<u>Vaccine Performance (pp. in lakh)</u>	<u>% coverage of proportional target</u>
BCG	150.0	75.0	47.48	63.3
DPT	140.0	70.0		36.4
Polio	50	25		35.8
DT	125	62.5		48.4
TT (prop. manuf.)	70	45.0		66.5%

Internat. Cooper for H + Fw.

1. WHO → It has been decided that in future WHO assistance will be primarily concentrated in areas of direct relevance to national priorities as reflected in the 6th Symp. + raised 20 Pans/Paper of GOI.

Biennium 82-83 - \$ 8,593,300 from rep. budgetary sources + \$ 9,59,100 from extra budgetary sources such as UNDP + Vol Fund for HIV/AIDS.

2. UNICEF -

Under Master Plan of operations - 1981-83 - \$ 28.50 mill for EPI, Diar. dis. control, Leprosy, Goitre, STD, Top + Educ. + PHE.

3. DANIDA - DK 60 mill. Rs 8.5 cr - Prev + Genl Supp + control of Blindness till 3/12/85. incl. equip for 80 mobile clinics, 5000 PHC's + 400 hospitals
+ part of the mobile forces.

are also the cutting edge, for social marketing of drugs, equip.

4. SIDA Umbrella Agreement - 60I to expire on 30 June 82 extended to 30 June 83 for assistance to organize NHA's viz NMEP, NTCP, NLCP. +

Intensive Pilot Project on School Health Services by GOI & fin. assist of SIDA. - 25 selected PHC's - 25 dist. + 17 States + 30 THs. covering 2.5 L prim. school children

5. DDA (UK) - 82-83.

a) Guyana's Cancer Res. Institute - £ 4,35,000

b) Central Talma Institute Agric - £ 68,000

c) NMEP. - equip. £ 46,500

Phosphorus Methyl 40 wdp. £ 93,502,50.

6. USAID Project Grant Agreement for \$20 million - US dollar Rupees for "Private Voluntary Organizations for Health" project PVOH.

7. Under FWP - Area projects covering 46 dist.

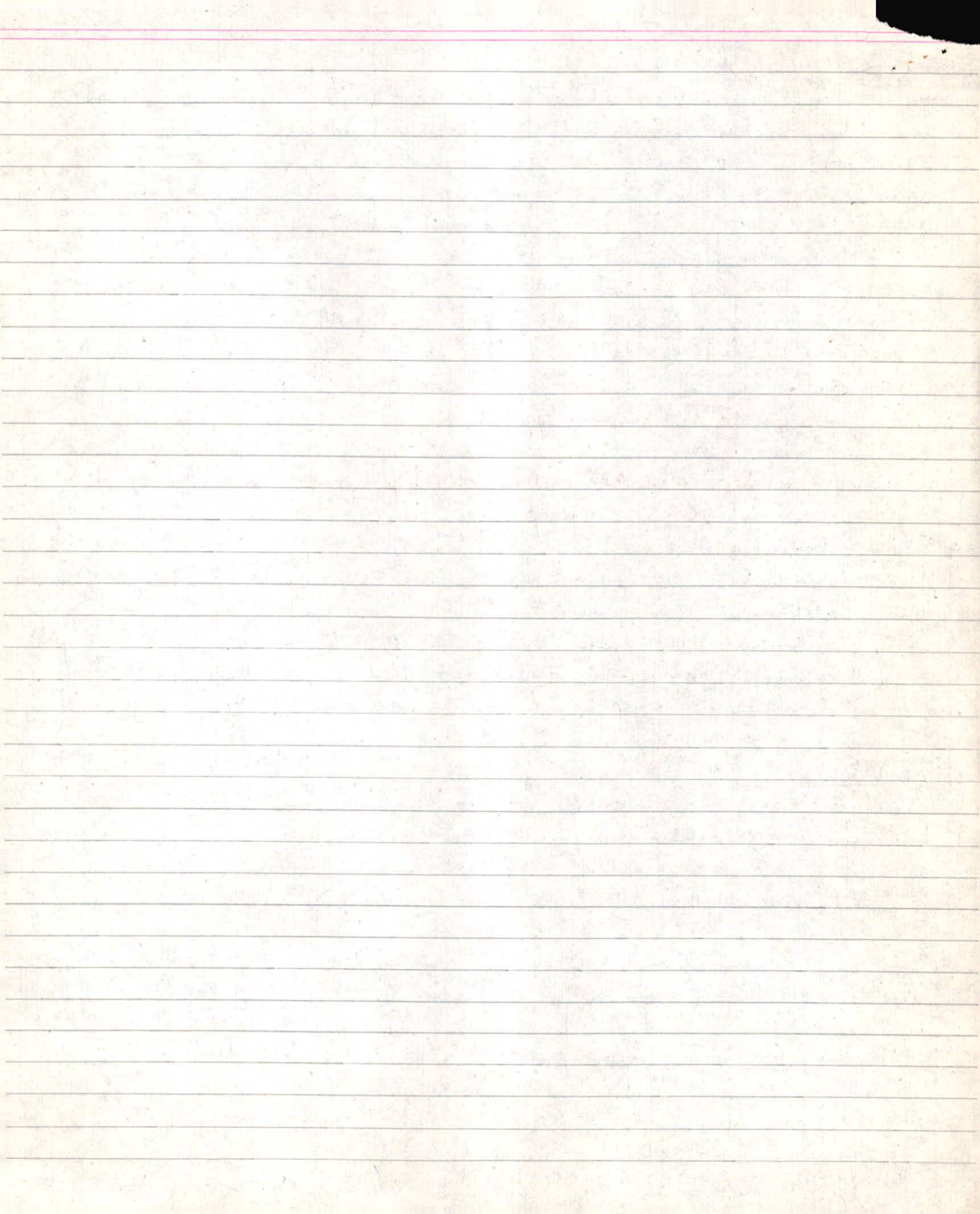
a) w.B. UP - 6 dti, AP - 3.

b) UK-DDA Orissa - 5.

c) UNFPA - Rajasthan - 3, Bihar - 6.

d) DANIDA - HP - 8, TN - 2.

e) USAID - Jp - 2, Haryana - 3, HP - 3, Maharashtra - 2, Punjab - 3.



Health Services in India 1981-82, DGHS, GOI, MCHFW 20/7/96 NT

Intro - by ID Bajaj, DGHs 20/5/83

23rd Annual Report - Since 1961

Can. ^{+ Other} Su. Control — Malaria, Leprosy, TB, Diph., Gonorr., STD, Filario, Kalaazar, JE, EPI, Blindness

WTP : 44, ~~new~~ beds

- over 600 TB clinics set up of 358 upgraded as DTC's & DTA
- AIDays - to State for TB clinics centrally sp. sch. 50:50.
100% to village / U.T.s.
- 17 TB to dem. c's
- SIDA - X-ray units & ~~del~~ cameras + mini x-ray film with
UNICEF - lab equip. I supplied 10 upgraded DTC's for
expense of CF.

v. brief - routine report - no effort.

Good Mkt Service - MNP - one of the most important - MNP concept emerged out of experience of previous plans that neither govt nor social consumption can be sustained much less accelerated without being supportive.

5th A - org PHP's, SC's - const. + staff plus incl. in State Sector

NTI Main functions

- To improve DTP formulated in 1962 by NITI
- Plan, conduct, eval, soc, back, OR studies in rel to TB prob & TB progr.
- Train med & Param in methodology of NTD & provide seminars for senior health administrators / med. off. / public.
- Monitor NTD thru periodic DTP reports.

Rej $\perp$ collab $\Rightarrow$ TRC on sec

2. epi survey of prev of inf. in rural pop.
 3. rather to improve CF by microscopy in PT.
 4. 12 mt follow up of PTs in eco.
 5. utilis. of health facilities by pts in urban areas.
- New studies started this year.

1. Utilities of MPAs is $EF + CAP$
2. Utilities of HME focalite is $\frac{SCE}{P^C}$
3. " " " " " " " " $OBPL$ $Pattatray$ $LCW \pi C$

4. Annual expt - usefulness of TB bacilli + ident of physical ^{mycobact}
5. Comparing TB services: MPW prop.
Moderniz of transmitt. can be operated on balloons.

Beschie survey: TN - put into proposal to DAW. DA

Tap -

WHO GOI workshop on TB + PHC - to dev a strategy for
TB control as part of AHC.

of 400 dist 361 have functioning DTP's.

can be completed.

Ref NTI - 10/7/86

GOI, MCH + FW, Deprg H + Deprg FW - Report 1980-81
4 page - (long ^{pages} report) intro. by. Sri. Krupa Narain, Sec. H + FW, GOI, 16/2/81
leadership. Sri B. Shankararam in add: to being Union Educ. Minister took over
as Min of H + FW on 16/1/80, relinquished both those & became Min for H + FW on
15/10/80. Sri NR. Lokar became Min. of State in H + FW on 14/1/80.

Kooperised report - D.O.H - 1. ~~Str~~ + function, 2. Health Plans 3. Medical Relief
+ Supplies 4. Nat. Hlth. Prog 5. Prev. of food + drug adulteration
6. Med. educ, tip, res. 7. Trad. sys. of medicine. 8. Use of Hindi in Official work.
9. Internat. cooper. for health & Fam.

TB gels only 3/4 of 1 col. - was also not mentioned in the intro.

IR - major public health prob. in India - 1.5% pop. - endemic active TB, 1/4 are sp + / infectious. - seems to have become a waste. - the same - is a survey of the 50's not mentioned - but guided to an air of finality / definiteness.

• 707 TB installations in country of E 666 are running domiciliary services. There are 403 Dist in India, of E diff states & UTs have sanctioned. DTP's & 320 E are equipped with HMR (Hoes Mini Radios) Units & Lab Equip.

- Nearly 43,350 TB beds available for inpatient

• 17 TB Trg + Devs Center train medical & paramedical personnel

* Scheme for Supply of anti TB drugs to State run TB Centres under NTP have been reclassified in accordance to NDC decision as communicated by Planning Com. & it has been decided that the financing of the scheme will be on a sharing basis 50:50 bet Centre & Sdys.

• SIDA supplied 70 sets of Adolco cameras & X-ray films have been supplied to ~~various unarmoured DTC's~~ of St. upto Sept 80 - during 79-80: 10 sets will be supplied in Jan - Feb '81. Of those 70 sets - 58 were supplied to ~~various unarmoured DTC's~~ of State / UT's & remaining 12 sets will be supplied in 80-81 - to ~~various~~ State / UT's

16,740 miniature X-ray film rolls rec'd in Nov 80. - major qty of these will be released in 1980-81

BCG Vaccine lab - remaining quantity of 1pp

prod. liquid vaccine from 1949-1966 + since 1973 producing only dried vaccine for supply to the country. BCG strategy changed - now integrated in EPI for infants + young children, as early in life as possible. What was the debate / decision at the proper level reg the findings of the Chingleput VPI. Entire quantity of BCG is manufactured + supplied by this lab - is self sufficient

Vaccine prod. is controlled by Factorial Labs, Delhi + also at International Lab, State Serum Institute Copenhagen at bi-monthly intervals. Field assessment of vaccine also done in Colaba + TPT, ICMR, Madras.

NTE - Apr 37 est 1959 ^{obj} → evaluate practically applicable methods of TB control [→] Trig Ray personnel for TB prev.

New studies in SCC; utiliz. of HPV - NTP being taken up

Taking part in WHO/UNICEF big courses for senior members of Child Health, for public health workers + UG + PG medical students

Institute recently been given resp. of monitoring entire NTP

Abr 400 course for DTP comprising nearly 3,550 personnel of diff. categories trained in 42 courses in NTP so far

International Cooper. for Health + Res.

- Health Agenda setting a way, top down process. ^{of hegemony} of allopathic sys - is still considered Western Medicine
- International aid often linked to sale of equip / goods from Donor / Western countries. - political economy!

Int'l. orgs. providing assistance to India

(UNICEF, WHO, UNFPA, WB/IDA, DANIDA, SIDA, NORAD, UK, USAID)

In 1980 - India contributed US\$ 1,450,475 to WHO

1981 - " " " " 1,275,980

Contrib - to UNICEF paid from budget of Ministry of Social Welfare.

Assistance from WHO & UNICEF is in form of experts, fellowships, supplies & equip^t — who does it really benefit — internal capabilities
How expensive are the experts?!

Assistⁿ from WHO/UNDP from their regular biannual budget:

	1980		1981		Total	
	Reg. budget	Other sources	Reg. budget	Other sources	Reg. budget	Other sources
1. Gen. progr. dev. + manag ^t	100,250	-	1,100,250	-	200,000	-
2. Res. prom ^t + dev ^t	431,100	-	341,200	-	722,300	-
3. Health Services Dev.	609,700	-	566,990	-	1,176,600	-
4. Fam. Hlth	312,950	-	284,250	-	597,200	-
5. Mental Hlth	72,600	-	38,200	-	110,800	-
6. Prophylactic, Asst ⁿ & Rehab. servs	65,100	-	74,100	-	139,200	-
7. Com. dev. prev. + control	1,045,250	3,445,000	1,028,580	3,605,000	2,073,800	7,050,000
8. Non-Comm. Dis. — " + "	173,600	-	176,100	-	349,200	-
9. Pres. Gen. serv. — L.H.T.	446,200	292,000	484,200	-	930,100	292,000
10. Hlth. manpower dev.	314,100	-	310,000	-	624,100	-
11. Health info.	84,100	-	94,100	-	178,500	-
	3,654,450	3,737,000	3,498,150	3,605,000	7,152,600	7,342,000

UNICEF

Assists (1) Basic Hlth. Care Progr. (2) NCH (3) AMH (4) Transport +

(1) NHEP (ii) NTP (iii) NLCP (iv) Pres. physical impairment + control of blindness
+ epilepsy (v) Paed. units or Dis. Hosp. (vi) Urban FW centers (vii)

(3) Dry + Diet Supplements (DAS) to Urban HCH + FW center

UNFPA — 1st Country Agreement — \$40 mill. (1974-79) for FW progr. — little > \$42 mill released

— 2nd Country Agreement — being negotiated — \$100 mill. — \$80 mill. govt sector

— Intensive Dev. Progr. in 3 Dist. of Bihar + Rajasthan — \$10 mill. NGO — \$10 mill. progr. resource

Rel. 37 acres — UNFPA sharing 80%

— India contrib. 25 L. in 80-81 to UNFPA + \$2000 to IVSSP Internat. Union for Scientific Studies for Rep.

WB/IDA

Experimental project IPP in 1973 to strengthen infrastructure to assist
intensity of work in districts of UP + 5 districts of Kar. SIDA grant of
\$10.6 mill + IDA credit of \$21.2 mill for 5 yrs from 1st April 73.
Concurrence of WB project extended to 1/3/80.

Contribⁿ of 1,567 buildings for Urban + Rural Centres (767 in Kar
+ 800 in UP) UP target L to 769, 746 UP bldgs completed. All bldgs in
Kar completed.

After WB approval, 103 additional bldgs: UP sanctioned + 92 in Kar
of @ 98 completed in UP + 83 in Kar

Answer total provision of \$31.8 mill for project, IDA credit of \$21.2 mill
utilised \$9.7 mill. of SIDA grant of \$10.6 mill utilised

Area project on lines of IPP for districts of UP + 3 districts of AP taken up
in June 1980 with WB assistance. WB will share 50% of total project cost
of Rs 64.20 cr.

SIDA - Besides supporting IPP thru WB, an umbrella agreement for
Health Sector has been concluded with SIDA for S. Kr 125 million for
5 yrs ending June 1982 for.

① NHCP — S Kr — 79.144 mill.

② NTP — " — 22.500 "

③ NLCP — " — 20.800 "

④ V.V.A. — " — 00.814 "

122.458.

Assistance in shape of medicines + equip. so far recd is approx.
Rs 177 L for NHCP, abt Rs 58 L for NLCP + Rs 39.14 L exp.
cost of V.V.A. caps.

DARIDA - Rs Kr. 10 mill (abt Rs 8.50 cr) for Prov. of Prev. of Visual
Impairment + control of Blindness upto 31/12/85. Incl. equip. for
80 mobile clinics, 5000 PHCs + 4000 Disp., Har. worth Rs 2936 for
recd.

+ D.Kr 18.2 mill for const of NHFW

+ Rs 31.70 cr for strengthening infrastr for HHR + FW in rural/semiurban areas in 9 selected dists in States of MP (7) + TN (2). - signed: 1980-81

NORAD - assets All India Post Partum Progr. - by upgrading surrounding hospitals - started 59 Centers in 68-70, 2 to 524 - incl med coll's + hosp - state capitals + dist. towns. Nkr 58 mill spent Nkr. 23 million for support to 50 sub-district level hospitals being made in 81-82 + 82-83.

+ N.Kr. 1.2 mill. for collabor. study on Amoebiasis in AIIMS

UK 1977 - £3 mill. for F.W. progr. 'to strengthen health facilities in rural/semi-urban areas. - 10,000 PHC's + 325 subdiv + taluk. hosp's to be given equip. for sterilization + 6 bedded ward = PHC's + below ward converted to OT's

+ 10 mill. for intensive, dev't of 5 dists in Orissa. under IPA

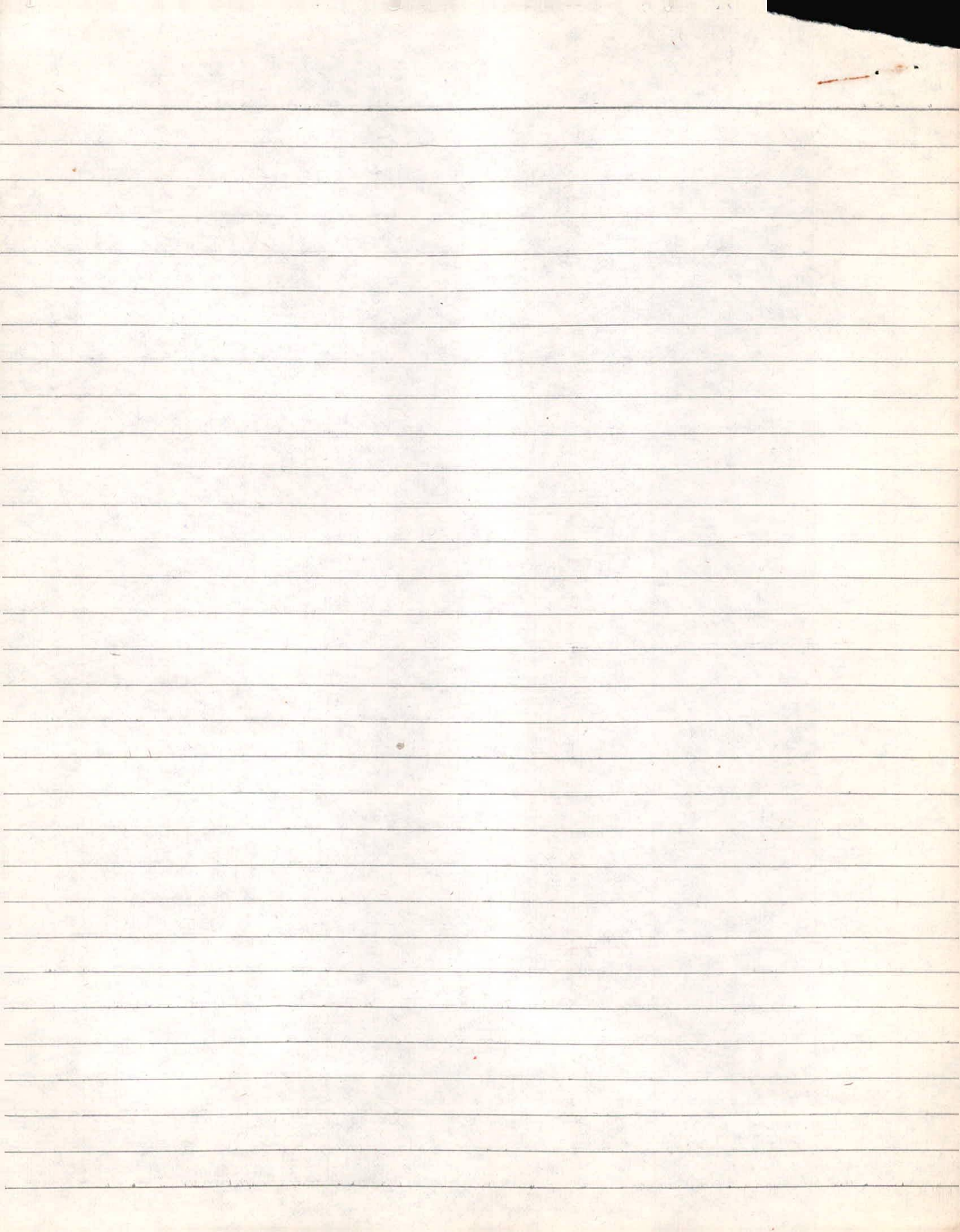
+ 10.5 mill. in form of 318 mobile clinics - of 317 supplied to med. colleges under ROME Scheme.

+ unsectored worth Rs 16.78 L supplied in 1980 for NHEP.

USAID \$40 mill for strengthening infrastr for H + FW progr. in rural areas from Aug 1980 - in 2 dists of Madh, 2 Dts of Gujarat, + 3 districts in Punjab, Haryana + HP.

+ \$20 mill. for N.G. work org's.
- X -

FW - A people's project - dai ty progr., CHV Scheme, Integrated Area Projects in 46 dts in 12 States covering 792 PHC's in 1980-85, FW for village, National awards etc



1980

TB - 707 TB institutions of ₹ 666 run dispensary services
 403 dists - 320 dists have MHR (Masthumline
 Radiography Unit) + 66 equip.
 43,350 TB beds

17 TB Tap + Gen. Centre

AT drugs to State run TB centres have financed on 50:50 basis
 SIDA supplied 70 sets of Kodak cameras + X-ray units
 upto Sept 1980 (i.e. during 1979 + 1980) 10 sets will be
 supplied during Jan/Feb 1981. Of the 70 sets 58
 sets of Kodak cameras + X-ray units supplied to equipped
 Dist's. c 12 more for dists.

16,740 mm X-ray film rolls used in Nov 1980.

Major quantity of these X-ray film rolls will be released
 in 1980-81.

Karnataka - 1904 Heal + MHR Tiers (allopathic)

total bed strength 34,588. Inst. population 1,19,064
 bed ... 1:1048

TB - 10 for TB hospitals (incl. roosting loops) + 7 private

Sanatorium - sanctioned bed strength of 2120 +

645 reg. + 22 for gen. loops - 114 TB beds

During the year till end Nov 1980 - of 32,15,680 subjects
 or persons examined 89,238 were X-rayed, 59,509 sputum
 examined, 33,145 new pts. dead + pul. on R. (A and)
 period 29,578 TB pts. were on R. + 5,87,677 children
 vaccinated in BCG.

Railways: 66 TB sanatorium / chest clinics, 1204 beds
+ 212 TB beds reserved for Rly staff

(13)

2291

	1980	
	TB cases	deaths
N. + thread bed	396	17
SE	2939	106
N. Delhi	107	—
N. B. Kaner	382	13
N. Lucknow	730	22
NR. Jodhpur	174	9
S	2340	80
NF	1308	39
NR Ferozepur	276	16
South Central	2124	57
E	3066	83
W	3666	65
NR. Garabhpur	1515	69
Central, B. Bay	3500	188
	<u>22,501</u>	<u>760</u>

Health Services	Hospitals + clinics	Beds (all types)
All India	6669	560,550
Kar.	233	34,586

NTI Obj $\leftarrow$ formulate entire centrally sponsored
 Res
 Ty
 Monitoring & TP then periodic RPT reports - addition
 Res - as research &

- utilization of TB beds in hospitals & sanatoriums
- social aspects of pts on long-term Sec
- Utilization of urban & facilities by pts on Sec

Monitoring DTP's

of 400 die in country, DTP's functioning - 320.
 compiled quarterly reports + sent to States + DGHS.
 reports on school BCG-vaccin also submitted.
 "As desired by DGHS, the monitoring cell prepared the statement
 on death among TB pts during 1977-79 as reported by various
 As desired by Govt of Kerala - State secy monitoring (DTP's)
 cell trained 9 SA's of Kerala re: maintenance of records
 + prep of DTP reports.

Typ - 1) DTP personnel (2) ^{Some} Health Administrators + Prof of
 med. colleges (3) UG/PG's. (4) WHO Fellows - SCARO +
 elsewhere. (5) SIDA - who try to ensure on school corners
 (6) Misc.

Conference

Admin Improvements + Innovations

- 1) Dr B Shankaran, DGHS, visited - Southern Regional Centre
 Mysore Institute - monitoring cell strengthening
- 2) Annual House started functioning.
- 3) New Typ Block opened by DGHS
- 4) Dr P Banerji - Director IIC
- 5) Dr G V T Bhat on deput. to ICHR as Dir. BCG TPT
 rejoined after 5 yrs of deput.

Officials

Min GHS + F&S - Sri B. Shankaranand, ^{Min of State for H&A} Sri NR Iyengar
 Sec Min - " Krishna Narain.
 DGHS - Dr B Shankaran.
 Jr. Sec - Sri NM Vohra
 Special Asst - Sri NS Baskar.
 Min H&A
 Dr M D Saigal - DSG.
 Dr I D Bhatnagar - Addl DG.

International Health cooperation

(16)

① WHO - 1980 - 81

US \$

	Regular budget	Other sources	Total
1. Gen. Progr. Dev. + Manag.	200,500	"	"
2. Res. prom. + dev.	772,300	"	"
3. Hlt. Services dev.	1,976,600	"	"
4. Fam. Health	597,200	"	"
5. Mental "	110,800	"	"
6. Prophylactic & therap. subel's	139,200	"	"
7. Commun. dis. prev. + control	2,073,800	7,050,000	9,123,800
8. Noncom. " " "	349,200	"	"
9. Prof. enviro. hlt.	930,400	292,000	1,222,400
10. Hlt. manpower dev.	624,100	"	"
11. Hlt. info	178,500	"	"
	7,152,600	7,342,000	14,494,600
WHO's contrib. - to WH	US \$ 1,450,475	- 1980	
	1,275,980	- 1981	

SIDA as last yr.

Assurance in shape of medicine + equip. supplied units
to approx. Rs 177 lakhs for NTP.

DAVID - strengthening request for Hlt. + Fw in PDH of MP + TN
MP - signed Nov 1980, TN - probably Feb 81

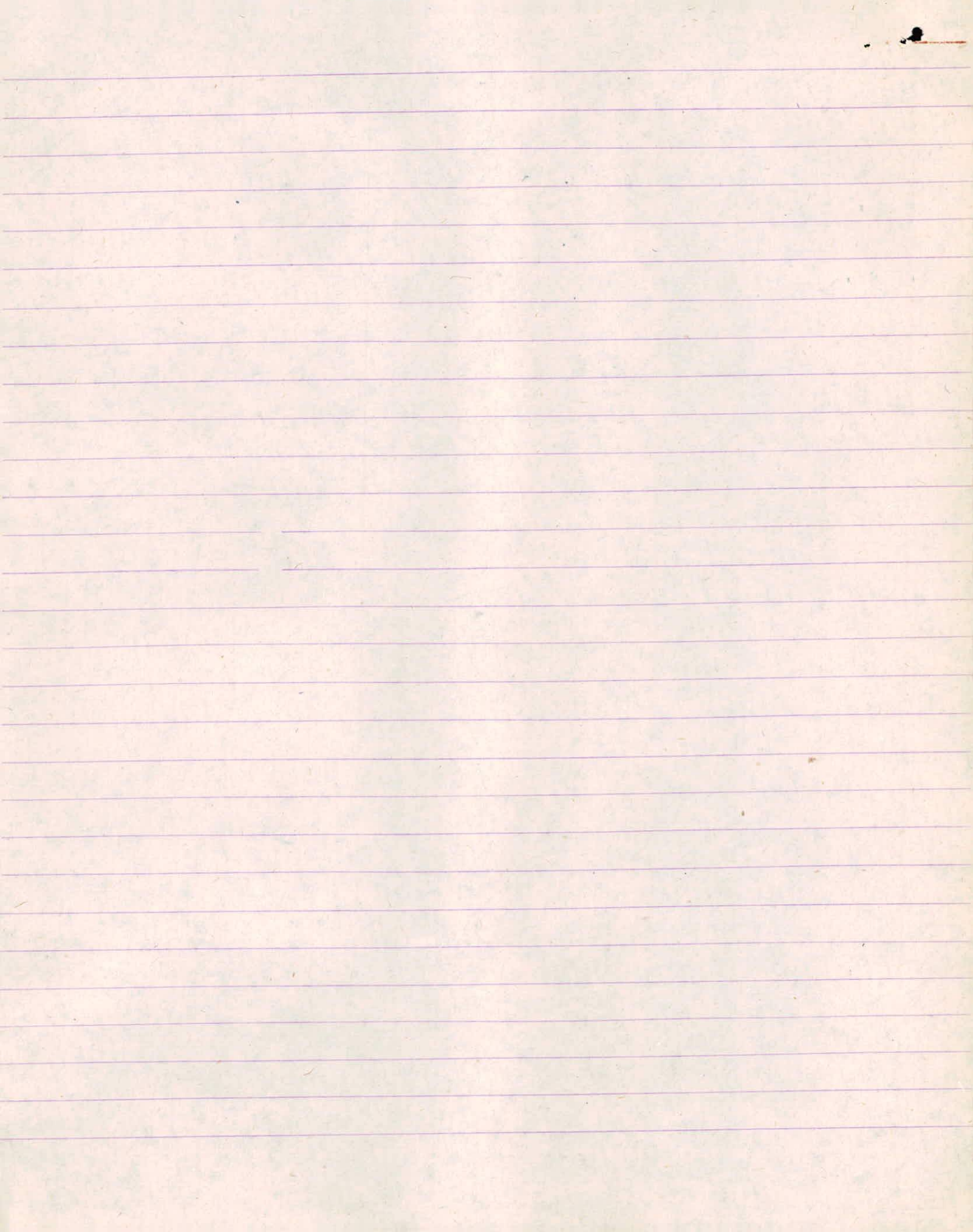
Total cost approx 31.70 crore

WB/IDA - IPP I extended to 31/3/80 - All 967 bldgs in
Kar. complete - 92 more bldgs in Kar. sanctioned
from SIDA grant of 10.6 mill \$, 9.7 \$ mill. utilized
+ \$ 21.2 mill of IDA's \$ 31.8 mill

UK -

(16)

- June 1977 - GOI & GOBK - £3 mill. grant for FW Proj India
+ 2 Thompson Sterilis' facilities at P.O. 000 PH's +
325 Sub-district + Sub-township level health.
+ labour room connection to OT.
+ 6 bedded ward at Sub-district level. £203 mill. red eyes
+ £10 mill. for intensive dev. of S.D. of Misses (grant) £3 mill. 0.
+ £10.5 mill. in form of 318 mobile clinics - supplied to
106 medical colleges under ROME scheme.
DARIDA - eye.



Preface - ID Bajaj, DGHS - 22nd public: of annual report - covering 2 calendar years in 1979 public: named changed to "Health Services in India" - of enlarged scope covering other govt. agencies (not just DGHS) + voluntary agencies. Several orgs part from industrial sector have been left out - dated 28/5/82 - govt. today in receiving reports.

Control + eradication of communicable + other diseases: EPI, leprosy, TB, cholera, goitre, STD, filaria, prev. of visual impairment + control of blindness, Kala-azar, seaport + airport.

V. brief report - 1 1/2 columns.

N.T.C.P. - major pub. health prob - 1.5% pop. radiolog. active TB of $\approx 28\%$ are spine/infections

^{over} 600 TB clinics setup of ≈ 318 upgraded as DTC's = DTP's

- 42,700 TB beds available for inpt. R.
- 17 TB Reg + dem. centres - for reg medical + prev in diff. parts of country.
- Schemes of supply of anti TB drugs to State run TB centres under NTP from 1979-80 have been reclassified in accordance to WHO decision as communicated by Harving Commission + it has been decided that the financing of the schemes will be on a sharing basis bet. Centre + States.

imp

Consequent to the agreement made by GOI + UNICEF/SIDA authorities in earlier years, 60 sets of lab. equip. recd. from UNICEF authorities have been supplied during the year to unequipped DTC's of the States. Expected abt. 50 sets of X-ray units (7 all Siemens - check in NIT) + Odolan cameras + 25,000 rolls of X-ray film for supply to State run TB centres would be recd. from SIDA authorities during the current financial year.

BCG vaccine lab, Gumbay

- Largest BCG producing lab in the world - started in 1949. ^{BCG vaccine prod}
- lab prod liquid vaccine. till 1966 + since 1973 prod only dried vaccine for supply to the country.
- BCG vaccine's schedule changed → now entep in EPI progr. for vaccinating infants + young children as early in life as possible.
- Entire amt of BCG manuf + supplied by Gumbay lab is more self sufficient.
- Vaccine produced is controlled by testing at NIKD + International Lab, State Serum Institute Copenhagen, Also collaborates in TPI ICMR, Madras.

NTI B'lore

- now study of SCC, utilis of HAW's
- takes part in WHO/UNICEF by courses ^{senior teachers of child health} public health workers ^{UG's, PG's}
- recently given the responsibility of monitoring the entire TB progr.
 result of 20 yr. now
- 3,300 personnel of diff categories trained in BCG vaccine so far.

||EPI|| obj - (1) To ensure full depth, penetration, ketness, polio, TB + typhoid fever making vaccine services available to all children + pregnant women by 1990 (2) To achieve self sufficiency in prod of vaccines up to the progr.

Policy basis 4th Jt. meeting of CCH + Fw (Central Council of Health + Fw) in Jan 1978 resolved that State govt's shd initiate EPI + GOI to assist States by supplying vaccines, cold storage equip^t, by health personnel + evaluating the progr.

EPI → to be a long term, ongoing progr for children to be complemented thru existing health delivery systems - rural - PHC's/SES urban - blocks, dists, MCH centres.

epidem. status of EPI ^{Expanded Programme on Immunization} in India

Aver. annual no of cases recorded at CBHI from 1974-78

1. TB - 5,87,338 (5.8 L.)

2. typhoid - 3,06,027

3. measles - 2,24,777

4. pertussis - 2,69,690

5. tetanus - 51,321

6. diphth - 21,861

7. polio - 11,918

^{NB} mainly based on hosp. stats

all hosp. not covered

data from 18 of 23 states / UT's

considerable underreporting

- Scientific basis - in terms of magnitude of prob. v. weak

- Following of internat. health fash

ideas of some European academics based by funds from multilateral world donor agencies has a tremendous char.

Status of current immunizⁿ progr^{am} by States / UT's - coverage rel. low

beneficiaries (Lakhs)

Vaccines	1977-78 activities	%	1978-79 provisional data	%
TT	35.07	15.58	36.13	16.1
DPT	78.09	21.39	67.70	18.7
Polio	33.00	10.49	NA	—
DT	65.38	17.93	72.41	21.5
Bcb	129.19	—	133.39	—

Bcb was being given to children + young adults (0-19 yrs). In future efforts will be made to vaccinate children under 1 yr of age

GOI sanctioned supply of OPV + anti typhoid vaccine to State Hlt^h authorities for 1st time in July 1978.

existing cold chain for storage + transport of vaccine is inadequate

There are 160 refrigerators at State HQ of which 118 are in working order of 2479

of 4329

at Dist. HQ > half (1393) are out of order. For 5,400 PHC's only 2838 functioning at present

Repair + maintenance units in Assam (V.O.), Guj, Maharashtra + WB

2. Other supplies + equip - syringes, needles, steriliz' equip "are in short supply."

(1)

3. lack of primary + refresher ty courses par. for mid level supervisory personnel + field staff - ∴ far from smooth functioning of progr.

4. eval. proc.'s not well dev'd. Baseline data on dis. not collect. to extent that progr. impact can be measured in terms of ↓ morbidity + mortality rates.

∴ EPI Officers + working committees appointed - all States vaccine coverage surveys.

sanitary + refrigeration, cold boxes, carriers, dried thermometers

Refrigeration supplied to UNICEF assistance under Rural Health + MCH services.

Up to WHO assistance

HE mat. prod. + quarterly EPI bulletin

Work plan for 1980-81

- States to formulate medium term EPI plan
- Assist States to strengthen EPI chain
- Dev. sentinel units for epidem. analysis
- carry out sample surveys to estimate of prev. / volume
- aim to cover the full complement of vaccine (in millions)

TT - 7 mill - in 80-81

DPT - 12 "

Booster - 2.5 "

Polio - 4 "

DT - 12 "

Typhoid - 10 "

BCG - 15 "

Measles - 1 "

• make available full price of vaccine (80-81)

TT - 23.1 mill doses

DPT - 41.80 " "

Polio - 15.50 " "

DT - 24.00 " "

Typhoid - 22.00 " "

BCG - 60.00 million doses

Measles - 1.00 " "

- periodic refresher courses - at least 1 dist level officer
 - prepare H.C. and
 - encourage res. by ICRR etc on EPI rel. topics
 - conduct vacciⁿ survey - at least 1 dist of all states
- Resources made available by Govt / Intn^l agencies / State
- GOI allocated Rs 3245 mill for vaccine supply to States in 80-81
 - Rs 1 mill. for purchase of syringes, needles, vaccine carriers
 - + operational costⁿ for implementⁿ of the progr. is under diff. budget heads at Centre, States + UT's
 - WHO provision US \$ 118300 in 1980 for EPI - as technical guidance, trig courses, fellowships, + equip. supply.
 - UNICEF supplies + equip for T prodⁿ of DPT at CRI Karauli, Patna
Int^l. co^o. DPT + measles also expected to be supplied by UNICEF. Funded under Rural Health Services Scheme.
 - SIDA balance of US \$ 85,000 of SIDA fund for expⁿ on eradication in India planned to be utilised for supply of cold chain equip., printing EP/mand / Other doc's, up of mid level supervisory staff in planning + managⁿ of EPI.

KEPROSY

NLEP - launched 1955 by GOI + State Govt

- Till 1968-69 progr. functioned as Centrally aided one, while during IV + V Plan period it was implemented as 100% Centrally Sponsored Progr. From 79-80 progr. being operated as Centrally Sponsored financial responsibility being shared on a 50:50 basis bet. Centre + State

Budget Alloc + expenditure

	alloc.	expenditure
1978-79	Rs 700.0 L	766.75 L
BE 1978-79	Rs 399.42 L	Report not recd.
BE 1979-80	Rs 232.00 L	—

- WHO provided 1 ton of DDS (Dapsone, 100mg) to govt
to cover DDS expected for NLEP in 1979
+ WHO \$ 3.248 L in 1979
+ \$ 3.433 L in 1980

UNICEF - lamprene caps for res. cases + teaching sets

SIDA - Rifampicin + lamprene for intensified case people MOR

Domin Leprosy Found. Bolpur - limited epid. surveillance model LCU's

BLRA - Model leprosy control centres + drug supply
+ urban leprosy prev - Madras, B'gar, Cal, Hyderabad, Vijay
UNICEF - chart + book on leprosy in children
WHO - supply + equip.
+ 5 workshops.

Health Front - Karnataka

Medical relief - hospitals + dispensaries etc (Allopathy)

1819 institutions of various types spread over entire state. i
Std bed strength of 34582. Institution pop + bed pop ratio.

119525 + 11027 resp. - incl major hosp (teaching),
dist. hosp's (non-teaching), special hosp's & other health institutions.

TB - 19 DTC's est. in 19 dist. 1 Govt + 18 private - B'gar provides
up for med + PHW's. for NTP. - 10 Govt TB hosp's + 3 private
TB sanatoria in the State (1 St. Teresa's; 1 Little Angeline)
+ ?

Std. beds in all DTC's where there are no TB hospitals/sanatoria.

There are nearly 3000 ^{TB} beds in the TB hospitals/sanatoria

BCC - part of EPI - 1979 - 10, 81, 941 were done.

Med College - 10 in State - 4 Govt. + 6 private - 500 post each
4 Govt colleges + 4 private colleges - (Manipal, Davanagere,
Belgaum + Gulbarga)

Aggravated - 5 bedded hosp + 2 dialysis

7 Aggravated Med Cell - 3 run by Govt, The 3 added by State & Central Govt.
130 disp. known State & incl 12 formerly run by Teluk Anas Road.

RAILWAY HEALTH SERVICES

Railways	TB sanatoria chest clinics	Beds	TB beds reserved for Govt staff incl sanatoria	TB cases	TB deaths
1. Central	10	91	82	3952	190
2. Eastern	9	293	-	3954	88
3. Northern	3	40	7	1572	42
4. N.E. Indian	7	105	-	1280	75
5. N.E. Frontier	8	140	-	1061	41
6. Southern	5	106	20	2392	66
7. South Central	4	82	35	1539	48
8. Western	10	110	44	2898	90
9. S.E. Railway	7	200	30	3630	100
10. Chittaranjan locomotive	-	-	-	59	4
	63	1167	218	21,337	739

In addition there are 94 gen. hospitals - 9334 beds + 544 dispensaries
& 723 beds.

CGHS concerning to the elite started in 1954 to provide comprehensive medical care to Central Govt employees based at Delhi - services incl dispensary, specialist consult, hospitals at Govt H + private Hosp recogn. Scope gradually expanded to cover cities outside Delhi + other sectors pop. viz employees of autonomous org's, old central Govt servants, widows of Central Govt functionaries of family pension, S. & ex-MPs, ex-Governors, old Judges of Supreme Court + High C. Plan to expand to 14 more families in 6 plan.

CGHS
City / Town

No. of families
benefited

2.

1. Delhi	2,57,098
2. B'bay	53,202
3. Allahabad	15,518
4. Ahmedabad	1424
5. Meerut	12,821
6. Kanpur	14,667
7. Calcutta	35,463
8. Nagpur	16,515
9. Madras	24,322
10. B'lore	19,895
11. Hyderabad	34,073
12. Patna	9,352
13. Pune	7,759
14. Jaipur	6,814
15. Lucknow	5,000

Total

Rural Health Care

The program of estab. PHC's & SC's & 4-6 beds / PHC in a C.D. Block. & a pop. of 60-80,000 was launched as an integral part of the C.D. progr. in 1952. Since then 5,423 PHC's + 40,124 SC's have been est. in 5,270 blocks upto 3.13.78.

CHW scheme - launched on 2-10-77 to put people's health in people's hands.

1 CHW / 1000 pop. Selected by village / community. 3 months in preventive & elementary health care. & Rs 200 stipend / mth. After 3y basic kit, manual, medicines worth Rs 50 ppa + honorarium of Rs 50 ppa. Scheme now covers 1688 PHC's & 734 - 15th phase, 964 second phase.

1, 14, 213 CHW's trained till Sept 1978. Control supply of RLI, drugs.
made up to 30/9/79. — thereafter taken over by State UVS
NIHFW + 6 other entrs. evaluated scheme after 2nd phase — found
V. successful in malawi + Fw.

Now under centrally Aided Scheme c 50% of expenditure
for contin^g/maintenance from State UVS. — it will be
extended only in case where MPW's exist. Punjab + Raj. have
expressed inability to take up scheme. They cannot raise 50% fund.

MPW's Scheme based on lesson of Karkar system. + modified
by Srinivasana. Report. — lesson of MPW's 18 + 12 / 5000 pop.
involves retaining unproductive workers + employ'g additional
workers.

Central Typ Institutes — for key trainers + MO's

46 HPTIC's — PHC MO's + BEE's

PHC based typ by PHC MO/BEE for PHW's.

Envisaged that entire country would be covered by Mar 82-83

by 1/4/79 — 132 dts completed, 4 ongoing typ in 134 dts.

Rev — MPW scheme implemented in 5 dts from 1/3/78

B'lore, H'lore, Mysore, Dharwad, S.K.

entire NTA adapted to changing cond's.

NTI Obj $\leq$ ^{Res} Typ

Res — contd 1) organisational + technical variation — C.A. at PHW's
— DTP

2) possibility of involving MPW's in C.A. + R.A. in DTP.

3) Contr. clinical trial of SCC for ready Aid, sprue cases

4) Oper. study rep. evalⁿ of supervision + methodology for entrvs B'lore

New Studies : social aspects of TB pt on SCC.

2. operational aspects of C.A. at PHW's.

3. Report TB w/ft prev survey in a rural community

4. Comparison of results of longitudinal + decolonisation of sp. specimens
c diff vols of Sed. Hydroxide. + staining + Rg

International Health Cooperⁿ

(10)

1978 - India's contrib to WHO - \$1,231,480.

1978 - WHO + UNDP assistance to India - from regular + other budget.
US \$

Biomed Res. 337,300

GHS 1,75,200

Gen. Hlth 1,67,700

Hlth manpower Dev. 199,900

Commun. Dis Prev & control. ~~2,44,800~~

Non commun 2,08,400

Prophyl & therapeutic substances 3,32,700

Preserv. enviro health 8,59,000

Hlth stats 43,700

Misc. 82,700

32,71,500.

UNICEF ^{assisted} (a) Prim Hlth care (b) MCH (c) ANM tp (d) Hospital
(e) NHEP (f) NTCP (g) NLCP (h) Blindness

SIDA assists IPP thru WB. In addition an umbrella agreement has been completed for assist of SKr 125 mill.
approx for a period of 5 yrs ending June 1982 for full progr.

1. NHEP - SKr 79,144 mill.

NTCP - " 22,500 "

NLCP - " 20,000 "

Vir A - " 0.814 "

" 122,458 "

Assistance in slope & equip + medicines expected to be
recd in current financial year - Rs 28.46 L for NHEP.
+ Rs 137.53 L for NTCP.

(US \$ 10.6 mill provided by SIDA to WB for IPP
launched in 1978)

DANIDA - Rs 8.50 cr for scheme of prev. of Visual Impairment
& control of blindness upto 31/12/85. +

Rs 210 L. for const. of NHPW.

World Bank / IDA project - exptd project IPP launched in 1973
for 5 yrs. - SIDA grant. US \$ 10.6 mill + IDA credit of
\$ 21.2 mill. in 6 dists of OA & 5 dists of Kar. to strengthen
infrastructure to intensify Pw progr.

103 const. works in UP & 92 in Kar.

2nd IPP to be taken up in 7 selected dists of UP (6),
AP & 1 IDA / SIDA assistance

Health Minister - Sri Rabi Ray attended WTA

Sec Min Hlt & Pw - Sri Kripa Warain - to Washington
for supply of insecticides / pump to NHEP.

TAI - intense effort at public educ. to involve community in
implementing WTA - HE Committee

① film - TB & its control - 200 copies in 10 languages.

② 10,000 multicoloured, illustrated Flip Charts.

③ Rerine scrolls - persistent cough may be TB - get examined
+ at nearest HCL

④ TB seal campaign

* LIC folder - TB & You in 1975 now a 4pp folder.

* HIV's course 10 mths - 12 patients

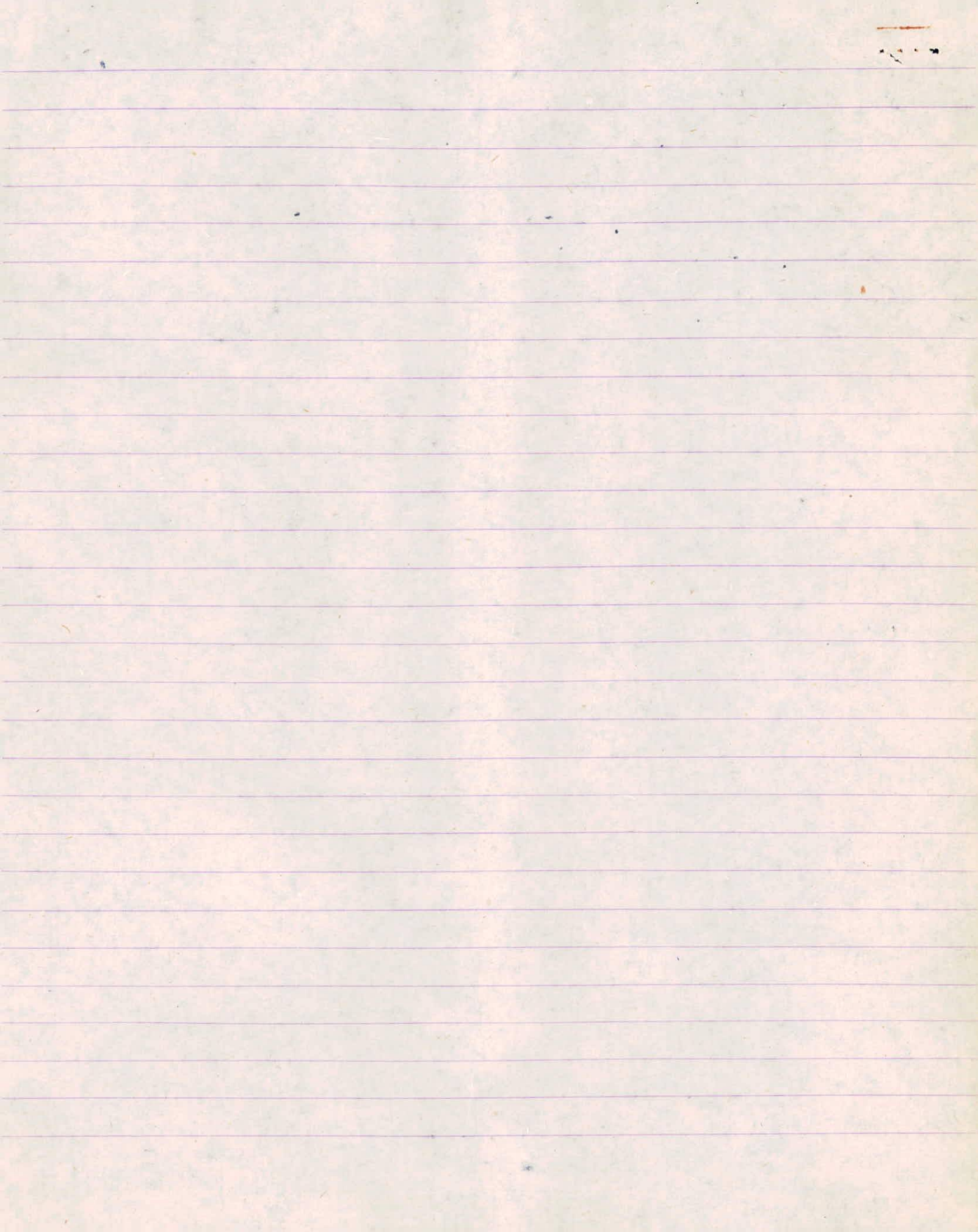
* Refresher course

* Anti TB day - 23rd Feb 1979 - foundation day of Assoc.

* Anti TB week - 17-23rd Feb.

* Shiksha, journal, revised Book under NBT - 1980,

Handbook on TB - Dr Parke, Supers for 2nd sample
Survey from 1974, BCG - dec. fall Chuglyal funding
Blue Print for TB control in India - 1970, 2nd ed 1975
Research Soc. since 1974 now 3rd ed.



NTI 22/7/76

①

CBHI, DGHS, M.H+FW, GOI, Health Services - India 1978

Preface - B. Sankaran DGHS - 1/1/81 *highlighted - really late!!*

National TB Control Progr - p 9+10 *v. short!*

At present - abt 600 TB clinics and 311 upgraded DTC's to undertake DTP

Approx 42,500 TB beds so far est

317 BCG rooms offer BCG to 0-20 yr age groups. By Aug 1978, 253.56

million tuberculin tested + 231.33 mill people BCG vaccinated since

campaign inception. BCG team reinforcements now being posted to

PHC's for tp per. health workers in PHC's/SC's

- In 5th Plan besides BCG, anti TB drugs being supplied to States/UT's under Centrally Sponsored Scheme.

- The scheme of establishing additional 75 DTC's incl. BCG rooms + 3,500 isolation beds has been included in the State Sector.

- Tuberculin vaccinations in maternity institutions being grad. expanded + steps taken for immuniz. of infants + children thru gen. health services in rural areas.

- An agreement on the project document relating to assistance to be provided by SIDA for NITCP has been signed by GOI + SIDA authorities on 7/8/78. SIDA authorities will be supplying 100 sets of X-ray units + 10 Delta cameras during the next 2 yrs + 25,000 rolls of X-ray film yearly for the next 4 years.

- NTI, Bilore - continues to progress

undertaking epidem. biostat. OR studies in NTP + in

reorientation tp of medical + paramed. of States for implement.

of progr. Nearly 3237 medical + paramedical personnel of diff. categories have been trained in 37 courses held so far.

Multi + BCG of implement: - trained staff, diagnostic, drug supplies.

BCG vaccine lab, Guraidy - largest BCG producing lab in the world producing only freeze dried BCG vaccine of Std quality

steps are being taken to + the prod. 5 to 60 mill doses to meet requirements. For this necessary machinery has been procured & installed. Samples manufactured here are regularly tested at quality control lab. or NCD. Lab renewed its agreement for 1978 & WHO for testing BCG products of other labs in the world

? new entry of private BCG prod. eg. Canadian / French labs - Luis Barreto's

- Vallabhbhai Patel Chest Institute, Delhi - Gov Body, constituted by, Exec. Council of University of Delhi, financed by M. H. & F.W.
- DTCB (Diploma in TB & (Respiratory)) - 20 students admitted. 15 appeared, 16 passed
- MD (T + R) 2 years - 4 admitted, 5 appeared, 3 passed
- PhD's + research projects + other MD's.
- 30,000 outputs.
- food library
- NTE - 3 main func.
 - 1. evolve nationally applicable TB control progr, adapted to changing needs
 - 2. plan + conduct, epid, soc, bacteriol. + OR studies + chemical tests + chemother. of PT.

3. Train med. & PHW's in methodology of TB control progr

Res. continuing studies (i) Action taking among symptomatic + ppts covered by epid survey (ii) Organis. & technical evaluation of CF or PHW's in dist' progr (iii) Influence of media - on Rx compliance (iv) Rpt epidemic survey + anal ppr: S. India TV follow up.

New studies (i) Pilot study of baculostep aspects among pte attending LWTG B'ware (ii) Feasibility of monitoring PHW's in CF & DIP (iii) Controlled clinical trial on SCC in newly dead sp true PT (iv) Pilot study re evolution of supervision + methodologies for integrated BCG vaccine progr.

WHO meeting at State Serum Institute, Copenhagen, Feb 1978
of Director of International Lab for Quality Control of BCG vaccine.

Director BCG-bb fundy - apptd Temp. J. Aderson WHO
SEARO for consultative meeting in April 78 on planning
Regional Self Sufficient in Vaccine Prod. for EPS & SEARO
DGHS arranged 3rd Meeting of Vaccine Board in Delhi, April 78

Dr Johannes Sultana's reported here in May '78 for Observa-
tion - prod / testing Freeze Dried BCG as ordered at Copenhagen

SIDA - In addition to aiding IPP thru World Bank, SIDA is
assisting health sector also under an umbrella agreement
for the Health Sector. SIDA has agreed to provide assistance
worth Skr 125 mill approx for 5 years ending June 1982 - to
the full progs.

NMEP	—	Skr 90.144 mill.
TVTP	—	Skr 22.500 "
NLEP	—	" 20.000 "
URA	—	" 0.814 "
TOTAL	—	122.458.

WHO - 1978 - India contributed - US \$ 1,142,190.

.. Recommended 46 projects - US \$ 4,121,300
7 for commun. Dis. Prev. + Control.

UNICEF - assist DMC progr + MCH progr, AMH tip + transport

UN FPII \$40 mill for 5 yr (74-79) for Fw progs.

\$80 mill expected for 80-84. of it \$25-30 mill likely
for Bihar & Rajasthan - intensive class of 2 selected districts.

Thailand STP's - by Southern Reg. Centre / NIT for 2 quarters - 1978 (3)
Completed.

Tap	No of courses	Participants	No.
1. DTC personnel course	2	MO's	40
		PHW's	104
2. Training for Air Pub HHC Nurses	2	WHO fellow (MD)	2
		PHW's	8
3. TB control Seminars	2		15
4. WHO course for teachers in child health	1		10
			42.

3 WHO Fellows visited from Yeoman, Bangladesh, Nepal, Kabul
+ USA + PG medical students + Gandhinagar students
Conferences attended - 3
18 papers published, 5 presented at Conf, 10 pending publication

BCG lab Gairudy, under DGHS, since 1968, commenced distribution of vaccine in 1967 in small qty + lip. vaccine. Latter supply completely stopped in 1973. + Dry Vaccine supplied under Expanded Program under IVth + Vth Syu Pl. + supplied Tuberculin for diagnostic use thru out country.

1978 Manufactured Supplied
in million

Freeze Dried BCG Vaccine

50 doses	17.75	23.41
20 "	5.85	5.87
10 "	—	0.21
Total	23.60	29.49
Tuberculin dilution	2.54	2.58

Third Boiling Machine from Kunita Lake, Tokyo, erected during the year.

DANIDA - Dkr - 60 mill (abt. Rs 850 cr) for prev'g
impairment + control of blindness - equip for 80 mobile clinics,
5000 PHC's, 400 hospitals - imported + indigenous -
+ agreed to assist strengthening H + FW infrastr in 9 selected
dis in 2 states - TN + HP

~~Staff~~

Sri. Rajeshwar Prasad, Sec. H + FW. attend Exec Board of WHO meeting

Dr B Sankaran - JCHS

Sri R Natarajan - JS.

Dr SS Gethakar - DC (I)

→ Sri Chitambar Singh - SA to Minister H + FW

Sri K.P. Singh - Addl Sec H + FW.

Sri Jagdambai Prasad Yadav - Min of State H + FW

Dr B.N.H. Bania - Adv TB.

Sri C.R. Krishna Rao - JS, H + FW.

TAI - pp 495-507 / *reflects their seriousness.*

Dr B Sankaran, chairman - the only direct way to prevent
infect' of TB is to find as large a no of exposure cases as possible,
Rx them w/ adequate chemotherapy so that the chain of infection is stopped.
TAS trials - being talked abt all over the world as the latest controls -
to more effective manage' of TB.

• Asst + Rq of TB - health workers - resp. of employers to look after
them / organise chest clinics

• Rescom's of Tech. committee were incorporated by Min of Health & FW, GOI,
in their proposals for 6th 5 Year Plan for consider' by Planning Comm.

• Rescom on TB by Joint Conference of Central Council for Health & FW
and in Jan 78 - were discussed by Tech. committee.

role of home visit in preventing drug default discussed

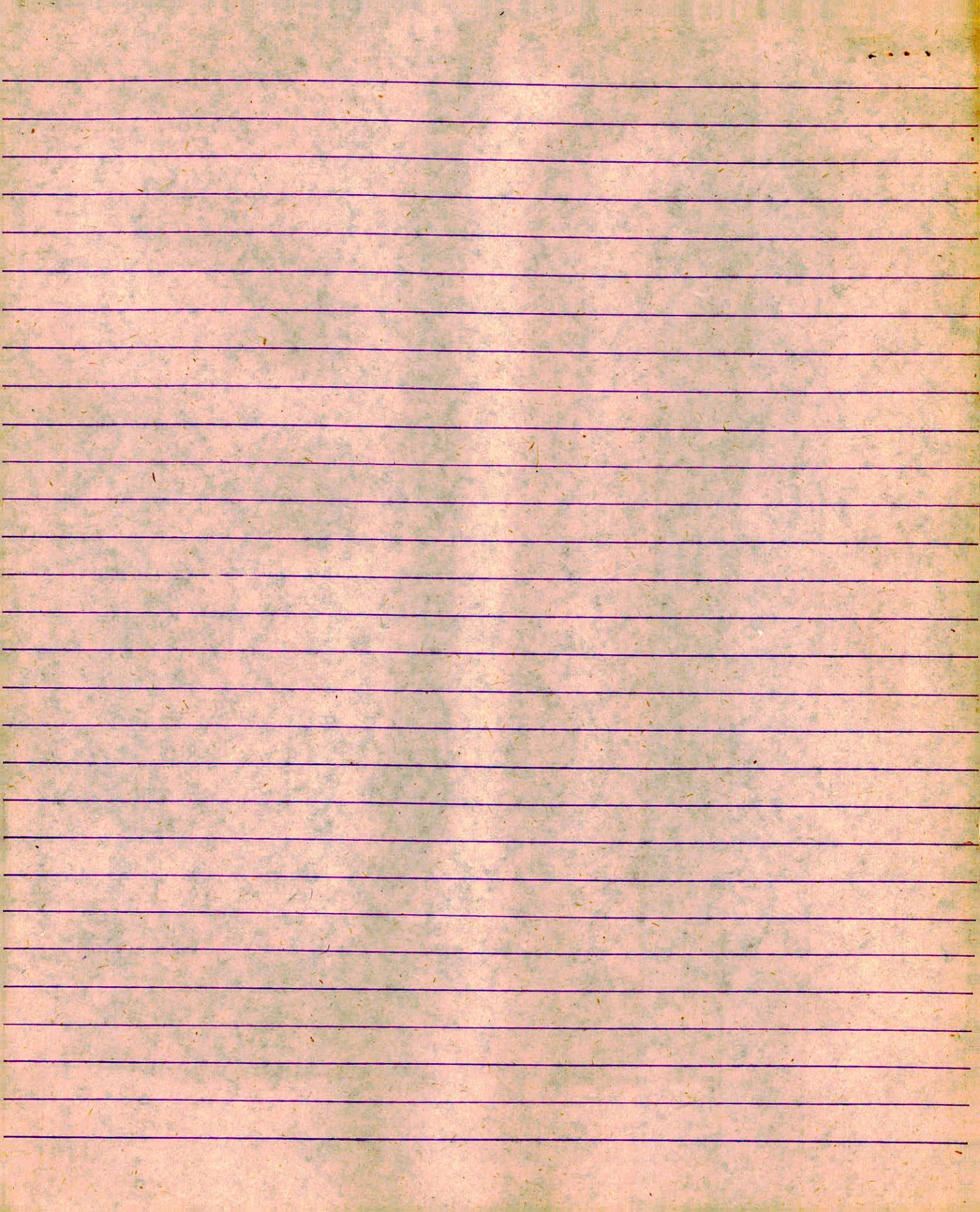
- Concern expressed at possibility of NTP discontinuing as a centrally sponsored Progr. Committee recommended that at least for 15 years TB control shd cont. to be centrally sponsored & anti TB drugs made available in sufficient quantities to all ind's under a centrally sponsored scheme.
- Also recom. that Drug Controller shd get various brands of R, P, E assayed since there is wide discrepancy in price of different brands of same drug.
- ME - T.C. had made recommend's to MCI re: UG + PG MC. The revised curriculum of MCI for UG/PG were akin to TAI those in regard to MD (TB + R.D.) upd. modif. - Dist. & doland. Revised Recommend's forwarded to MCI / Universities / Med. Ass'n.
- Rec - on sec. at NIDTC, LRS, Rajon Babu TB Hosp.
- Blue Print of 1975 revised once + distrib. need for 3 ind.
- AT drugs - what to concern the rising cost of drugs. Recommended to govt - import of all AT drugs, informed compounds, raw materials to be exempt from customs duty.
- TB Adviser - at Nov. Conf. Blotol Nov 1978. - NTP was expected to be made centrally sponsored scheme again - 6th A. & will ensure extension of progr. to remaining dist. of country.
- Dr J.L. Blotie, President - chemist, author of mod. mechanism: NTP, trg, drug supply, drug use, hosp.
- Dr N.C. Borko - Shortfalls - expected target BDT - especially implement'g progr. as well as CH highlighted + Simble Drug regime for rural areas + idg MPW's & CW's in evening regularly of R. and drug default.
- Sec seems to have come to stop.
- prev of TB in children on the whole showed an appreciable tendency to decline.
- BCG is no way, Superior to TT is Asn of TB - fo.

- AP + TN TB Act + NDTC - Refresher courses
- NDTC - HU course
- HE - subcom. apptd as there is an imp activity of the Act.
- Bengal TB Act - award for outstanding work
- Booklet 'TB & You' published by LIC: 1975. Trans by TAI
being brought out as 4pp pamphlet in 6 languages.
- CHEB posters - strip posters on 'Protect the family
against TB', BCG vaccine saves, protect yourself from TB,
& TB is curable in 7 languages.
- Hindi film by TAI
- Urdu, loan of 2 films.
- Library - 38 yrs service completed
- NDTC - 7738 new PTs reg'dal during yr, 2825 PT +
155 - EPT, 5271 TB pts on R.

Dom R area covers 8 L pop - 6613 pts from this area
under R & observ.

Tip propi covered 682 workers incl 47 Bus, 179 mod stud
10 HU's, 446 others (PMU's) + 35 PG's (MD, UCH,
DTCO + MD Prod, 109 UB. of UCHS, 39 of ACM S. etc

- Advisory Agency to DBHS, ESIC.
- Study of prev & cur of TB: 0-5 age grp: Meharuli
under ICR being under taken.



Ref NTI/5/7/96

Annual Report of Directorate GHS, 1977, CBHI, DGHS, MCH&FW, GOI

Preface — B. Santakar, DGHS. 3/4/77.

Health services undergoing rapid changes & advent of rural health services scheme, envisaging participation of CMU's. Efforts being made to remedy imbalance in provision of curative & preventive services between rural-urban sectors.

Chap 1 — Control & Eradication of Communicable & Other diseases

a) Spox, Cholera, Goitre, TB, Leprosy, Cancer, Malaria, Filaria, STD, Blindness/Trachooma, Kala-azar.

a) S. Pox — National Commission on Spox headed by Dr PP Goel DGHS

completed its inspection. International Assessment Commission of Spox

Eradic. needed — Declassified Spox eradicated from India.

NSEP staff retained → immuniz. EPI + malaria control

NSEP section of DGHS redesignated EPI

b) No budgetary provision

TB — presently 600 TB clinics and 308 upgraded JTC's

Approx. 42,500 TB beds safar.

317 BCG Vaccin Rooms — Equip BCG to < 20 age group.

By Oct 1977 — 253.02 mill. T.Ted + 222.01 BCG vaccinations since

inception of campaign.

BCG Technicians service posted to PHC's for top peripheral health workers

5th PI — BCG + anti TB drugs being supplied to States/UT's under centrally sponsored scheme. While 2 lakhs of estab. of addl 75 JTC's, incl. BCG Rooms + 3500 isolation beds are avail. in State sector.

Newborn vaccination in maternity institutions being grad. expanded & steps

taken for immuniz. of infants & children thru GHS in rural areas.

NTI — brief. course. 3181 medical & PMW's of diff. categories trained

in 36 courses held in the institute safar.

BCG Vaccine Lab — steps taken to ↑ prodn to 60 mill doses to meet

Necessary machinery procured / installed for this
lab to check quality of vaccine. Regularly has been installed at NICK, Delhi
*(Quality of annual report seems to have gone down
? Dr. Sambaran + CSRI do not have grasp of issues adequately)*

NHEP gets financial assistance from WHO, UNICEF, SIDA

SIDA - has supported NSEP, EPI, Malaria, Leprosy, TB

Chap 2 Progressive Health Activities in States -

Under State reports - NTP always covered

TB given v. high priority by Guyard in his report - camp 1st,
camp many ppl - too much redundant material was written
3rd PI - 14 DTC's estab. - *3rd + 4th Plan were probably in period /
phase when DTC's were estab / expanded. - i.e. 61-66, 68-74.*

During 5th PI - TB control progr. transferred to State sector + central
assistance limited to supply of BCG vaccine + anti TB drugs only.
1 BCG team + 1 team leader + 6 technicians attached to each DTC / cluster
for village to village coverage < 20 yr pop.

Beds - each DTC is required to have 25 TB beds for
concomitant cases, Rx failure, surgery

4th PI - Physical target of 125 TB beds prescribed for Guj. by GOI
estab of these sanctioned by State Govt.

5th PI - target of 200 beds (TB) suggested - not achieved d/t
limited alloc'g of funds under State sector Plan

2 Guj - 2911 beds (TB) - 1096 govt, 1815 in vol. TB unit

In 1977-78 - proviⁿ of 26 L made for grants to states

1 TB Dem. & Insp. Centre - estab at Ahmedabad to provide tech. guidance
+ supervision for NTP + research + courses for staff of diff. category
TB Hosp + sanatoria - 5 (3 govt + 2 vol) + total bed strength 533

+ 2 TB hosp's (govt) & 300 beds + 12 vol. hosp's & 1565 beds
Separate TB wards also provided in 10 dist + Subdiv Hospital & 1567/222 beds for TB pt.

BCC - started in 1956 in Guj. till Nov 77 - 1,10,07,244 vaccinated
also started in many maternity homes in the State.

Cases detected Under DTP, 4,21,125 cases detected since inception till
Nov 77 - Incl. E.P. cases. During 1977 (till Nov) 45,730 cases
detected + put on R.

Karnataka

- Pursuant to decision to upgrade all Dist. Hosp's to 250 bedded
hospitals - sanction accorded for upgrading hosp's at Bidar, Kolar,
Mandya (108 beds) (48 beds) (25 beds)
- Sanction accorded for est. 100 bed. TB Sanatorium at B. p. p. w.
- 20 TB Isol. beds (10 each in Bidar & Gulbarga)
- Under Institutions (Research) - NIT / TRC not mentioned

Sri Rajeshwar Prasad Health Sec - 77-78

Dr PD Geel - 1977 Dr. S. D. Datta was elected: May 77 as member
WHO exec. Board, by '78 had ret'd. ∴ Sec + Dr D.B. Bishr,
DAG attended.

Budgets seem to be knocked out in the 70's - ? Indira Gandhi's line

— X — X — X — X — X — X — X — X

Health Services in India 1978, by CBHI, DGHS, MOH + PW, GOI
(NOR Annual Report!) ? were people appointed for favour - ? J. D. H.

Quality:

Before - Dr B. S. Raman, DGHS, 11/1/81 - no contract!!

Clap - Control + Eradic of communicable & other diseases -

Cholera, Malaria, Filaria, Blindness, TB, Cancer, STD, Goiter, Kala-azar, Leprosy

TB [Almost ditto same info as last year incl. sentence form!]

Abt 600 TB clinics and 311 upgraded DTC's for DTP

Approx 42,500 TB beds

317 BCG teams - < 20 yrs covered

By Aug 1978 - 253.56 mill. people TTed + 231.33 mill. BCG vaccinated
Rest same as last year.

An agreement on the project document relating to assistance to be provided by SIDA for NTCF signed by GoT + SIDA authorized on 7/8/78. SIDA will supply 100 sets of X-ray units + Odelco cameras during next 2 yrs + 25,000 rolls of X-ray films annually for next 4 years. - providing a market for European goods.

NTI - as last year - 3237 medical + PH personnel of diff categories trained in 37 courses held in the Institute so far.

BCG Vacc Lab Gambia - as last year.

steps to ↑ prod. to 60 mill. doses.

Lab. renewed agreement for year 1978 + WHO for testing BCG products of other labs in the world.

NTI 5/8/96.

Annual Report 1976, CBHI, DGHS, MOH + Fio

①

Intro: by Dr ID, Bajaj, Addl to Dir DGHS, May 1978

control + eradication of communicable + other dis's - Spex, cholera, goitre, malaria, filaria, TB, leprosy, hookworm, STD, scurvy, polio

TB 1.5% pop bed up active TB - of $\approx$ 25% sp. true. & 8-9 mill. active cases of $\approx$ 2 mill sp. true / infection 82% rural - pop. a problem.

Infect. rates - 50%.

mortality 80-100 / 100,000.

Principal - prev. - BCG.

eradication - effective &

- 600 TB clinics incl. 305 DTC, 317 BCG vaccine, 34 mobile X-ray units, 17 Tap & Den units + 42,500 TB beds est'd.
- 252.70 mill Treated + 209.32 mill. BCGed up to Oct 1976.
- NTI - up - 432 rooms from diff States - 34 countries.
- 305 DTC's - $> 3/4$ ambulatory covered by DTP.
- TBC vaccine + TPT

During 5th Syr Plan it has been proposed to further expand the NTI - to est. / upgrade 75 DTC's so that each dist. has a fully fledged, well equipped, well staffed DTC + est. 3500 TB beds + provide free drugs to pt.

Provision made to expand activities of NTI + BCG vaccine lab. Vol. TB clinics - also assisted the free supply of AT drugs + BCG + mini x-ray films are being supplied free to the States. expected that by exp. of AT measures abt 1.5 mill TB pt will be Rx'd + 15-20 mill infants + children. BCG vaccinated annually during 5th Plan.

Leprony - 76-77 - budget also of Rs 260 L. exceeded by Rs 90.00 L. due rapid expansion of program by adding large no. of new units/countries + extending scope + facilities to larger no. of underdeveloped pop.

Malaya - Annual investment of Rs 66 crore

- 1200 mil. tube of chloroquine being procured for underdeveloped
India was one of the worst ^{malaria} affected countries of the world.
NHCP - started in 1953 - spectacular results + fear of
vector res. to insecticide → NHCP - 1958.

In 1965 only 1 L cases recorded in deaths + hospitalizations. — Set back after 1965 due

of failure of GHS to maintainance place.

b) res. to insecticide → P. falciparum to chloroquine

c) complacency of malaria workers Eastern India.
public coop. in supply.

d) D.D. pellets price, bile price of insecticide soared up globally. ∴ unavailability of appropriate insecticide.

∴ 2nd malariot eval. committee + Control Committee

76-77 - late procurement of insecticide

Import of 4-sulphonamide 270. mil (58%) +
8- " " 150 mil (100% to govt)

WHO - provides - advice + limited equip - microscope,
illumination lens + lab equip

NTP.

1976 $\leftarrow$ ^{1st} rel + assess
monitoring

of NTP in S. India, i.e. guidance + support.

+ in mid 1975 an Area TB Centre was started i.e. premises for DSis + Rf. PHU. - 133 pts. Ased during the year + 165 only - part of Blaw. City TB group.

Tap ① 2. regular courses of 13 wks duration, in 2 36 dr's, 42 TO's, 16 XT, 23 LT's, 26 SA, 17 BCG team L's + 13 WHO fellows trained.

② 13" + 14" course for dist. PHN's - 5 + 4 people attended

③ 10 day TB control seminar - 11 delegates

④ WHO - a) XIth SHO inter-regional ty course for epidem.

(b) WHO/UNICEF course for senior research of Child Health + UG's, PG's, HPW, HON, BEE, Nurses, IAF med. assistants

Research

1. Influence of periodical visits of TBpti. household members on regularity of drug collection

2. Controlled study of specific Rx on bac. reversion. status

3. Awareness + involvement of PHC - PHW's in NTP

4. Morbidity + need. relief. in rural households

5. Follow up of children in Sheriff Garden area. to find incidence of TB + crude mortality.

BCG Vaccine Lab Quality: When the demand for hp. vaccine + the losses and in the IVth 5 4 p. for expense. To minimize wastage of vaccine in the field FD BCG Vaccine was started since 1967 i.e. inst. 1 of B. Burying plants. i.e. in BCG vaccine is all the Skel + 10

now entered upon the scheme has been further extended to 5th Sept. Hoped to produce 60 mill doses by end Sept.

Biological prod & supplied during 1976 are

	Manufactured doses	Supplied doses
Freeze dried BCG vaccine	35,577,880	31,608,790
Tuberculin dilution	236,690	236,690

Lab made rapid progress in 1976 by a prod. of FD BCG vaccine & improving its quality. Vaccine is being regularly tested at ~~Internal~~ Reference Lab, St. Louis Dist. (Copenhagen) & UNICEF. In series potency vaccine. Field assay vaccine also being conducted & assessment of TPT, ICH, Medias. By in vitro & field assay vaccine it is confirmed that quality of batches of vaccine prod. during 1976 was very consistent. Last vaccine prod. process considerably improved by using & revision of methods. Ampoules sealed in Automatic Vacuum Sealing Machine. Machine made ampoules suitable for sealing in the Automatic Vacuum Sealing Machine were tried out in 1976 & finally standardized. Prod of 20 dose/amp achieved & it is well up in the field.

Lab still very far from being a top of BCG vaccine produced in the lab for the world & an agreement was signed by GOI & WHO in 1976. - a grant of \$1000 for tech. assistance offered by WHO. Vaccines tested & results compared with TPT assistance.

B
with fellowship of Asst Tech Officer at Copenhagen.
PG student & us.
Internal Assistance - WHO, UNICEF + Them who under UNICEF + UNFPA - no details given
- Colombo Plan, Danish Gov - no details given
of Tech. Assist.

Kar

Dep't of H & A Services been placed under unitary control
 of 1 Director H & A S during the year by establishing a single line of
 command. + 5 Jr. Directors for HR, FA, MCH, Maternity,
 Filariasis, Medical & ESI Scheme. At District level
 4 Regional DDO's at B'lore, Mysore, Belgaum, Gulbarga.

TB → DTC ext. in all Dist. to detect TB cases thru PHC's +
 B'lore city covered by the city TB Control Regn.
 Cases requiring hospitalization are kept in hospitals + sanatoria & have a
 total bed strength of 2,858 incl. beds of village. During year
 50 TB beds ext. 24,17,312 BCG vaccine given in the
 year + 24,247 TB cases given drugs.

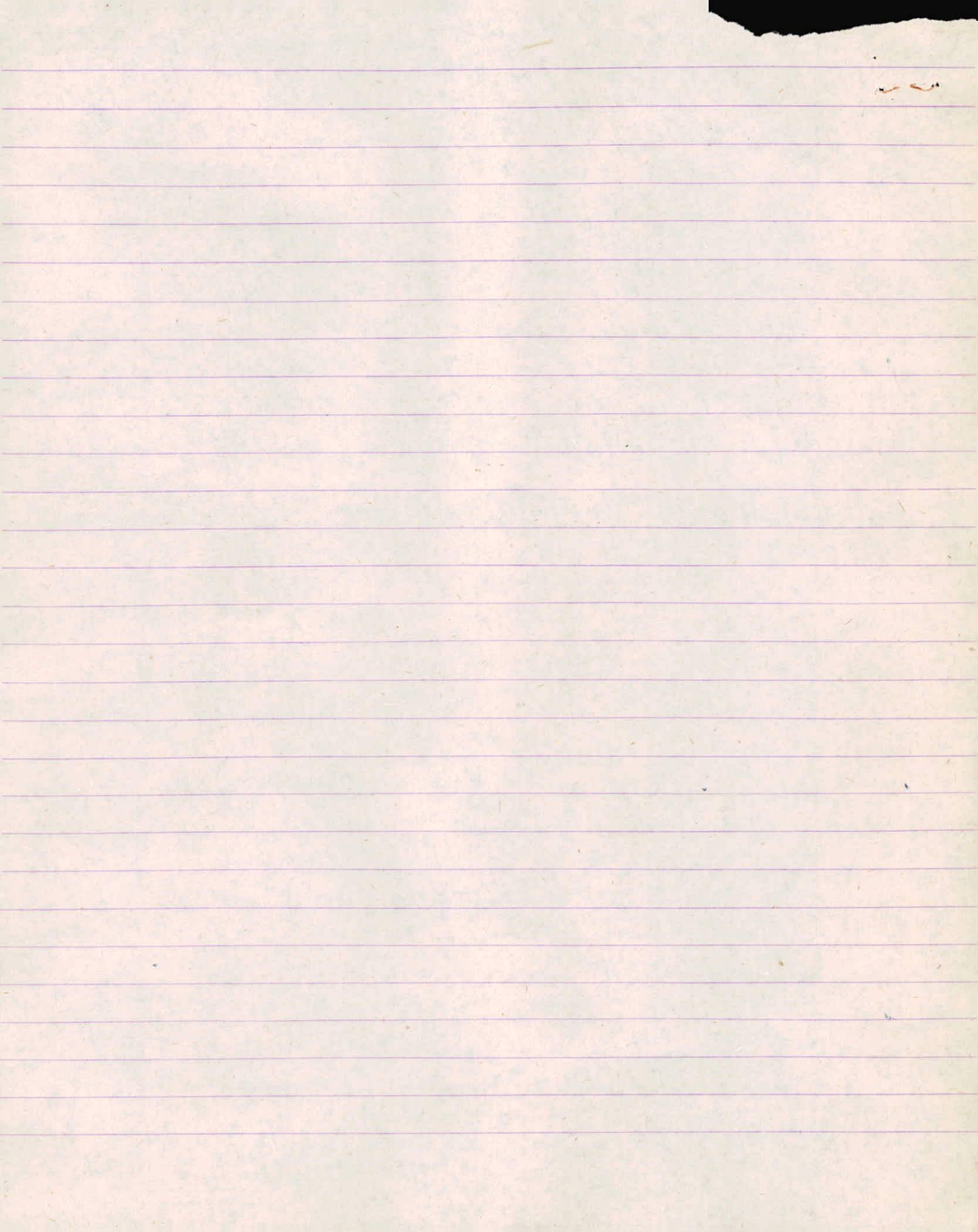
MNP → During 74-75 + 75-76 - Govt sanctioned
 200 medical subcentres in rural areas.

ME → 9 med. coll. of 4 Govt + 5 private
 Med. coll. capacity 755 students.

Med care → 1670 hospitals / clinics in State this year &
 sanctioned bed strength 30,625.

Constn of 8 wards / bldgs by village / public completed
 steps taken to streamline arrangements for supply of
 drugs, diet, equip.

- rooms fixed for staff, equip., drugs at diff. levels.
- Action taken for free life to all AHS in placed manner.
- 38 beds to various institutions added.
- Separate central workshop is now planned for maintenance &
 repair of vehicles.



Ref: NTI, 5/7/86.

CBHI, Annual Report of the DGHS 1975, DGHS, MOH, GOI

Inlio : PP Goel, Dusseldorf HS, 15/4/77

- Zero inci of small pox achieved in 1975 - last case in Cachar Dist, Assam, 24/5/75
- no case of plague reported since 1967.
- resurgence of malarial. - Revised strategy emphasise on com. particip.
- MPW scheme introduced - to expand medical services in rural areas in shortest possible time. - resp. for preventive health services, NCH, FP, minor ail. & referral to dist level.

(NTP is past - depended on PHC MO / LT / pharmacists for interpr. service - no per. workers)

5. Pax - Rs 17.50 cr. allotted in 5th PI - centrally sponsored scheme.

1975-76 Rs 4.10 cr (Rs 3.40 cr operational cost, Rs 0.70 cr - cost of vaccine)

76-77 Rs 4.10 or (Rs 3.60 " " " , Rs 0.50 " " ")

1974 - 32,080 airbrakes, 188,003 cases, 3,262 deaths reported

1975 - 310 " w 8 sholep. 1.436 176 "

5th July

WHO assistance - 2 epidemiologist, vehicles, POL, Aforfield staff, educⁿ, material, forms etc. In 1975 - WHO spent 2 cr on

Malaysia Nationwide MRCF started in 1953 (assistance of international agencies) → enormous ↓ in morbidity & mortality in 1st few yrs.

Encouraged by achievement of 1st recap, possibilities of nuclear result. To residual
encouraged - NMCP changed to NMCP. Obj - protect culture pop' - recap.
of degree of malnutrition & eradicate within phased time schedule.

In 4th PI commencing 69-70 NMEP became 100% centrally sponsored - entire operational cost on staff appointed by States over & above committed level of expenditure by GOI + free supply of insecticides, drugs, vehicles, microscopes etc. Continued in 5th PI.

232 of 393 units in maintenance phase. No detected volcanic roses T for
1969 - 3.4 L to 14 L in 1972 + 35.2 L in 1975

Reasons for setback

1. Maintenance Phase - units handed over to State GHS. Failure in undertaking malaria vigilance activities → occurrence of ^{extended} focal outbreaks.
dependant pos. of States on Centre.
Low priority to health of States.
inadeq. no. of trained public health people in States.
GOK decision to give equality to all in promotion/ leadership to pub. hlt. pos. - led to further decline.
Balance bet. promotional advances (an inner petty political issue) vs requisite skill for the job - eg would a senior dermatologist be able to be appointed Dir. of Surgery.
2. In attack & consolid. phase areas pop. less than but spray squads + insecticide gutter not proportionately supported also fund paucity.
i.e. areas left out → resurgence.
How true is this.
3. Intro. of entomological component at State level as recommended by various committees / Annual conferences of Malaya ^{Flaup} workers not implemented due to shortage of finance.
Alternate use of resources not explored adequately
eg. all vol. health people should be functioning / then DHC's allotted to med. colleges (implemented?)
4. Piecemeal sanctions by State Govts - delayed spray operations.
∴ transmission not interrupted.
5. No limited finances + unavailability of foreign exchange. alternative insecticides like Malathion could not be procured ∴ interruption of transmission in double resistance areas.
6. The long period of 17 yrs of some areas being in attack phase. people's cooperation in spraying has ↓, complacency of people + slackened supervision by field staff has ↓ impact of spraying.

7. Passive surveillance, never of desired level also opacity of passive against — even private practitioners keep large no. of cases in urban areas — passive collection has been very low.

? psychological aspects of passive case finding.

it is cheaper in terms of the economy of just case detection

but considering the implications of delayed case finding.

on individuals / fam + community

DELAYED CASE FINDING

8. Considerable ↑ in price of insecticide subsequent to oil crisis. — funds inadequate to meet ↑ cost, ∴ ↑ malaise in

The power of a group of ideas.

9. Local bodies in urban areas carry out anti-larval measures — They failed in this ∴ large scale problem in urban areas

10. Most NHFP vehicles have attained their second span of life.

11. Eastern India recorded malaria resistant to anti-malarials

Our epidemiological disease control mechanisms have been more simplistic

Dans model for TB.

Case
detection

— Treatment.

Violence of TB
varies

Drugs have SE.

Res. dev.

Remedial Measures

1. NHFP continued centrally sponsored

2. alternate insecticide provided

3. Advance procurement of insecticide

4. Action initiated to set up additional plant for DDT prod.

5. ↑ no. of workers — Surveillance workers / inspectors, LTS.

States close an eye to quality + even quantity of work by health personnel + even misconduct in terms of charging for

services - indicates their alignment - forces us to understand
in health improvement of working class.

Ready acquiescence to drug company, private sector,
entirety of agency personnel + unresponsiveness to local
people's pressure is indicative.

Planned
6. Replacement of vehicles

7. Special investigations where persistent transmission occurs

8. Drug use studies to delineate extent of problem

NTP - no planned studies done across country

9. Urban malaria scheme taken up

Difficulties - NTPA has non availability of appropriate resources /
adequate funds. Recurrence not unique to India but to
SE Asia & Africa

Paradigm of thinking of control needs to be broadened.

Social factors - $\rightarrow$ std of living - better housing, employment, nutrition

Budget details not given.

TB ^{1985 data}
50% pop. infected, 1.5% active radiating TB of whom 1/4 are sputa
positive
Mortality 80-100 / 100,000 pop.

NTP based on 2 main methods

① To prevent dev. of TB among healthy, non infected persons - BCG vaccination
below 20 age group

② To detect as large a number of cases as possible + R them effectively
so that infectious pts become non-infectious + active but non-infectious
cases do not become infectious

Concept of control of disease is a pop. / action - also a mental
construct - some the needs of certain forces of drug industry /
docs / technicians

To achieve these

1975 - Dr Karam Singh - Member of H + F.A.

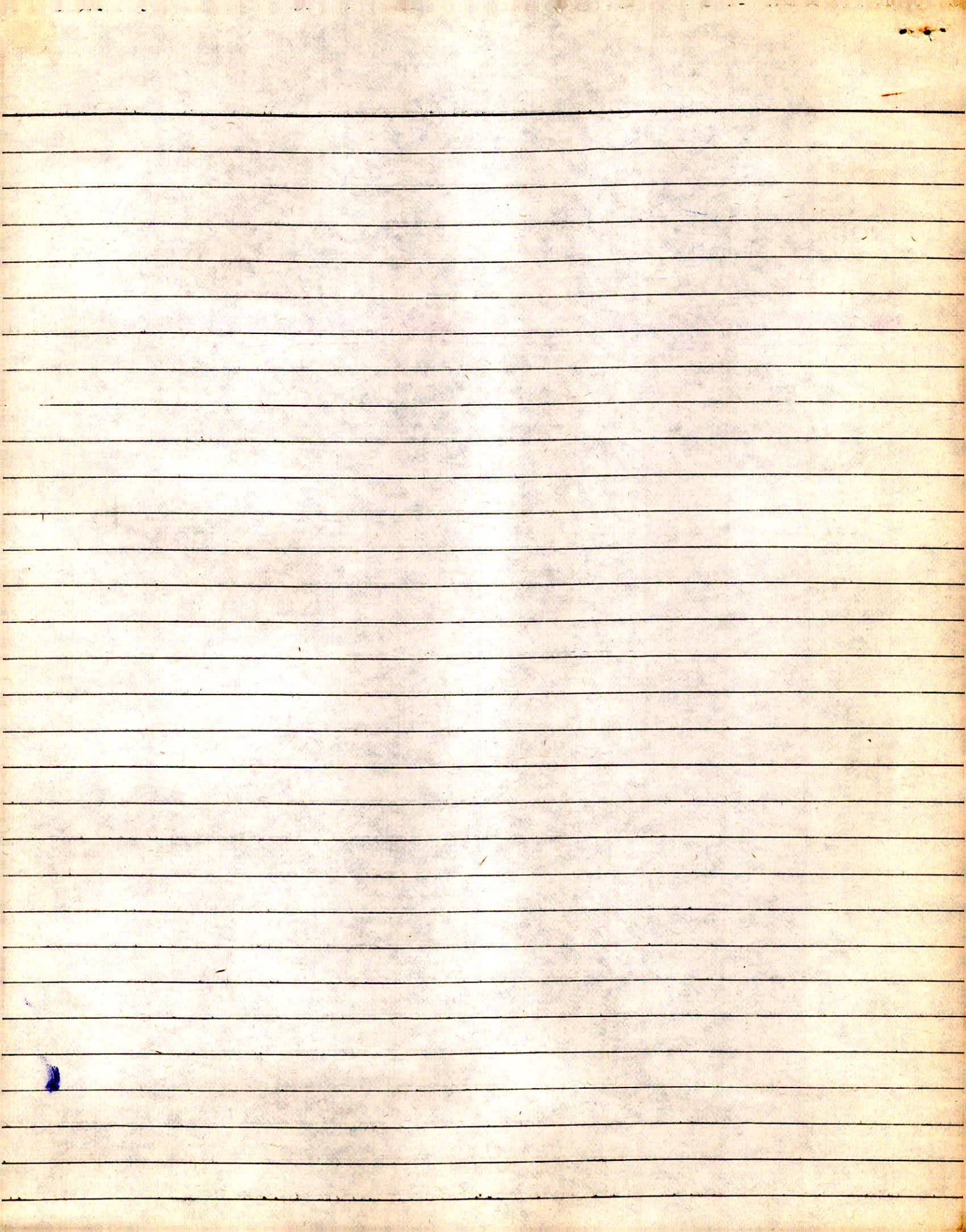
- Sri Jain Prakash - Sec, HON + F.A.

- Dr J.B. Srinivasan - DGHS

Dr C. Gopalakrishnan - DG ICAR,

— X —

Annual Report - 1975 1976 & 1977 in Hindi



Annual Report of DGHS 1974 - CBHI, DGHS, MOH+FA 24/96 NTI ①

Intro - PP. Goel, DGHS 2/11/76

Despite studies a large majority of small pop. yet not provided w/ min. stds. of medical care facilities.

Spor brought to zero level since July 1975

Control + erad of CS + Ektadix - Spor, cholera, goitre, melaria, leish, TB, leprosy, hookworm, VD, pale

TB -

~ 550 mill pop. we have 8 mill. active TB pts of whom 1/4th are sputum / infectious

PTS. evenly distrib in 600,000 villages + abt 3000 / district + cities.

Prob. predom. rural. Mortality rate est: 80-100/100,000 pop

NTI - based on 2 main mthds - as in 1973.

- rationale of DTC + cal. of aver. DTC as in 1973.

- WHO, UNICEF closely associated. X-ray - lab equip, vehicles, INH, minifilms were being supplied by UNICEF to all TB clinics est. on pattern of DTC upto end of 4th Sep pl.

They have however decided not to continue such assistance from 1974-75 except for BCG vaccine

? reason for this - ? internal change of priorities of UNICEF

TB Clinics 600 functioning of ~ 284 upgraded as DTC's for DTP + NTI trained staff.

TB Trg + Dem. Centres - One obj of NTI was to est. 1 in each major state.

17 functioning - as in 1973.

Rep. Orgs - 2 - " " "

TB beds - abt 40,000 beds, 1/3rd by volap. ~ advanc of patient AT drugs. majority cases can be Rx'd on a domiciliary basis.

Mobile X-ray ^{units} 34 - as in 73

NTI 417 Teams ~ 2700 personnel trained in 30 countries so far + rec.

BCG - Upto Jan 75, 251.98 mill Tied, 182.90 mill BCGed, 308 BCG Teams

Steps are being taken for enmassis of infants + children thru GHS personnel in small areas ~ BCG, spor, DPT + detailed methodology is being worked out.

We were busy in BCG - rel. neglecting CF + R -

Role of unknown factors + unexp. factors - gen std of living, gnt of market price, vaccine, res +, etc.

BCG Vaccine Lab. Gundry - es '73 . BCG being supplied to states / UT's . (2)
under Plan Scheme, under Centrally Sponsored Sector.

As drugs - '73 " ditto
Res - 73 " "

Expansion during SCAI '73 " " - x -

Health Events - Karnataka - Sanction accorded to

a) est. 103 subcentres in rural areas.

b) new PHC at Hattimathur, Sawanur MK, Dharmar Dr.

c) upgrad'g of Tal. Hosp's at Haribol + Gundlupet.

d) trg. course for MPW personnel.

e) expans'g of Leprosy control Progr.

Constr. completed - various Hospital / blocks

a) DTC at Kamsar, Bellary, Bijapur, Raichur, Belgaum,
+ cellar floor at Chickmagalur.

b) 250 bedded hosp + 100 bedded Sanatorium at Bijapur.

c) general hosp. at Udipi, Mysore, H'lore, Davanpore, Kodur,
Chuncholi, Hunsabad etc.

Budgetary organ.

seems fairly substantial + underused.

NTI. esr is going on, carried out studies for evolving suitable methods
of CF, R + BCG vaccin' on a community basis. Based on this an applicable TB
progr. for the country was formulated, tried out in practice + later recommended to
govt as the DTP in 1962. - c. Ds + R of TB being offered near to the pts
residence or the GHS on an ambulatory basis.

People are willing to hand or to spend - what they want is
quality service - need to + technical quality + humane Rx.

Since 1962 - 284 DTP's have been sanctioned

DTC's = concept + practice

NTI impacts trg. to key progr. workers for progr. implement' + its mangt. at
dist. level. Trg. activities considerably ↑ since 1974 - incl. UA's + PB's

In 2 regular courses 29 + 30, each of 13 wks dur., 25 national trainers
32 Mo's + 95 PMW's were trained - the v. few XI's + SA's were depul'd
in 74. 13 WHO fellows from Nepal, S. Vietnam + New Guinea came

PHN tip → 2 courses of 1mth each for Dist PHNs → 8 allotted (3)
2 MPW scheme to be implemented, it seems necessary to train PHNs
at Dist level who are 1/2 of MPW's observance levels.

Tip personnel for STC's 13 wk dur: - for those who already have
the earlier 13 wk tip - 7 participants

TB control Seminars for Sen. Mth Administrators at State / Dist level -
badly felt as they are main supporters of the progr.

WHO UNICEF course for teachers of Child Health - London, Africa, ^{4 days} India

WHO - Japan course in Epidem & Control of TB → 1 wk after 3 wk tip

WHO course for general epidemiologists - C.zechoslovakia & India
(Delhi, Hyderabad, B'lore, B'bang)

Res. Activities - had to be stopped this year's little due economic difficulties

Newly approved studies → (1) Comparison of TB inf. rates after 9-10 yrs + prev.
of non-specific sensitivity in a rural community. (2) estim. of prev. of
chest dis other than PT + prev. + inci of clinical TB in 0-4 yr age group in urban
slum pop. - on a pilot basis (3) Acceptability of BCG vaccine in a
Mass BCG campaign (4) Estimation of additional yield of TB cases from exami-

8 sp. specimens among symptomatic persons attending TB Centre
Earlier 1973 studies control → behavior of urban TB pts toward
dis. + followup of TB cases had 5 yrs back, + help to Paed.
Unit Victoria Hosp + to study TBM among infants.

Papers 1 - "Significance of pts w/ x-ray evidence of active TB

bedroomologically not confirmed" - highlights disorder of labelling
of sp. w/ x-ray +ve pts as an early case to benefit from Rx since this
hypothesis is based on the observed high cure rates for such pts, a majority
of whom probably do not suffer from PT. Rx of such pts is claims of
- prophylaxis must be weighed against the needed conservation of
resources for Rx of infectious cases + the possible harmful effects
of widespread INH therapy.

2 - "Interpretation of photofluorograms of active TB pts from an epidemic
survey: a theoretical note" Highlights limitations of interpretation of
abnormal shadows seen in chest photofluorograms based on x-ray of
a single photofluorogram by reader can result of the method.

such as tuberculin test, sp. ex⁺ + clinical follow up. Interpretation of radiology abnormalities on basis of follow-up photofluorograms alone is result of other examinations seems to be more reliable. Thus prevalence estimates of suspected TB cases based on interpretation of single photofluorograms are highly exaggerated.

ii) BCG scar inclusion sizes as an index of infect. to M. Tuberculosis.
→ 13mm + more bet 3rd & 5th day of vaccine could be used to classify person infected to MTB.

iii) "A concurrent comparison of un-supervised self-administered daily regimen + a fully supervised twice weekly regimen of chemotherapy in a routine outpatient Rx progr." 1/4th pts who were offered biweekly supervised regimen of S+H were unwilling to start Rx in the regimen, even tho they were residents of the city. Drug collection pattern + sp. conversions around 1 yr under biweekly supervised regimen, as well as the self administered daily regimen were similar.

iv) Cost of operating + est. a TB bacteriological lab. - non-recurring expenditure for est. a sp. culture lab for TB is Rs 150,000 + recurring annual expenditure - abt 50,000 Rs. 1/2 the amt is pd for salary of lab staff. Cost of sp. microscopy 1/3 of that of culture & is abt Rs 4500 per culture under a manual setup.

BCG assessⁿ team: visited UP + Bihar.

Revision of Manuals → need for change in recording + reporting. Proposed revised procedures were 1st tried out in a couple of dts + then intro in the progr. already implemented as revised DIP manuals.

Southern Regional Centre SRC - part of DGHS functioning under admin. control of Dir NIT. Responsibility to provide tech. guidance + assistance to DTC's of S. States + act as liaison bet. DGHS & State Health Directorates. Why did this close down?

Admin problems of DIP's brought to notice of State Govt for suitable, speedy, corrective action. - SRC staff visited 13 DTP's, SRC obsⁿ's.

a) complete NIT trained team in posⁿ in 20 DTC's. In the remaining at least 1 member of the key staff was missing esp. SA + Li.

② Suppliers of drugs, stains, cards, forms, waxed paper cups, X-ray films etc are connected to numbering device of R.F.C.'s, card illumin. devices + controls (?)

③ Dark room facilities mostly deficient (4) X-ray films processed in old full size tanks (5) Other major problem by DTP — inadequate supervision: if it is petrol price + limited out of money for expenditure on POL. ∴ DTP vehicles generally "off road".

No. DTP implemented: 166 dist. out of 18 in region — 2113

PHI's are implemented i.e. < 50% participation in C.A.

Performance in R. somewhat better (abt 66%) compared to 30% efficiency for C.F. Among 18 dist PT pts used only 33% were by the BCG team. Performance reasonably satisfactory — aver. coverage abt 66% in age group 0-14 yrs.

SRC staff. in Control Section initiated a project for City TB Progr. for B'lore city.

Repair + supply of spare parts of X-ray Unit.

BCG lab 1st manuf — 31.3 mill doses FD BCG vaccine supplied. 26.4 " " " "

2 Tuberculin RT 23		manuf.	suppl.
1TV	2.3 mill doses		2.3 mill doses
5TV	13,400	—	"
10 TV	12,300	—	"
20 TV	20,600	—	"
Half TV	5000	—	"
RT 22	5TV 14,000	—	"

Top — NIRD — NTI, PG's.

WHO short term consultant from Japan.

3 mt fellowship to Jr Tech. Officer

Internat. Rel's WHO — India's contrib 1974 \$1,500,200.

Assistance — Equip \$387,511

Total \$3,902,573.

UNDP + UNFPA funds also thru WHO

UNICEF — 1974-78 — 13,567 (? \$100 unit)

74-2667 75-2780, 76-3035 77-2,573, 78-2512
B. W. Danish oralco control project + independent Med. Wk. / Colombo Plan.

TAI - activities thru its committees & affiliates to streamline the. (6)
Affid proper + facilitate its successful implement:

- Tech. com. + Nat. Conf. recom. Govt undertake 2nd ACS.
- Rec - recd 21,000 lbs of hpf. free from Messrs Gruppo Lepetit of Milano Italy
(value - Rs 1,75,000) + 40,000 lbs Pyrezenomide
(value Rs 10,000) from M/s Bioco Industrial Clinica, Milano.
- Recom. re: working knowledge of Asia & manage of TB for nursing
+ PHNS - forwarded to Govt & Teaching institutions, I Nmsg
resolved to incorporate recommendations
- Cooper of GP's - GP's constitute largest segment of medical manpower
providing med. care to the bulk of the pop. Tech. com. suggested TAI + IMR
shd actively assist official agencies in implementing NACP.
- Urban Popul - model TB control prog. for urban areas prep. by Tech.
Committee, forwarded to GOI, NIT also also scheme proposed
to pilot test in Blore city.
- Tech. com. prep. memorandum to present to Hltt Min of India pointing
out seriousness of TB prob in country + requesting Govt to give TB
control the place it deserves in nat. hltt plan
Conf - Fakhruddin Ali Ahmed President:
Dr Karan Singh - Union Hltt Min.
Dr J B Srinastan - DGHS.
WHO - 9th Report of Expert com. just posted

NTI - 22/7/86

①

Annual Report of DGHS 1974 - CBHI, DGHS, MCH+FW, Govt
Prints - PP feel - DGHS. - 2/11/86

Intensive effort against spox & WHO assistance, made great
headway - die brought to a level since July 85.

Control + Eradic. of Commun. Dis. - spox, cholera, fothermalia, filari, TB
leprosy, leishman, VD, soa + Air pol.

TB - pp 19-22.

in pp of nearly 550 mill. India has abt 8 mill. active TB pts of
whom abt 1/4 are smear (infectious). evenly distrib in nearly
600,000 villages + 3000 towns & cities. Problem
predominantly rural one. Mortality rate est. 80-100 / 100,000
pop.

NTP - based on 2 main methods

- ① BCG < 20 yrs to prevent dev of TB among healthy non-infected
persons.
- ② To detect as large no. of cases as possible & to R them effectively so
that infectious cases become non-infectious + active but
non-infectious cases do not become infectious

To achieve this estab of fully equipped / staffed DIC in each dist. is the
major aim. - as bases for CF, R, vacini. through health &
help of network of health services in each dist. - CF & R as
close to the home as possible than existing health & mod facilities
containing the staff & expenditure. In an area dist of
nearly 1.5 mill pop. spread over 2000 villages, town there
are an estimated 20,000 active radiological cases of TB
of whom 5000 are infectious at any given time. Nearly
1000 new cases can easily be detected in a district in a year.
GOI provides guidance, the facilities & arrangements Control
Assistance as provided in The Plan. WHO & UNICEF are closely
associated in NTP. X-ray, lab equip, vehicles, MCH

②

+ miniature films were being supplied by UNICEF to all TB clinics estab. on the pattern of DIC's upto end of 4th 5th Y.P. They have decided not to continue such assistance from 1974-75 except BCG

TB Clinics - nearly 600 of c 284 upgraded as DIC's for DIP. - for these team up w/ NTI to undertake TB control on a community basis.

TB Up + Demo Centres - 1 obj of NTP is to est. 1 in each major state equipped + staffed to provide basic up to personnel of diff. categories 17 functions - 1 in each major state - provide guidance, supervision, coord., tech & admin assessment, collection, compile & interpretation of Regional Data.

To check up there / the activities of body w/ emphasis on TB STC

Regional Reports - At NDC + NTI to assist DIC's to quality.

TB bed - abt 40,000. Care of patient with TB drugs - don't for majority except - acutely ill, toxic, emergency, surgery, death.

Mobile Teams - 34 functioning (1? where is the basis?) for CF & epidemic Res. work - mostly at Up + Demo Centres + Res. Centre

NTI, Bione - 417 teams comprising > 2,700 personnel of diff categories trained in 30 courses held so far. + imp epid, soc, OR studies.

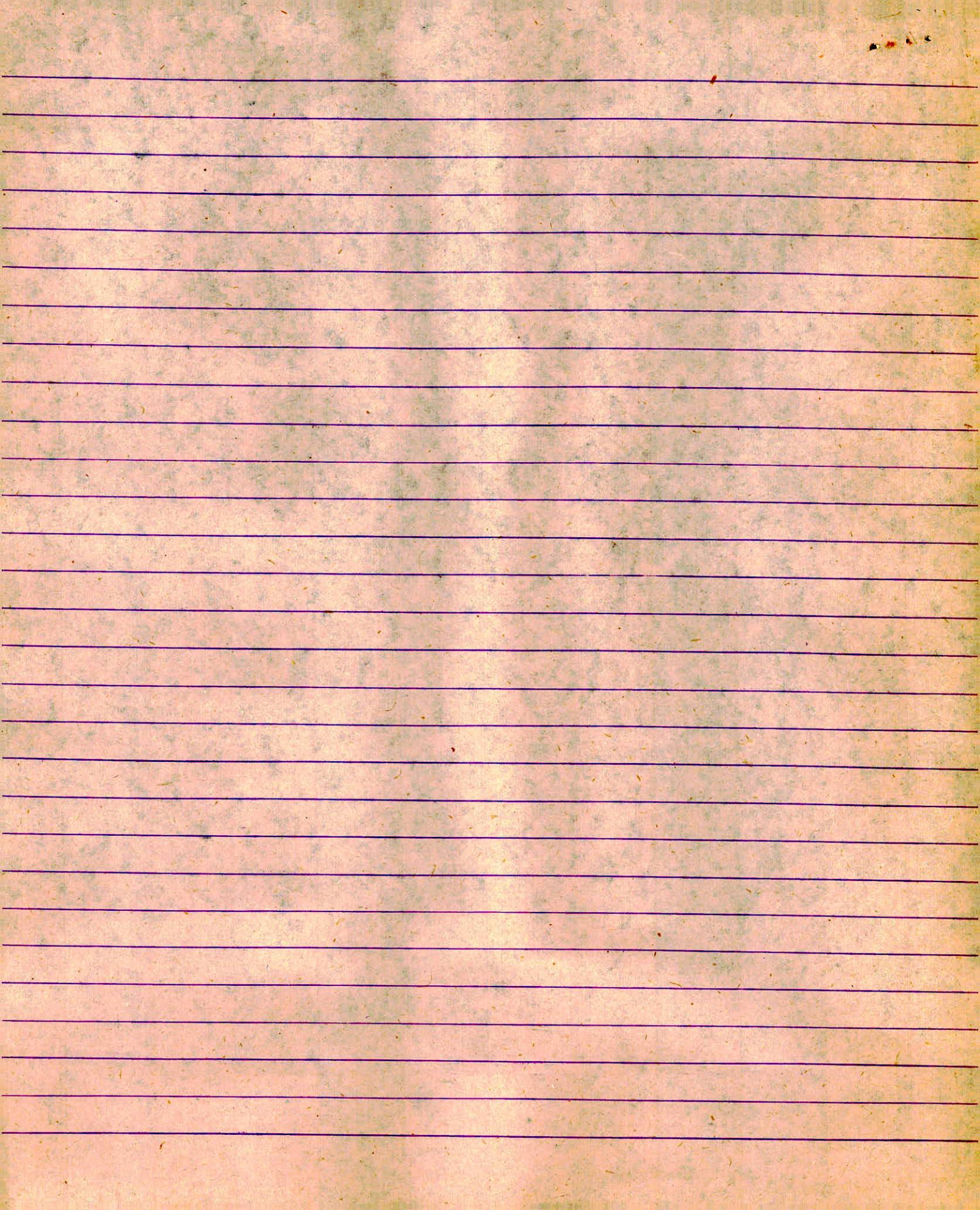
BCG Campaign - V. imp progr - TB control since 1948. Till Jan 75 251.98 m. ill. Tied, 182.90 m. ill BCGed. 308 BCG teams are expected to cover suscep. pop by school & homes to have been systematically from one end of the area to the other in a dist.

Steps being taken for immunis of infants & children. The personnel of BHS in rural areas - BCG, spec & DIP - detailed methodology being worked out.

BCC 66 funds,

prod. abt 30 mill doses of freeze dried vaccine annually. Proposed
to expand to 60 mill doses in 4 years to meet enhanced need of
expanding pop.

BCC vaccine being supplied to States/UT's under Plan Scheme
under Centrally Sponsored Sector.



Annual Report of DBHS 1973, CBHT, DGHS, MOH & FP, GOI

Intro: by P.P. Goel Addl. DGHS, 25/12/76 - very late!
 S. par brought down to zero level & exist & esp. of WHO & State Govt.

Nation's health improving - morbidity, mortality.

NTP - Based on 2 main m'tos

- preventive dev't of TB among healthy non-infected persons - BCG < 20y.
- detect as large a no. of cases as possible & Rx them effectively so that infectious cases rendered non-infectious & active & non-infectious cases do not become infectious but are cured.

∴ DTC's. - In a Dist. c. nearly 1.5 mill pop (over pop'd) spread over 2000 villages & towns there are an est. 20,000 active cases of TB of whom 5000 are infectious at any given time. Nearly 4000 new cases can easily be detected in a dist. in a year. GOI provides guidance, tip, facilities & arrange. UNICEF & control assistance as provided in the Plan. WHO & UNICEF are closely associated to our NTP.

TB Clinics - 547 TB clinics now functioning. Of these 284 upgraded at DTC's & NTP trained staff in 17 TB Typ + Demo Centres - for tip, guidance, supervision, coordination, tech. & admin. assess., collection, compilation & interpretation of Register data. - This did not occur.

Two Rep. org's - at NTP & at DTC.

TB beds - 37,504 - 1/3rd by village.

Mobile X-ray Units - 34 for CF & epid. sur. - at T+D's, 8th Reg. (Central).

NTP - Abt 4000 hrs & 2583 personnel trained in 28 courses (Central) + epi, soc, OR. Recogn. at Int'l level since 1966. - Regular Int'l. course training come for 3 wk. by WHO.

BCG Campaign - a v. imp. progr. in TB control since 1948. Up to Dec. 1973, 251.6 mill. people TT'd + 171.51 mill. BCG vaccinated 302 BCG teams - school & home to home workers. Systematically from 1 end of dist. to another. With est. DTC's - 283 teams have been sub'p'd in them.

BCG Vaccine Lab, Gundy -

(2)

prod. 30 mill. doses of FD vaccine in '73.
proposed expansion to 60 mill doses in next 4 yrs for T & P
An All India BCG Assessment team stationed at NIT Patna.
personnel from State & State assesses admin, admin,
operational & tech. aspects of work. Rating done on
sample pop.

Anti TB Drugs.

Under Plan Scheme - drugs for dom. Rx supplied to State run &
vol. bodies run TB clinics / TB centres. Drugs worth Rs 77.51 L
provided to State Govt / New TB clinics & Rs 16.40 lakh drugs to
Vol. TB Institutes during 73-74 under this scheme.

Second Assistance During 4th PI. UNICEF provided 1.7 mill. dollars
for dev. of NTP. It includes 65 X-ray units + equipping of
vehicles + lab equip. + mini X-ray films, INH table +
455 BCG vaccine Rts for newly raised BCG teams.
UNICEF subsequently sent alloc. for NTP by 422600 \$
making a total alloc. of \$ 2.1 mill for 4th PI.

Research - TRC (ICMR) - evolving inexpensive, effective drug
regimens for dom. Rx. TBT - BCG trial being undertaken
by ICMR/USPHS/WHO

Expansion during 5th PI - ^{main emphasis} to expand 75 more DTCs to provide
at least 1 fully eq. DTC. & a BCG team - each dr. + est. 3500
more TB/BT. beds. Necessary provision in State Sector in 5th PI
of Rs 93.16 mill. been made for the purpose.
Provision also made in central sector for free supply of anti TB drugs
to all TB clinics run by State Govt. + to vol. bodies undertaking dom. Rx for
TB. Estimated that by the expansion of all these anti TB measures
abt 1.5 mill pts will be Rx'd every yr during the 5th 5 yr PI period.
Freeze dried BCG proposed to be supplied to all BCG teams & GHs
/ other agencies undertaking BCG vaccine progr. by GOI for adequate
funds have been provided in central sector. Provision for supply of B
vaccine & anti TB drugs in 5th PI is Rs 82.5 mill.

(3)

<u>Rachnang</u>	TB	
	C	D
Central	4,123	154
Northern	3,951	83
Eastern	2,984	139
NE	1,893	53
NE Frontier	1,145	17
S. Central	+	+
S.	3,637	96
SE	2,667	58
W	2,831	60
Chittagong Hemphill	110	25
Total	23,341	660

PHC's

Scheme for est. of PHC's + SC's in CA Blocks is in the State Scheme.
 Up to 31/12/73, 5268 PHC's + 33,465 SC's are in 5225 CA blocks
 in country. - some assisted by UNICEF

Kor. -	19	268	-	265	65	195	5	155	795	1178	465	-
DLs		Blocks	PHC's per block	junction PHC's	21 Dr.	22 Dr's	coor Dr's	2354 by UNICEF	HHA	FP.	HLA	FP
									estab under		Assisted by UNICEF	
											Subcenter.	
All India	381	5225	142	5268	2029	3209	30	3248	33,465		9,883	

Basic Health Services - Shampoon PHC's - BHS for up to 1000 people health service
 to rural pop - has been intro in PHC's. & have entered a start-up
 maintenance phase. 100% Central BHS - 1 BHW/10,000 pop
 1 H Supervisor / 4 BHW's + 1 LT / PHC. est. 2800 PHC's

Upgrading PHC's to 30 bed rural hosp. for special services &
 health A.S. has been under active consideration of GOI. Start in
 MNP. - funding from State & central fund

BCG vaccine - liquid vaccine. had short life of 4 wks! F vaccine (4)
released on small scale: 1967.

Lab ind in 4th 5 yr Plan Scheme - Receipt of 35 million doses for 73-74

Could receive assistance from UNICEF/WHO by way of equip.
as in previous years.

Also produces - Tuberculin RT 23-ITU, 5TU, 10, 20, 100 +
1000 TU + RT-22 - 5TU + Diluted Solution.

Int'l. HTH Relations

WHO: Total assistance, 1972: \$1,583,096, 1973: \$1,857,911, 1974: \$1,916,088.
of supply + equip, " \$ 249,000 " \$ 181,500, " 488,800

UNDP + UNFP

UNICEF: - 1973 \$5,900,300 - supplies + equip for various health proj.

	1972	1973	1974
UNDP	\$574,267	\$345,650	\$211,650
UNFP	\$541,243	\$481,958	\$463,017

Min. for H+FP - Sri. R.K. Khadikar

Sri C.S. Ramachandran - Secy, H+FP

- attended
WHA, Geneva

Dr J.B. Sureshwar - DGHS

Dr P.N. Wahi - DGICMR

Dr C.R. Krishnamurthy, Director Policy Planning

Dr Bannari Lal, Chief Health Div, Planning Commission.

Dr P. Doshi, Commissioner Rural Health Services

Dr A. Thimmappa - Dir NIHAI

TAI - Official control prog - sound & feasible.

TAI blueprint for TB control suggests effective realistic control: by med. profession + general public.

Tech Committee - senior workers from diff. parts of India.

Project by Res Committee to find out if Rx period can be shortened

SHRE + SHPE - SH + FH

Teaching - a) prepared gen. curriculum to incl. TB: ~~PNB~~ W's up - (5)
Nurses, HU's, Sanitation, FAW's.

b) recom. of HCT for UG/PG up for TB reviewed

c) Made recom. abt. uniformity in TDD / STCD curriculum, syllabus & exam...

Community prog - involving vol. workers: NTP, implemented: some dts of Kar & Ar. - 2 local assn's have enrolled

BCB ^{prof.} - suggested that small ampoules should be prod. as large ones waste.

HU's course -

National Conference, Seco. Daniel Conference.

Refresher Course - NDTC for GP's - 1 wk course - 1 wk

for Mysore conducts refresher courses for GP's

+ Krishna Dr (TP) des. + UP TBA + MA.

+ course for nation / sr. inter of student nurses.

23rd seal campaign Rs 17.08 D.

Seminars / Skilling in diff. states.

State conferences.

Awards.

Textbook.

NDTC - 1940 est. 1951 - Typ + Gen Centre - WHO / UNICEF

Dom. R. progr. covers 1/5th of Delhi pop. - had 6599 TB ptr of 6206 - PT + 393 CPT.

Clinical section.

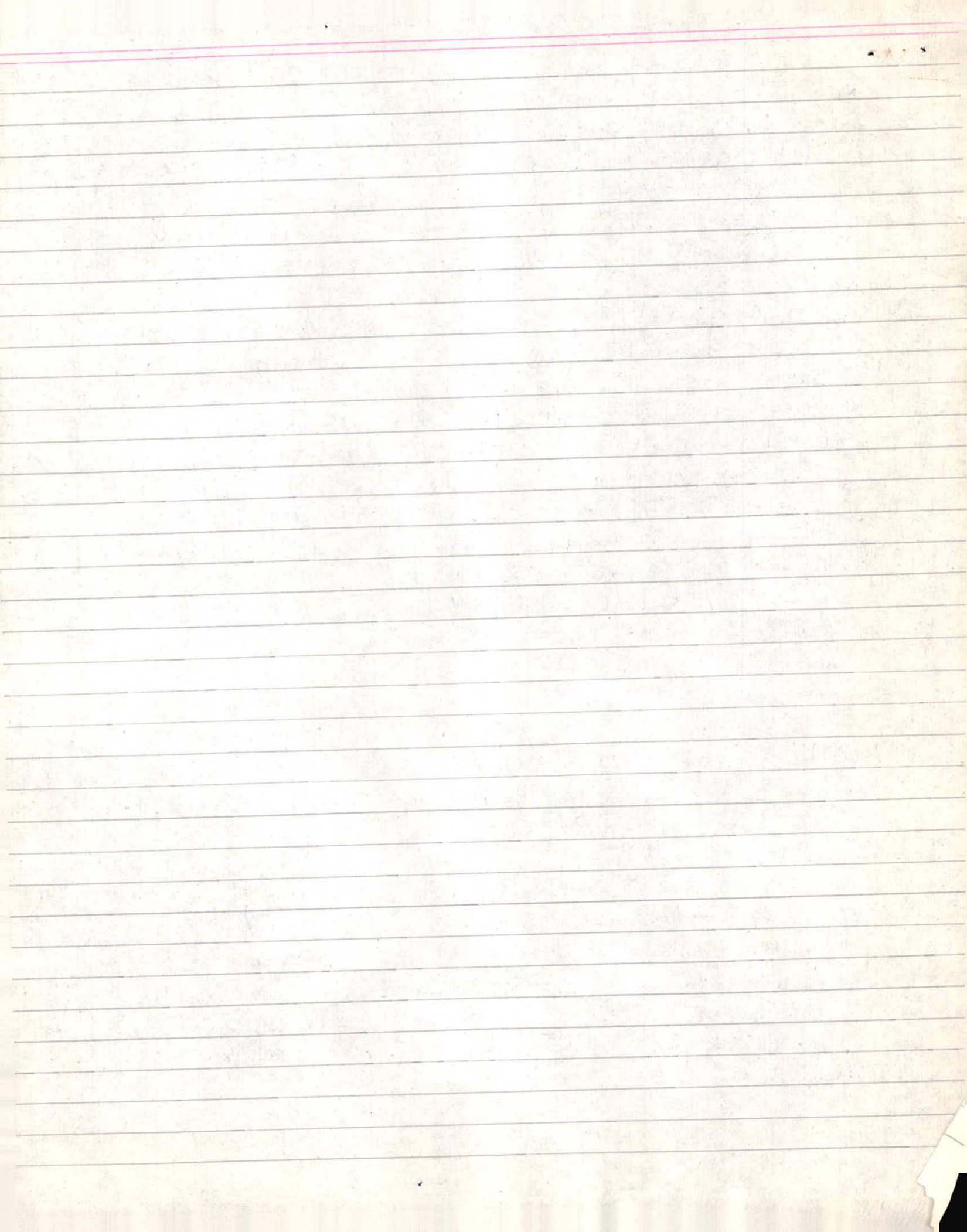
Lab. - 43,822 TB rel. Tests in the year 1

Typ - 670 workers covered in the year, incl 35 dts, 195 med students
13 TB HU's, 327 PTU's

Kasauli Sanatorium - est 1941 over 30 acres. X-ray, lab.

250 gen beds 70 ~~reasonably~~ by Govt - by Defence, Railways, PT, Health, SBI + ESI, ONGC, BEL, B&HLS.

Mohrauli Hall



Intro: Dr J.B. Srivastava, DGHS.

Control + eradication of communicable + other dis - Spon, cholera, Gaitre, Malaria, Filariasis, TB, leprosy, hookworm, post/air port.

TB Avim of NTB (no CF) launched in 1949 is to reduce the infectious pool in the community, so that existing pts are cured + danger of fresh infection from them to the susceptible popⁿ is ↓ so that fewer + fewer cases of active TB would arise in the popⁿ in the course of years.

This assumption has not held good in the past 30 yrs.

Dev. a model of determinants of TB + TB control.

To achieve these comp. objectives - est. of fully equipped + staffed TB clinics in every dist. in the country is the major obj. of NTP. DTC's - meant to serve as bases to carry out case finding, Rx + vaccinⁿ throughout the dists. in collaborⁿ + existing health + medical instns. sit. in the Dist. Also proposed that CF + Rx progr^s be integrated + health + medical facilities sit. in the dists. so that not only CF + Rx are brought nearer to the home of pts, but also minimize extra staff + expenditure spd to provide the services. Integrⁿ essential both economically as well as being a permanent mthd of CF + Rx within communities.

TB clinics

1971 - 532 , 1972 - 557. Of these

247

+

277 resp. upgraded as DTC's for DTP

At all these NTI trained people are posted + all expⁿ + admin Rx of pts.

TB Tip + Demon Centre - 1 obj of NTP - est. State TB T+D.C. in each State equipped + staffed to provide basic tip to personnel of diff. categories to run TB clinics in resp States + ② to run a demonstrable DTP from + developing DTC's can seek guidance.

1971 - 15

+ 1972 - 17

316 DTC's. This seems to mark the last year for initiation of DTC's as 10-15 yrs taken to dev. this obj.

Block constrⁿ for new Centre at Gauhati, Assam completed.

MP State govt. taking necessary steps to est. a State Centre at Bhopal. BSI DTC's likely to be completed soon.

Rs 10.0 L. (revised as Rs 5.0 L) proposed for each Centre in 1971

Institutional framework of NTP

<u>National</u>	<u>Govt</u> NTI	<u>VRP</u> Kodiyavaram	Financial inputs Capital recurrent
-----------------	--------------------	---------------------------	---------------------------------------

TRC. NDTC.
Kasauli.
LRS, Mohanli

State STC

District DTC

Re S.O. (also) proposed for continuation of 2 centres in Arson + MP

Dist. Body -

1971 - Apr 36,581 ^{TB} beds in Sanatoria / Hosp, Gen. Hosp wards / TB centres
1972 - 37,754 - of these nearly 1/3rd run by vol. bodies.
- still a phase of growth.

Mobile X-ray units 1972 - 34 functioning - cf + epid. res. at STC / Res. Centre
BCG campaign - This activity has been a very imp. progr in the TB control Progr since 1948.

upto Dec 1972 - 251.23 mill Tied + 160.43 mill. BCGed
1971 - 250.77 " " + 148.78 " "

1971 - 256 BCG teams

1972 - 292 " " ie 36 new teams added - still a growth phase - cover suscep. pop. by school + home to house vaccin, systematically from one end of the area to the other in a dir.

Grad. c est. of DTC. They are to be integrated c TB Clinics.
- 263 teams integrated by 1972.

Now recommended - to conc. on 0-20 yrs by direct vaccin. & is now offered by almost all the teams.

Preserv Policy - cover schools + preschool + non school poor children.
- by home to house vaccin. Newborn vaccin. being intro. in maternity institutions initially in urban areas.

All India BCG Assessment Team goes from State to State + ③ makes assessment of organisational, administrative, operational + technical aspects of network

(rate to Dr Kul Bhushan, Dr. Deepak Sharma, views of implement' popl.)

Reforesting done on sample pop's. States are being advised to raise one Surveillance Team in each State.

Ultimate aim - to enter BCG in NTP + in GHS, expansion of NTP then GHS. (expense of GHS is exp. of NTP) in the periphery + availability of freeze dried vaccine is sufficient quantity hoped in near future for BCG to be routinely available. Then all PHI's.

Anti TB drugs

Under Plan scheme, AT drugs for dom & supplied to State run + VOT body runs TB clinic / Centre. AT drugs with Rs 13.75 L + 75 L resp. released to states + state TB clinics / centres. 71-72 - a more to follow!

Govt. provision made for 1972-73.

Intend. Action -

UNICEF aid for developing DTC's / DTP in all Indian states. X-ray units + 70 mm Odelca camera, films, drugs (INH) vehicles, BCG kits, microscopes + other lab equip. for sp smear ex. supplied by UNICEF to TB centres fulfilling certain prerequisite conditions -

- a) Suitable bldg + 3 phase power line for xray equip.
- b) Posting of a trained team at the TB Centre
- c) Suitable budget provision for running the Centre incl. sanctioning of post of a driver + POL charges etc.
- d) Sanctioning of DTP Prog by State Govt. - What did this involve. conditionalities were there + are necessary

During 4th PI UNICEF - 1.7 mill \$ assistance for dev. of NTP + incl. 65 X-ray units, equal no. of vehicles + lab equip. X-ray films + 455 BCG Vaccine. Kit for newly raised BCG teams. Likely to provide additional assistance worth \$ 4,22,600 during 73-74.

By special addendum to Plan of Operations - a scheme for control of (4)
 TB in Tibetan Refugees has been drawn out in joint collaboration
 UNHCR, GOI, WHO + Central Relief Committee of India

Pos - IRC (ICMR) - on emergency, effective drug regimens for dom. R
 - large scale BCG study - ICMR/WHO/DSPHS
Exp: in 4th PI (a) to ext/upgrade 160 TB clinics (b) fully equipped
 DTC & BCG team in each dist. (c) ext. another 2,500 TB beds.
 (d) Provision for free supply of AT drugs to all TB clinics / insts
 run by state govt / vol. bodies for domiciliary R services
Visualised that by expansion of all these ^{anti} TB measures
abt 1-1.5 mill. pts will be R'ed every year during 4th PI period

Mr Chopra was incorrect when he said there was no time
 for more. — x —

State - Health Events: Karnataka 1972 - 826 beds added to various
 Govt. hosp's / dist's, 1971 - 1,172. + 1" sanction for new special
 hosp/clinic. — x —

NIE - Only Centre of its kind for top key personnel in methodology of
 TB control for nation-wide progr. - national, + international students esp SEM
 + med. & all students orient. Chosen by WHO + UNICEF for practical exp
 for candidates for Prague international course on epid. + control of TB,
 WHO / Japan course on TB control, Internal course in Epid. + Control
 + London B'bay course for paediatric readers. Is one of the foremost
 res. centres in TB resp. DR in TB control.

Top	MO (DTP)	TO	LT	XT	SA	BCG-TC	DHN
1972	41	40	26	22	30	23	16
1971	33	45	34	32	41	17	

+ 5 WHO fellows - Indonesia, Nepal, Sri Lanka - 72
 4 " " - Thailand, Maldives, Nepal + Singapore - 71
 + 38 candidates from 16 countries - 1972
 21 " " " 17 " - 1971

+ 18 sen. lth administrators - VII TB Control Seminar 1972
 1971 - TB orient course - paed. teachers UNICEF sponsor + Prague course
 24, part-time part-time from 14 countries

Res 1971 - Director of TB Res. Institutions in S India met to coordinate (5)
 res. activities - 3 res. projects approved, field work started for 1,
 4 papers published -

a) Some epidemics aspects of TB dis + inf: in poor. age group in
 rural community.

b) Distrib of TB inf + dis: in clusters of rural households

c) Assess of Dis of PT by serological survey in a DTA

d) Assess + Monitoring of NTP

e) Collection + compar: of self administered AT drugs
 under progr. code.

1972 - 4 new res. projects approved, field work started for 2
 1 paper published. Res. Director of National TB Research
 Station Madras met twice to coordinate activities

Progr. facilities - new activity initiated at NTI for supply of
 X-ray spare parts to DTC's where X-ray units broke down
New X-ray + Automobile Workshop + a Store Room
completed.

Southern Reg. Centre coord. monitoring + assess: +
 giving guidance + support wherever necessary.

BCG Vaccine Lot, Madras

1967-68 - 0.59 mill. doses of vaccine supplied

To cope with demand, vaccine prod: lot been end: as a Plan Scheme
 under 4th 5th Pl. to achieve target of 35 mill. doses by end of Pl. period.

Biologicals manuf + supplied 1971

Manufactured doses Supplied doses

1st BCG vaccine 10,332,560 10,332,560

F.D. " " 15,856,000 18,339,800

Tuberculin 2,935,450 2,935,450

Special diluents 113,026 116,235

Top Achievements 1) Combined Centre in Epidemic by WHO at NTI, Delhi visited

2) 10's + 100's from NTI, Centre (C) JIPMER PG's.

Could to receive assistance from UNICEF/WHO by way of equipment
 as in previous years.

2 papers at National Conference.

1. FD Vaccine — prod. properties + use

2. Quality control of BCG vaccine & field results.

(6)

Internat. Health Reli & 2 main orgs WHO + UNICEF.

WHO — India contrib — Rs 85-61 L (1972), 97 Lakh est. (1973)

(UNICEF Contrib. from Dep't of Social Welfare)

WHO + UNICEF assistance.

	1971	1972	1973
1. No. of projects sanctioned	45	46	51
a) Control of dis.	6	12	8
b) M.E. + hp	6	11	8
c) Med. res.	1	2	4
d) Water supply + Sanit.	8	4	5
e) Other	24	17	26
2. No. of expert consultants	140	140	141
3. No. of fellowships	109	153	173
4. Value of supply + equip.	7,81,520	2,81,600	2,74,150
5. Total assistance	19,83,412	23,64,588	22,32,846
	\$	\$	\$

UNICEF for 1972 (calendar year)

	\$
1. Rural Health Service	3,091,000
2. TB control progr.	1,043,000
3. Leprosy "	99,100
4. MHE Transport + equip	411,400
5. M.E	335,000
6. ANH hp in Bihar + UP	1,249,700
7. Spare parts for existing equip + spax.	100,000
8. Assistance to CRI Kasauli + Vaccine Ref. Belpur	7,200
9. Storage global freight	100,000
	6,440,000

PL480 — Res. proj — '71, 1972 — 65 — & total budget of Rs 5,03,63,602 — incl TB.

Refugees from Bangladesh : 1971 items considerable burden on Dept. & certain epidemics — cholera, spox, diphtheria — in WB, Assam, Meghalaya & drug sub depot, etc., 700 med./para-medical workers + staff.

Tech. Com - Dr K.N. De.

Long Term Perspective 20 year plan commencing April 74 - split into 4, 5 yr. plan periods. Review.

1. action for personnel - all the way DTCs - centre
2. STC upgrd - to train Reg. medical + paramedical personnel for implementation

2nd Nbr. Sample Survey disc

Teeching, Dr. P. S. Golecha sent to NCI, deans, universities.

Shalapur, Balachar + 12 Univ, AFMC Pune incorporated review. Genl. Med. Off - approved, Amangbad, Hubli, Killepur taken some action.

- 4 MP's are members of TAI central committee - Dr G.S. Melkote, Smt Satyawati Dargi, Dr Ramesh Sen + Dr AG Sonar.
- Research proposal - eval efficiency of drug units to shorten den of Rx of TB - NDTG + CRS - Thomas Pharmaceuticals Bibag coll. Give 5000 tablets for every 20,000 purchased. R - ^{Hepers} Report of London.

Amar Singh Charan Lal Singh Charitable Trust - 30,000 E has donated.

Dr R Viswanathan submitted memorandum to Govt highlighting the enormity of the TB project. - considered by Govt for acc. action.

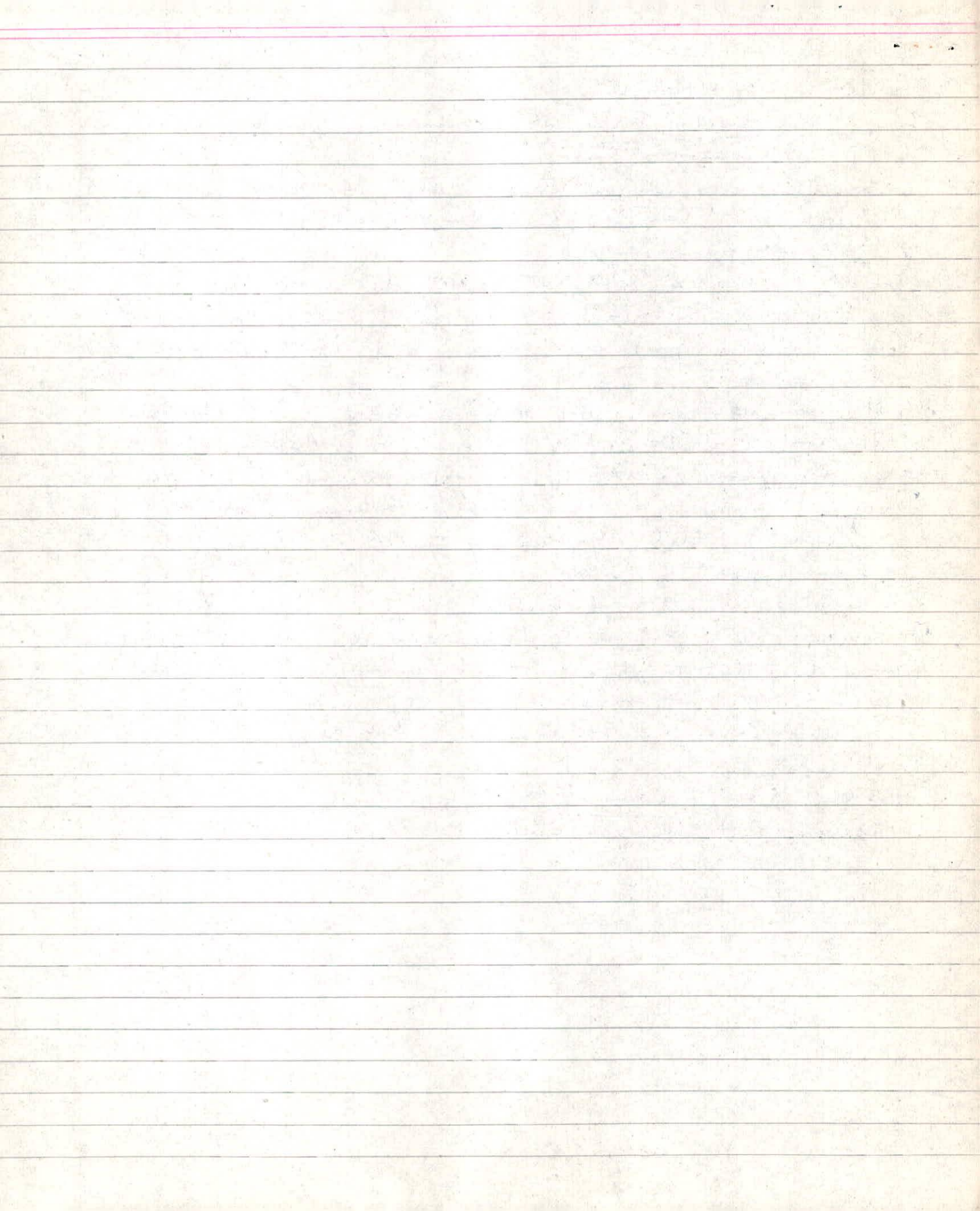
Conference, Seminars (3-4), Slides.

Refresher courses, HV course, Shalapur

• Textbook of TB

• Booklet on TB for school health services.

• Moscow + Australia confs.



NII - 7/7/96

Annual Report of the DGHS 1969-70,

by CBHI, DGHS, M. H. + FP, GOI, Nirman Bhawan.

Brief intro by P. D. Chatterjee, Commissioner R.H.S. + M.H., Feb 1974 -
in V. LATE public - as was the last one.

Chapt - control + eradication of communicable + other diseases - Spon, cholera, polio,
measles, leprosy, TB, hookworm, filaria, P. + A. m. p. k.

TB - pp 21-26

- 55-58 survey, projections 7.5 - 8 mill. active cases of $\approx$ 2 mill SP + TB.
- prev. sin urban + rural. Since 82% pop. rural - most cases will be rural!
- Mortality rate d/o TB - 100/100,000 pop. - in areas of scanty R.

facilities
• Principles - prev. - BCG $\approx$ 20%
- detect + R - note infectious non-infectious / ...
"prevent non-infectious + lowering infectious transmission"

• TB Clinics 1970 - 521 functioning of $\approx$ 228 equipped + miniature
radiography. 87 run by village / areas. Rest by State Govt / UT's.
State 20 Dist. each TB clinic. WHO + UNICEF closely associated. Assist.

• experts of NII, X-ray + lab equip, vehicles, drugs, miniature films
provided to all TB clinics under DTP. 200 such TB Clinics
under DTP + "same philosophy + principles". All such
HO's + PM's or DTC's trained by GOI or NII. = DTP. However
all 521 TB clinics engaged in Dem R. f. TB pts. Steps taken to check
pts who fail to turn up to take drugs regularly from various centres.
In 1970-71 proposed to est / upgrade 48 more TB clinics in various
States / UT's. Rs 85 L provided for the purpose in the est. for 70-71

TB Up + Demo Centres

Obj to provide 1/centre for training personnel + to run a
demonstrable dist TB progr from a developing DTC's can seek
guidance. 15 functioning - MP, Assam, Nepal, Haryana still in
Rs 5 L provided in 70-71 for new centres - Garhwal - it is under
const. + likely to be completed soon.
Estab of IIT beds Nearly 35,000 TB beds functioning

- proposed to estab. 215 more in 70-71 in UP, Haryana + Orissa +
Rs 12L provided: budget est. for the purpose
public sector alone can play a role: proper distrib of
centres / staff. etc exp: ~~provision~~ area & will absorb local
private sector.

BCG - In 69-70 11 more BCG vaccine added. Total of 247 in 70-71 by
adding ¹⁵ more vaccine. By end Dec 1970 total of 250.33 mill. TTed
+ 138.27 BCG vaccinated again = 249.7 mil + 127 mill resp by
band '69 since inception of campaign.
upto end 1970 - 14.6 L new babies vaccinated each 5T spanner
12.5 L new babies upto end '69

Dumps - worth Rs 9.994 L distrib free: 70-71 to 52 TB
Distrib by wheeps 10-11 L in '69. In 71-72 proposed to
↑ this to Rs 15 L.

Dumps for state TB Clinics -

During 4th Plan (69-74) Planning Com. decided to meet full cost
of DTC's estab + upgraded after 1/4/69 of anti TB dumps for
dom. Rx of TB pts to State TB clinics under Plan Scheme of
100% Central Assistance towards NIT. For centres estab prior to
1/4/69, it was decided that these would be entitled to free supply of
anti TB drugs from centrally sponsored Plan Provision to the extent
their expenditure exceeds the level of expenditure being incurred on
anti TB drugs in 1968-69. Level of expenditure as on 1/4/69 will be
the committed expenditure of resp. State Govt.

Dumps worth Rs 11.594 Rs 83.84 L were distributed
1970-71 + 69-70 resp. to State run TB Clin.

3. UNICEF Supply During the 4th PI, UNICEF is likely to provide assistance
worth 1.7 mill dollars to India's NIT in form of STD sets of many groups

vehicles, drugs + films. During 70-71, UNICEF proposed to give assistance worth \$ 1,47,400 (Rs 11,05,500) as against \$ 1,64,000 during 69-70.

25 Nov. TB+CO conf. - Patiala, 28/11-30/1/70 Nearly 500 delegates

Publicity - not supplied as earlier to State Govt, TB control, the district

Research - TRC is taken over by ICOR continued res on effectiveness

of various drug regimens

Feasibility Study for TPT - TPT - cooperation with USPHS, WHO + ICOR

A double blind study in freeze dried BCG vaccine in diff. doses + placebos are being used. During the year (1970) 18609/152269 persons registered, of whom 117356 Tied, 113357 need.

116937 vaccinated in diff doses of freeze dried vaccine or placebo during the year. 18926 X-rayed + 10172 ref. for sp. ill.

Systematic CF + post vaccine selection also carried out.

TAI - continue activities

BCG lab, Guindy - work contd.

Manufactured
in doses.

Supplied -
doses

BCG vaccine (liquid)	296,82,720	296,82,720
" " (freeze dried)	77,50,000	61,64,000
Tuberculin	30,43,200	30,43,200
Diluted Santon suspensions	33,133	32,447

NTI - faculty invited to deliver lectures at WHO Du Lourd Seminar on TB control, Colombo, CRR Vellore, Gandhinagar I RH + FP, Seminar on Discovery of X-rays, Annual conf. of Paediatricians of India, USAID seminar.

"Operations Research Forum" of Institute made further progress. Small task force constituted to explore areas of research to obtain vital parameters. Theoretical sol. of prob posed by DTP was

was taken in hand.

UNICEF released more eqpt + supplies to further the res. + tp activities. WHO/SEARO began conducting a series of NTP in SEARO was withdrawn for loc. + log. expenditure. ^{Expenditure} ~~Expenditure~~ + admin. approved recd for const. of X-ray + Automobile Workshop + storage block.

Tp - Newfested in 1970 - Tp Course for PH Nurses

2 courses held: i.e. 15 Indian nurses + 2 from Ceylon + Korea trained. +

2 national tp courses: i.e. 218 candidates from diff. States / VI's trained - comprised 38 MO's, 46 TD's, 33 XT's, 41 LT's, 33 SA's, 26, BCG team leaders. +

13 inland trained on WHO Fellowship from Ceylon, Indonesia, Korea, Maldives, Thailand, Philippines for tp + DTP.

Composed i.e. 194 national + 4 inland - personnel trained: 69 + trained 1 bacteriologist, 2 LT, 1 BCG team leader for ST's, 1 XT for feasibility study of TPT.

+ WHO Sponsored Pigou Course on Epid + Control of TB in Aug '70 + 10 students from Thailand, UAR, Chile, Ceylon, Columbia, Philippines, Japan + Yugoslavia.

+ WHO combined Internat. Course on Gen. Epidemiology + CO. brought 11 participants

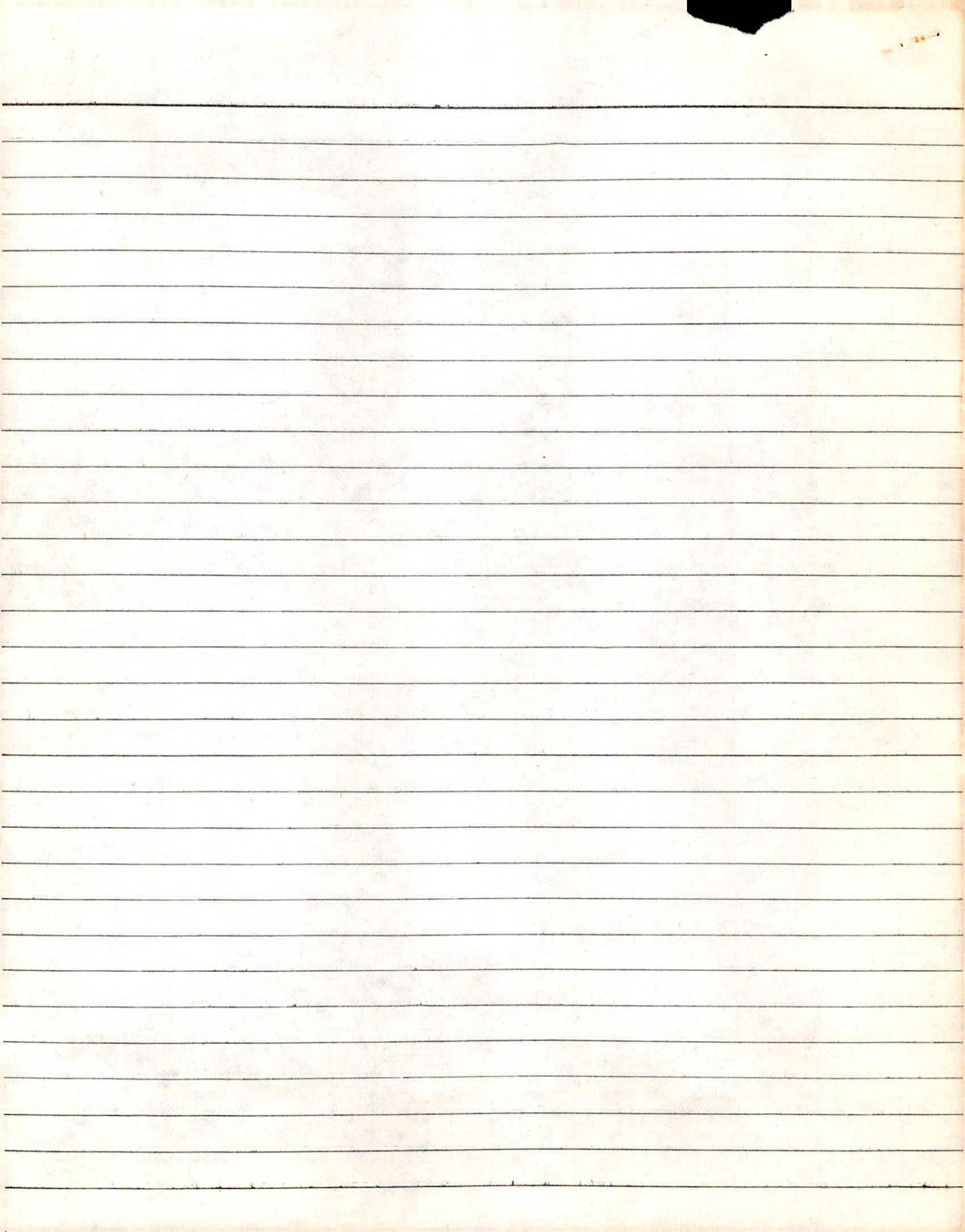
+ 10 Senior Paediatric Teachers came from ICH London

+ WHO Japan Internat. TB Course consisted of 8 candidates from Indonesia, Iran, UAR + Japan.

Research Directors of TB Research Institutions in S India met twice to coordinate res. activities. 3 new res. projects approved field work for 2 started + 5 papers sent for public.

Limited budget setup of freeze dried BCO predator fungus exp. i
N₂ filled ampoules taken up.

Research on 'integrated recording & reporting under a plant'
red from ICMR was cancelled.



NTILb 7/7/96

Annual Report of the Directorate General of Health Services 1967 + 68
issued by CBHI, DGHS, MoH & FP, Govt - 1st time by CBHI

Intro - Dr. P. Ditch, Add. Dir Genl - short, 1pp, general

Format slightly changed - Chap 1 - Demography. Chap 2 - Control & eradication of communicable diseases. - TB listed 11th - spon, plague, cholera, polio, malaria, filaria, dysentery, diarrhoea, Resp. dis, VD, leprosy, TB, blindness, eye dis, port & airport health

TB - pp 41-45

'55-'58 National TB Survey, revealed 1.5% pop. with active TB & 1/4 spon + infectious. Projecting these estimated a early 7.5 mill. active cases & country of approx 2 mill are spon.
(1971 pop of India 547,367,926 of which 19.87% urban)

NTP relies on 2 methods to control dis.

- (1) Prevent dev of active TB by BCG vaccine - age group < 20 yrs.
- (2) To detect active cases & Rx them effectively so that infectious cases are rendered non infectious & those non-infectious heal satisfactorily & Rx + do not become open cases.

a) TB Clinics - estab of fully equipped / staffed TB clinic - each dist is the major obj of the NTP - for CF, Rx + vac. Throught to dist. in stable existing health & med. inst. located in the dist.

1968 - 502 TB clinics functioning of which 189 are well equipped.

~~State~~ immature radiograph. 87 clinics are run by village, health, State Govt / UT's. WHO & UNICEF closely associated with people & provide assistance in tech. experts, equip, drugs. Still still can't TB clinics
Proposed to bridge the gap expeditiously & 'achieve target' in 69-70. proposed to estab / upgrade 20 TB clinics in various States / UT's.

Efforts being made to strengthen measures for CF, CH + Rx at PHCs, Taluk hospitals + for Hoys.

TB Tip & Demonstration Centre. 1/State envisaged by NTPA to provide in service opportunities to personnel for diff. categories up to TB clinics & to

demonstrated ^{country} is ~~still~~ functioning. 4 states cont - Assam, NE, Nagaland, Manipal. Assam centre likely to be estab. soon
NTI - B'lore - cont'd to fulfil dual objectives of Trp & Res. Satisfactorily - period under review

1967 - 2 trp courses of 3 mths dur. - 41 MO's, 46 HU's, 46 LT's, 40 XT's, 20 BCG team leaders & 38 SA's trained

1968 - 2 trp courses - 32 MO's, 50 TO's/HU's, 31 XT's, 32 BCG team leaders, 34 SA's, 37 LT's

+ special trp courses for WHO's fellows from diff countries
5th TB Control Seminar - 3/6/68 - 14/6/68. 25 delegates +

3rd WHO fellows - Afghanistan, Indonesia, Thailand

BCG

1968 - 5 more teams est - ie total 221 teams. By end 1968

245 mill Tr's, 116 mill vaccines, since inception of

- Give < 20 mg per yr. - Integrate work - DTC's - for permanent, systematic regular coverage of entire susceptible pop
Anti TB camp

a) VBCap - 52 TB Cent's supplied free drugs in 1968 against 46 cent's in 1967. Dump 1969-70 proposed to procure Rs 10 L drugs for VBCap TB clinic/keep

b) State TB clinic - Plan scheme under satisfactory progress
Drugs worth Rs 32.2 L duties in 1967 to State TB clinic
Tender of Rs 50 L in 1968.

c) UNICEF - Supplies rec'd acc to schedule. In 1969-70 likely to provide \$5 L to prov. for X-ray, lab exp, ~~into~~ vehicles
Regional Organ' 2 est in 1966-67 - satisfactory < ~~work~~ ^{work} ~~done~~

HE & publicity by various means cont'd to form an integral part of the progr. Publicity mat/strip posters supplied State Govt, TB centres etc. each.

Research TRC Madras now under ICRR control on drug therapy, bacteriology - etc. for etc.

GOI extended feasibility study for TPT for 2 more yrs, study transferred to ICRR. + is being associated to evaluate protective value of BCG against TB + leprosy.

Efficacy of Shoptan - submitted supervised chemotherapy for being compared in experimental conditions.

Extended studies on other aspects of TB could

International Health Organisation Budget alloc.

	WHO	UNDP / TA	UNICEF
1967	\$802,118	\$443,339	
1968	\$1,515,415	\$909,929	\$3,282,000

WHO assistance. Their experts, tech. assistance, supplies + for TB, malaria, measles, leprosy, communicable diseases of

GOI contrib - 1967 - Rs 6,585,000

1968 - Rs 7,167,400

USAID - communicable disease control, malaria, wss

US educational fund in India - Fulbright Scheme

- PL480. - Rs 6,049,780 to Holy Family Hosp Delhi

Rs 3,375,000 to ERIC, Ludhiana

from their portion of PL480 funds,

- ICRR.

UNICEF - ERB alloc's (US\$)

	June 1967	June 1968.
1. Health Services	2,400,000	1,462,000
2. Applied Nutr.	2,119,000	1,915,000
3. Educ.	161,000	1,203,000
4. Spox vaccine prod.	380,000	-
5. TB control + BCG	476,000	-
6. Milk conservation	351,000	-
7. High protein food dev.	230,000	-
8. Social services	177,000	-
9. Emergency disaster relief.	1,404,000	-
10. Medical sup.	-	150,000
11. Fam + child welfare.	-	193,000
	7,698,000	4,923,000

? reasons for cut.

Total UNICEF alloc. till June 68 - \$ 69,988,455.

India's contrib. upto 67-68 - \$ 7,811,333

Rockefeller Found. - withdrawn from mat. resources field in India - 67

To ICMR, URC Pune, Balabhadra CDBlood.

Dr Le Roy R Allen in India from 1957-67

- X -

leaders

DGHS - Dr K N Rao, attended WHO Exec Board (Feb 68)

Min. of Hlt FP + Unbanded - Sri S N Sinha, attended WHA

Addl DGHS - Dr P K Datta Swami, became DGHS by Sept 68

Sec. Min. of Hlt FP + Unbanded - Sri Govind Narain

Jr Sec ... - Sri R N Madhot, attended Delhi WHO SEARO meeting.

DG-ICMR - Col. BL Taneja

Dptt Min for Hlt - Sri BS Hultay

- X -

TAT under wraps

• NP State TB Assn. affiliated to TAT in 1968, the only affiliated

State TB Assn's to 21

• AGBH - chairman - stressed need for planned appt to control TB.

- need for intensive HE reg. TB & its prev.

• TB HV's course at N. Delhi TB Centre + WB, Punjab, Mad, Raj, Kerala

• N Delhi TB Centre - est. in 1940, pioneer in popularizing concept of domiciliary Rx.

• Lady Lulitgarh Sanatorium in Kasauli + King Edward Sanatorium at Dharampore, control to govt as 1st till Sept 68. King Edward then handed over to Consumers' Home Society.

- LRS - 306 beds incl 54 for children research + top of AIMS PG's.

Medical Relief + Health Services

<u>Mysore</u>	<u>No. of Institutions</u>	
	<u>1967</u>	<u>1968</u>
Hospitals.	185	188
PHC's (GOI type)	265	265
PHC's (Mysore type)	189	189
Urban Health Centre	-	1
Other disp's.	<u>740</u>	<u>750</u>
	<u>1379</u>	<u>1392</u>

Professional Educ.:

To attain obj. of rendering comprehensive health care to community we need physicians, nurses, PHW's. W. man diff services. Manpower continues to be a major prob. in health field. + shortage. Dr's in particular is considered to be the most imp. prob. This shortage has given a special impetus to the top of physicians in large no's.

No of Dr's - all categories - 1968. est. at abt 1,02,520 in 1968
 & Dr:Pop ratio 1:5,200 against obj of 1:3,500.

Sig. progress made in estab. med. colleges. No. of med. colleges 22 before Independence - progressive ↑ - 4 fold ↑.

End 1968 - 93 med coll's & annual colln. opening of 11,699.
 proposed to ↑ to 103 med. coll's by end of 4th Pl.

Mysore - 9 med. colleges - 4 Govt, 5 priv (Manipal, SJMC, Belpur, Dharwad, Gulbarga ?)
 PG in 5 colleges.

Vallabh Bhai Patel Chest Institute, Delhi -

- Set up in 1953 to conduct PG degree + diploma courses + research of national importance on chest & allied dis. + hosp service
- PG Diploma in TB + Chest diseases DTC
 - MSc MD PhD
 - Certificate course in Med Lab Tech
 - Quarterly Journal of Chest Diseases

— X —

Ref: NTI 8/7/96

Govt. Min. H + FP, Report - 1966-67

Tap intro - [unsigned - no personality stamp? collectivity]

Separate Dept of FP set up in April 1966 - coming factor resp. for
division of interest / funds / priority & occurred fairly soon after WTP
was formulated - in Min. H + FP to give a flip to FP prop. American surprised /
divided - a conditionality laid on food aid. 2 wing to Dept of FP.

a) Secretariat - also a new intro - exploring primacy of Pub. Hlth. -
became a political even administrative issue, deals in policy matters,
concerning FP, coord bet. state + central agencies, international assisting
agencies, administ. (b) Technical wing - renders technical advice, + looks
after field operations. + (c) to Regional Health Office & Rep. Director serving as
Liaison Officer bet. Central + State Govts.

* of Dept - 3 autonomous institutes - Central FP Institute Nalchi,
Demographic Sur + Res. Centre Bonga, Hindustan Latex Hdb.

Dept of Hlth - deals in a) All Health matters incl. drug control + prev. of food adul.

b) all matters rel. to Local Self Govt. - Why was this, I did it central Q

c) National Water Supply + Sanit.

Note Earlier broader linkages for Health & LD, ext. appv, local self gov.

Slow conversion towards FP, vested power, under papers

DHHS gives tech. advice on all technical matters except local self gov

Sole executive + concurrent legislative responsibility.

Imp subjects dealt by Central Govt - PG Med. Edu., Special studies & medicine
+ anti.; Union agencies / institutes for; Hlth scheme for Central Govt employees
+ MP's.; port health + quarantine (sea + air), seamen's + marine hospitals
hospitals connected to port quarantine etc.; Air and sanitary engin. +
+ rel. to WHO, Colombo Plan, USAID. (communic. dis. not mentioned)

Other health matters are state govt resp., Central Govt function up. State Govt.
is to determine broad policy + planning then the Central Health Council,
collection + exchange info., coord. + giving expert technical assistance +
advice on matters rel. to hosp's, ME drug control, prev. of PA Local Self Govt.
water supply, + subjects of country wide concern of control of epidemics

* Union Territories Govt Act implemented - HP, Manipur, Pondicherry, Tripura, Goa, Jammu & Kashmir + Metropolitan Council for Delhi etc.
Centre resp for State subjects only for A+N, Laccadive, Minicoy & Amnadin Island

TB pg 44 - SD, stood on its own - not a control + eradication of major diseases covered - Malaria, Spon, Trachoma, Plague & incident control filaria, leprosy, cholera, VD, Gonorrhea, Sex & Airport Health Exams.

NTCP - BCG vaccine program started in 1949 and activities till 1966.

Guinea covered 1 team, Ker 2, Madras 3, Malh 4 (i.e. 10 new teams in the year) & 207 total teams. About 100 BCG teams doing house to house vaccine work, 67 teams so far integrated in TB centres/clinics. - a process of ongoing change.

Future pop. - age group up to 20 yrs being covered by direct BCG vaccine except where TB infection rate is high. ? What was done there

From Jan - Dec 66, total of 71.21 L persons TT'd & 95.58 L BCG vaccinated. Progressive total since campaign inception - 244.61 mill TT's & 109.48 mill. vaccine.

Field Publicity Publicity material supplied to all States. New posters/pamphlets prepared. Contracts to Railways for display of posters at Pk Stn's renewed.

BCG publicity work upto Dec 1966 comprised 2,57,536 talks over 18,000 meetings, 2000 film shows & 3500 demonstrations. Publicity for Delhi Pilot Project contd. 2 booklets - "Role of gen. med. practitioners in TB control in Delhi" + "TB control in Delhi" for gen. public were prepared.

Bulletin devoted to prevention of TB resumed public display. Central + State H.E. Bureau supported by USAID.

Stocks of XMR units - Order for 5 mobile x-ray units placed.

3 units procured & supplied to Ajmer, Madras, Calcutta. 2 more units ready for Ajmer - Ahmedabad.

in spite of NTP / Dr B B's strong opposition this could - tho' at a lower level.

TB Dens & Tx Centre: 15 non functioning in N Delhi, B'ham, Agra, Cal, Ahmedabad, Cuttack, Haldwar, Secunder, Patna, Guwahati, Hyderabad, Nagpur, Ajmer, Bikaner & Darbhanga.

MP, Assam, Nagaland & Haryana yet to set up.

Est. of TB clinic ^{higher} priority under NTP. & envisaged one fully equipped & staffed TB clinic in each dist. of the country. Of 330 dist, abt 71 dist. do not have TB clinic.

The concept & practice of 'TB clinic' did not really change to DTC.

Also proposed that such districts & have 2 million or more pop. shd have > 1 clinic — point to be raised re. Mysore. Being a well off Dist it shd raise funds itself re. this.

Complete sets of equipment supplied under GDI-UNICEF have so far been supplied to 75 TB clinics / TB centres. 13 other centres are awaiting release of equip. Remaining clinics will receive equip. under a phased progr.

Upgrading of 30 TB clinics & are in various stages of dev. to DTC level is under consider. Progress: establish'g of TB centres in country since 1947 given:

	1947	1962	1964	1965	1966	? rate / graph.
Total No. of TB centres	70	307	400	414	427	
Equipped & 70 mm Kodak camera.	—	76	107	124	168	
UNICEF assisted	—	—	35	81	88	(mostly equipped in stages of dev.)

All 427 engaged in domiciliary Rx. Sputum case finding being done at PHC's, gen. hosp's / dispensaries.

Northern Regional TB Centre started functioning July 1966 — covers Punjab, Haryana, HP, MP, Rajasthan. TB centres in 4 states, except HP — visited so far & recommendations for their working on scientific lines are being made.

Southern Regional TB Centre - Report of progress for South east, last year under admin. control of Director NTI - to cover 4 States - Mysore, AP, Madras, Kerala. Some Dicks in Madras/AP visited for guidance.

Supply of Anti TB Drugs:

Public Central Scheme for providing free drugs for chronic R to TB clinics run by NGOs were put into operation in 65-66. Against a budget provision of Rs 10 L, drugs worth Rs 6 L procured by end 65-66. Another amount of Rs 10 L provided during 66-67. Entire supplies to tune of Rs 14 L used during year. Of these, drugs worth Rs 6.09 L distributed to help under run by NGOs. Budget allocation of Rs 15 L made for scheme in 1967-68. Another scheme to provide anti TB drugs for chronic R to TB clinics in the States: 50% Central share was contd. during the year. Sanction for purchase of drugs worth Rs 23.60 L was issued in Nov 1966. Indents for procurement of 25 L vials of SM, 600 L vials of IZN (50mg) + 10,000 kg of PAS. 80% guarantee placed in Nov 1966 to Director Gen of Supplies & Disposals. During the year, drugs worth abt Rs 30.23 L were issued to 202 state TB clinics as against drugs worth 16.11 L distributed to 246 clinics in 1965-66.

UNICEF agreed to supply 212.63 mill. vials of INH (100mg) + 50,000 X-ray film with drug 66-67 + 67-68. The 3 Central Medical Stores Depots at Cal, Madras + Hy Bad recd 150 mill. INH 100mg vials. 10,000 X-ray film with recd allotted. Stores Dept, Bhub.

3 NTI - considerable progress in 47 prog. units. + research activities during yr. 3 regular courses of BCG training for candidates sponsored by State govt to run DTP's contd. Total 400 persons attended the 4 courses bet 1966 - Jan 67. Trainees comprised 71 MO's, 78 DO's, 77 LT's, 63 X-ray T's, 73 SA's, 38, BCG team leaders. 11 persons from Afghanistan, Ceylon, Thailand, Nepal, Sudan, also trained in DTP microbiology.

For 1st time NTI, All India Internat. ty course. 9 students from Egypt, Yugoslavia, Korea, Nigeria, Japan, Sudan, Mauritius, Sierra Leone + Seychelles who participated in the Pague Internat Course on Epid + Control of TB came for practical field ty to NTI - accompanied by H.O., WHO, HQ Geneva + Prof K Tomar, Director of course from Pague University.

TB control seminar for Sr TB workers end. Prof of TB, Carl Surges + Dr W.C. held in Jan 67. 21 delegates from various States attended the 10 day seminar at NTI. + 5 observers from Nepal, Thailand, Ceylon, Afghanistan + Japan.

Experimental spread ty course for a. x-ray. Techs from Madras, AP, Mysore + Kerala conducted a new 5 pranchiptam kashsham abt MTR in dist. paps. Radiographer each from Ker, Mad, 2 from Mysore underwrote Trip.

Research - 1966 marked an imp. etc. in research, longer survey. Blane Dr helped prepare 3 papers - "late cases death survey", Risk of mortality + TB morbidity in infected + uninfected children, + "New drug use". Res. work of NTI attracts national + international attention.

4. TB Hospital, Melauli Rd, N Delhi - run by TAF.

Therapy - Inpts - 1903 new adms, 1006 discharged.

OPD - 12965 persons regtd, 4264 dead + Tub.

131 - major Thoracic surgical ops.

GOI gave Rs 5 L. as grant aid for maintenance.

Advisory Committee held 2 meetings in the year. - recom. org. of CFT

HE among lower SE pop in Delhi.

Prop. for 67-68 Control Cental Scheme proposed

estab. of TB clinics - 25

Upgrading " " - 15

Setting up MTR - 4

Est. of Typ. Demo Centre - 1

ISOI. Beale - 1000

free supply of anti TB drugs + min x-ray films to TB clinics thereby volume will be control. Special provisions will be made for drug supply to State run TB clinics + supply of tuberculin + BCG to State

5. Delhi Pilot Project

Intensified TB Control Progr started in Delhi in 1964, Govt provided them 8 TB clinics + some their respective zones into the Delhi area has been div for this purpose.

Also 2 TB hosp's in Delhi. Silver Jubilee TB Hosp. + Mahauli TB Hosp. + bed strength of 1,963.

Care Notific: 18,581 new TB cases notified by various agents to TB Control Officers Delhi, against 14,507 in 1965. Of these 15,041 from Delhi proper, 3340 - from neighbouring States. 10,175 local pts in PT, rest - TB of other origin.

Nearly 20,000 under Rx + anti TB drugs in Delhi area. Response from gen hosp's + disp's (incl. CGHS) was good. 3188 notified during Jan-Sep 1966 against 840 in Jan-Dec '65.

N. Delhi TB Centre run by TAI - trained medical personnel:

TB control methods. Govt assist - They've Rs. 4 L grant.

It's also the HQ of Northern Regional TB Centre + provides assist to State DTC's. After activation in past 3 yrs.

	1963	1964	1965
New pts in clinical section	6754	5728	6280
Old pts under Rx / obs. from org. home Rx area	5432	5165	6021
Contact exam	8836	6115	6611
Fluor ex's by mass x-ray	22354	28680	4503
Cases on periodic checkup in epidemic section	1826	1361	1434
Tb in gen pop - pups + BCG vaccine + mothers + toddlers	14088	7347	7919

66-67 - report.

+ expenditure
Plan Provision for Health

incl. water supply + FP

Plan	Health Plan Outlay	% of total plan (public sector)	Expenditure
1st	140.0	5.8	101.00
2nd	225.0	4.7	216.00
3rd	341.80	4.2	353.13
4th	960.00	6.00	

approx

Budget Prov. for MOH + FP.

(fig's in thousand of Rs.)

A - Revenue

for 1966-67

Rs.

Demands for grants for 1966-67

1. 41 - MOH + FP (Secretariat)	32,10.
2. 42 - Medical + Pub. Health	16,19,09.
3. 43 - Other Revenue Expenditure of MOH + FP	48,32
4. 31 - Grants to State + UT Govts	24,09,10
5. 52 Delhi	1,39,54.
6. 53 1 + N Islands.	22,58
7. 54. Tribal Areas	62,17
8. 55 - Dadra Nagar Haveli	1,07
9. 56 - Laccadive, Minicoy, + Amindivi Islands.	5,68.
<u>Total (Revenue)</u>	<u>43,39,65</u>

B - Capital

Demands for grants for 1966-67

Rs.

1. 127 - Capital Outlay of MOH + FP	11,70,94.
2. 122 - " " on grants to State + UT Govts for Devt.	2,90,00
3. loans + advances by Central Govt	22,99,84
4. 141 Capital Outlay on Public works	1,01,00
5. 142 Delhi Capital Outlay.	69,89
<u>Total (Capital)</u>	<u>39,31,67</u>
<u>Total (Revenue + Capital) MOH + FP</u>	<u>82,71,32</u>

International Health Relations

UNICEF - India a member of UNICEF Exec Board & Team since Jan 1968.

- May 66 meeting of exec board approved alloc. to India - \$4,268,000.00

for - Health Services - 1,722,000

Paediatric eq - 157,000

Vaccine prod - 70,000

TB control - 728,000

Tuberculosis control - 107,000

Leprosy " - 111,000

Applied Nutri - 997,000

Akbar Dairy - 180,000

Belgaachie Dairy Cal - 120,000

Special AMP, Equip - 76,000

4,268,000

postponed till 1967 due to
basic policy for assistance to
FP project.

Total alloc. from UNICEF upto May '66 - \$57,367,455.

- UNICEF alloc. - upto Aug '66 for Dev. of Health Services in Rural Areas - \$19,178,800.00

Release of supplies upto 31/12/66

Qty units / value of supplies

1. PHE equip - 1,919

2. Subcentres equip - 5,213

3. Dumps + diet supplement - 1,930

4. Public Health Nurse kits - 2,203

5. Midwifery kits - 7,499

6. DAI kits - 3,382

7. Vehicles

for PHC's - 1540

for DHO - 229

for HP - 166

for mobile workshops - 41

1976

and

8 Bicycles	1,580.
9. Pub. Hlth. Labs	81
10. Ref. Hosp's	\$ 336,814
11. H.E. med.	\$ 71,091
12. Environ. sanit.	\$ 851,943.
Cumulative Total	\$ 9,124,082.21

WHO provided \$910,453 under regular budget +
\$ 1,193,581 under technical assistance budget for
supplement of its projects during 1966.

In 1967, WHO provided \$1,493,874 - under regular budget +
\$980,164 under technical assistance budget.

GOI contributed Rs 33.82 L in 1966, + for training afforded facilities

60 WHO projects in oper' in 1966

WHO projects - 1966.

Projections for 1967

	Expend STC's Fellowship Equip.				Expend STC's Fellowship Equip.			
				\$				\$
1. Malware erad.	6	8	1	1000	6	6	2	\$1000
2. STC, Malware.	3	1	-	21,430	1	2	-	25,000
3. NTP.	4	-	1	100	5	1	-	100
4. Fellowships (TB)	-	-	1	-	-	-	-	-
5. Leprosy	3	-	2	100	2	-	4	100
6. Spore erad	-	-	-	-	-	-	-	5167,000
7. Pub. Hlth. Admin.	-	-	-	-	-	-	-	-
C.A. areas.	1	-	-	2,80,000	1	-	-	7,22,000

Leadership

Union Health Minister — Dr Sushila Nayar

Union Dy. " " — Sri B.S. Murthy

DGHS — Dr KN Rao

Addl DGHS — Dr N Jyotsna

V-Chancellor Madras Univ — Dr AC Mudaliar

Director NCD — Dr JB Sivasubramanian

Dy. Sec. Ministry Jt+FA — Sri SN Verma

All others attended WHO / UNICEF meetings —

WHO exec. board meeting — Dr KN Rao

UNICEF " " — Dr Sushila Nayar

Dy Sec — only attended WHO SEARO meeting in Delhi.

Leadership v. clearly of Directorate

Shift to Sec's came a little later.

Adviser: TB — Dr NC Bardia — attended Eastern

Regional Conf. on TB in Tokyo

~~substantive~~ could — X —

Indo Norwegian Health Project Kerala

Food Forard — \$45,000 FP. Fellowships Pres.

USAID — medical education tip

Pub. Hlth Edu.

Nursing colleges

communi. dis control — das NCD

Malaria eradication — Rs 52.9 cr, dis grant of
\$62.3 million. + dis loan of \$8.5 million.

vector supply + control.

Dr MG Candan, DG WHO

Mr. MP. Seigal Asst Dir WHO

4/7/96 - NFI

GOI, MOH, Annual Report 1964-65.

MOH deals with Health (incl. drug control & prev. of food adulteration) + local self govt., town & country planning + retinal water supply & sanit. scheme.

TB given separately pg 34-37. - not a common dis.

1. Nat. TB Control Progr.• BCG Vaccine Progr. initiated '49

66-65 → Govt. raised 2 rooms + J + K + govt. 1 room each i.e. Total - 182 (BCG room)

House to House vaccin. Some antip. in TB centres/clinics properly estab. + staffed. (DTC's). Decided to intro BCG thru new centres

+ School Health Services wherever developed. Some States intro direct BCG vaccin. to 0-6 age grp incl. to newborn.

• 125.23 L persons tuberculin tested + 61.67 L BCG vaccinated from 1/11/63 - 31/10/64
 (12 mill) 6 mill in 1 yr - away sub. & antitub. effect

Future - 2 objectives - (i) BCG personnel in mobile campaign to be posted fixed at Dr. HQ to integrate BCG in TB control prog. at district level

(NTP/DTP not used in entire report!)

(ii) concn on 0-14 age grp aiming at max coverage.

Proposed to (a) integrate BCG rooms in TB clinics

(b) intro. direct vaccin. in 0-6 yr grp incl. newborn

(c) more extensive coverage of schools

Estab. of Mobile X-ray Case Finding Units ! some change after NTP formulated.
 1962 - NTP - an artificial dividing line.

Target - est. 25 units. 5 ordered but 110 type for apn exchange per order L to 3. 2 more to be purchased - 64-65.

Estab. of TB Clinics - most imp. activity for dev. of dom. Resource & facilities available not only at clinic HQ, but at all dispensaries, HC's, taluk hospitals thru out dist. → is integrated scheme

need a hierarchy among PHD's.

Steps for TB control ^{reviewed} in light of possibility of possibility of dom. R. + revised instructions issued to State govt./Union Territories

Building of community - particularly rural
spreaded TB services - to support PHCs / PHUs - this step
still to be actualised

The policy of control is now based on the extension of ASU + R into
the rural areas than PHCs. - esp. since TB has found to be more or
less the same in rural + urban areas. State govt have been asked to
give highest priority to estab. of TB clinics in every dist. taking up ^{operational} ^{target}
those - have none during the current plan period. There are 87
dist. in the country now TB clinics + it is therefore proposed to
give priority to the estab. of the clinics in those dist. There are 130
dist. clinics to require upgrading to take up DTC

UNICEF equip 50 for released to 44 TB clinics / TB Centres
during 3rd F. period under agreement bet. GOI & UNICEF. In addition
UNICEF have partially equipped 11 TB clinics. Equip to remaining
TB clinics will be released on a phased programme when criteria
for assistance are complete viz buildings, 3 phase electric power,
full N.T.I. trained room, necessary budget provision etc. To assist
States to make more rapid progress due lack of trained staff,
typicalities at N.T.I. have been to take additional no. of rooms.

2. TB Demon & Tip Centres made good progress during year. Basic
tip of HV's popular the tip of other categories of personnel under supervision
at near centres. Current Plan provision for est. of 5 Centres, but 8
estab. incl 1st Apr. - 2 was spillover from II F. - 5 then at
Ahmedabad, Ajmer, Darbhanga, Calcutta, Cuttack, Srinagar
+ Madras. Centres now est. in all major States except Assam + MP
(check = Drake / N.T.I. staff ref. tip at STC's country code)

3. Anti TB drugs

Essential immunisation in full against TB. Decided that Control Assistance
to States available under scheme of estab. of TB clinics / TB Demon & Tip Centres
in respect of recurrent expenditure will partly be in shape of anti TB
drugs which will be supplied free to individual TB pts - ^{was there a payment system}
^{these drugs}
^{provided by}
^{State govt}
^{supply}

Rs 50 L for anti TB drug purchase during 64-65

Q ? What was the system before this

116 mil - v small amt

Out of the purchase of anti TB drugs for about Rs 16 L made in 1963-64 drugs worth over Rs 9 L sent to TB clinics till 12/11/64. UNICEF also assisting in drug procurement + drugs worth Rs 7 L are to be received shortly.

Q ? where are drugs, about anti TB drugs for Defence / Railways etc

4 Regional centres for TB control

It has been decided to set up 2 regional orgs - at Agra + B'lore in first instance to coordinate, supervise + advise States in effective implementation of schemes included under NTCT.

Q - Why was the latter dropped

5 Feasibility study re: major BCG Trial

US Govt. rep. by CDC, Bureau of State Sciences, PHS, US Dept of Health, Educ + Welfare, Atlanta + GOI (operating thru ICAR) have entered into an agreement for carrying out a feasibility study in the prevenⁿ of TB. Will be conducted at NTI, B'lore over 2 yr period. US Govt. agreed to grant not exceeding Rs 1,132,800 to GOI for study. Rs 1.1 mil

6 Relief to indigent Displaced TB pts from W. Pakistan.

Seems to be a strong imperative to respond to their needs. ? political angle

GOI reserved 300 beds for free Rx in TB hosp / sanatorium in Punjab, Rajasthan, UP, Maharashtra, Gujarat. Rs 6,72,000 (6.7 L) proposed for sanction this year for maintenance of these beds.

7 Indigent TB pts from E Pakistan

GOI reserved 600 beds in WB, 47 in Assam, 7 in Bihar for this. Cash assistance to displaced TB pts + dependants given.

Rs 19,50,000 (Rs 19.5 L) sanctioned for beds above this year.

8 NTI, B'lore - Try new in public health approach to problem of TB control - for staff of TB clinics + other TB workers.

Postgr. 3 courses of 3 mths dur: conducted + 353 persons, incl. 56 MO's were trained. WHO / UNICEF assisted by providing vehicles, equip: + international experts

Q Dr Bailey - abt role / quality of internat. experts
Dr BB, Dr Chandrasekhar

Seminar on TB control held 4-15 May 64 - attended by 27 MO's from 16 states + 1 from Thailand. Objective - to review in detail some aspects of NTF - interesting to get the report.

No. of studies cond at NTF - major one longit survey of pop: in Bhubaneswar to study time trend of TB in natural environment. Comparative study of Tuberculin from India + Waybridge among cattle had been undertaken.

9 IR: TB Hospital, Mehrauli, N Delhi - administered by TAF, set up + maintained largely from grants made by GOI. Present bed strength 306, 54 for children. Central Govt grant: 64-65 - Rs 5,36,000 (Rs 5,36L) from 1/1/64 - 30/11/64 - 12,255 + 38,789 old cases recd Rx in OPD + 826 inpt, 837 were discharged. — 1 hosp utilises approx 50% of expenditure of entire country
Col. expend. on urban is much earlier.

10 UMTS, Madanapalle GOI assisted 2 projects.
a) assistance for cellab of childrens TB Hosp (ward) — in 1955 + since then till 63-64 50% of maintenance charges at Rs 75/mtk/child by GOI
12 beds for preschoolage children, 28 for 5-13 yrs in PT, 24 beds for children in bone + jt TB + 12 beds in isolation section for newly admitted children. Specialised & op lung resection + orthopaedic etc + gen welfare op school - qualified teacher.
In accordance to original arrangement no financial assistance will be granted for the project from 65-66 onward.

Union Govt playing a facilitatory role in institution bldg + equipment need. / capacity ? State Govt.

b) 1955 GOI assisted UMTS in upgrading Thoracic Surgery Unit & now has 20 TB 16 postop rooms, necessary equip + Resections, thoracoplasties regularly done

64-65 - GOI grant Rs 34,500 for maintenance of 75 beds at units.

" Delli Pilot Project

Notific of TB cases in Delhi started from Sept 1, 1964. Notific forms were distributed to all TB insts, gen hosp, CGHS, ESI hosp, Maternity & other hospitals. Abt 3,500 cases notified since then. This is a new feature in India.

Prob's of Dr shopping - same pt visiting many Dr's/centres is over notified - perhaps can be tried in small geographical area.

A mobile van fitted w/ X-ray + other equipⁿ is working in Hindu Rao Hospital where symptomatic CF work being done. Cases referred from OPD of Hindu Rao Hosp. - 1,300 X-rays done + 123 TB cases dead !!

- x -

Letter Sri Jaya Chamaraja Wodeyar, Governor of Madras - donated 20 acres of land for Institute of Speech & Hearing in Mysore + use of 2 bldgs but now const. -

was he or earlier Gov. of Mysore?

The strength/potential of the State is awesome but it's up to political + public support.

BCG Vaccine lab, Gurgaon est. in 1962 it is the world's largest vaccine prodⁿ centre. Supplies @ tuberculin + BCG vaccine free to all states/other institutions engaged in Mass BCG campaign in India (b) free tuberculin to some govt instts for diagnostic use (c) BCG + tuberculin to Govt of Afghanistan + Ceylon + vaccine to UNICEF sponsored projects in Burma Malaysia

Q - How much does BCG cost to Govt/yr.

→ Do we import - at what cost, from where

→ Do we have capacity to + prodⁿ.

269.6061 cc BCG vaccine manuf. from 1/11/63 to 3/10/64

3,148,970 cc Tuberculin

3 Freeze Drying Plants + 5 Secondary Drying Plants & spares & accessories would be imported + being installed. expected to manuf. freeze dried vaccine on large scale.

ICMR - gives 1st place to TB in its summary of work -

TRC work a) Home - Sanatorium & (b) relapse rate during 4 yrs follow up period, indicates rates no higher than among control series in Sanatorium for 1 yr. - diet, rest, cond's of accom. are of minor imp in occurrence of relapse when good chem therapy is administered for an adequate period.

(c) Results of comparative study of daily + intermittent chem therapy support a possible change in orientⁿ of drug adminⁿ for TB in developing countries. (d) controlled study completed this yr - T+4 as effective as standard PAS+INH - cost of T regimen 1/5th that of PAS.

In the course of studies, problem of relapse on diff. drug schedules, freq. of devⁿ of resistance is cause of R + alternative methods of control of cases that become resistant are being anticipated. Project paved the way for extension of domiciliary therapy on a mass scale. In view of usefulness of work being done by the centre, ICMR has under consideration a proposal to make the centre a permanent estⁿ. sim to other research institutions.

Madanapalle - TB Research Unit

3 major research activities of direct bearing on TB control being carried out ^{Support} at
i) 1st began in 1948 - examⁿ of BCG vaccinⁿ - to see if it could be tolerated by Indian children.

ii) + at same time survey of people of Madanapalle - findings so valuable that survey was extended in 1950 to whole village popⁿ around Madanapalle. From 1950 till now - series of surveys by mass X-ray exⁿs + T. Testing carried out. Popⁿ originally comprised 50,000 + to 68,000. All TB cases detected by X-ray or symptoms (? no sputum testing) offered 8 wks hosp. or home modern drugs. BCG vaccin used extensively. Result - TB mortality very much reduced since 1948 infection TB brought down very considerably. Scope for epidemic studies is 100%.

This proves that control is possible by controlled work - not by effort

- ② 2nd major research activity - interest into possibility of controlling TB by Rxing all infectious cases in a community & drugs in their homes & access to hospital Rx. For this purpose 12 towns in Chitwan Dist + in neighbouring dists around Haddanpalle, were examined in 1959 then a 20% sample survey. 6 towns chosen for intensive Rx of all cases detected, while 6 chosen as control towns & no special Rx. Preliminary analysis of incidence of TB as found by the 1st survey: 60-61 & that in 62-64; 2 yrs later shows that incidence of infectious diseases in community has been ↓ by 20%.
- ③ 3rd major res - bacteriologic study of types of TB bacilli & other similar kinds of bacilli & can infect man & produce tuberculosis & scrofula, began in Feb 1964 - aim to develop more exact methods of demonstrating presence of TB infect in man than is possible today.

Review of 3rd Plan:

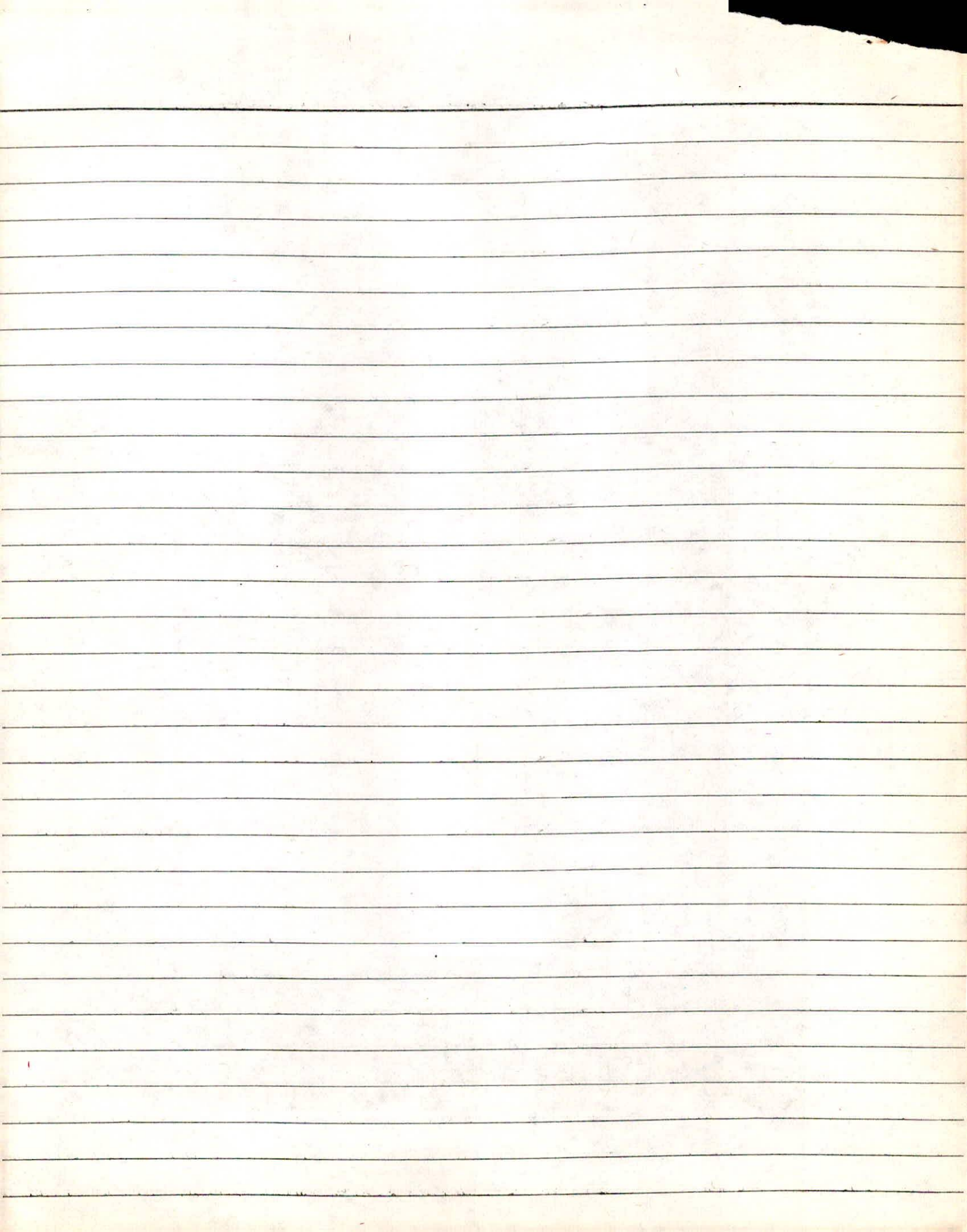
Broad Objective of 3rd Plan - progressive improvement in health of people thru dev of public health services & controlling the rate of pop. ↑ thru FP.

- Malaria, Spon, TB, leprosy, Trachoma, gonorrhea, syphilis
- est. of PHC's thru out country
- setting up 85 med colls bringing total adm. capacity to > 11,000
- setting up ty. facilities for nurses & PHW's
- ↑ hosp. beds to 2,40,000
- improving rural & urban water supplies

These are the main features of the implementation of the 3rd Plan.

f) Small FP progrs intensified & extended

TB 414 TB clinics in country of which 130 are properly equipped & staffed - being upgraded to UNICEF aid. Free drugs now being supplied for chem Rx. Objective to achieve by 1975 est 1 adequately staffed & equipped clinic in every dist.



Ref NTI, 4/7/96

Min. of Health, Report 59-60

Subjects dealt by Central Ministry of Health.

2) Those for which Min. is primarily responsible

1. Administ. of central Dept. & Institutions. (30) insttⁿ incl DGHS, BCG Vaccine Lab, Genuva, ICMR, Medical Stores & Appliances & Factories, Contributory Health Service.

This is very diff. to the UK. → all prodⁿ by private sector.

+ range of communicable diseases + blood services from several running by institutions.

2. Rel. to UN; international orgⁿ's viz WHO, UNICEF, Ford + Rockefeller, (Red Cross + St. John's Ambulance).
3. All India Council → Medical + allied professions.
4. Drugs standard control.
5. Med. Rec.
6. Physical fitness of central Govt. Servants, mod. ex^t / boards.
7. Medical attendance for central Govt. Servants.
8. Central Health Service.
9. Hlt. Services in UT's + in Manipal, Tirupur, Delhi HP.
10. FP.

+ 8 more subj.

(b) Subjects in relation to which the Ministry exercises advisory + coordinating functions

1. Devⁿ of Health Services in States, in part relating to control of diseases like Malaria, TB, VD, Filariasis, Leprosy + H. C. P., Nursing, FP + 7 other subj. incl. local self Govt.

Intro (No names mentioned here except in section on international visits) Central Govt. has sole executive responsibility for subjects included in the Union list, and concurrent legislative responsibility in States for subjects contained in the Concurrent list. Matters connected with Health fall largely in the State field. In gen. Central Govt. function in regard to matters in the State

field. In gen. Central Govt. function in regard to matters in the State

1st, 2 are primarily the responsibility of States themselves, can be stated to be co-ordinating, collection + supply of info, supply of expert technical assistance + advice, + such other assistance, as can be given for the promotion of health + well being of the country.

Budget provision sanctioned under Revenue + Capital demands for the Ministry of Health during 1959-60 is:-

A Revenue

Demand No.

Budget Estimates 1959-60
(in thousands of Rs)

42.	Min of Health	14,09,000	
43.	Medical Services	6,63,09,000	(66 million)
44.	Public Health	16,53,07,000	High share of pub. health (165 million) 16.5 cr
45.	Misc.	87,93	
54 & 55.	Delhi	88,36,000	
55 & 57.	H.P.	21,86	
57	Manipur	23,16	
58	Tripura	19,02	
59.	Laccadive, Minicoy + Amindivi Islands	11,93	
Total - Revenue		25,82,51,000	25 cr approx 250 million for govt

B - Capital

118	Loans for Urban Water Supply + Drainage Schemes (incl. corpor's + local bodies)	12,50,00,000	125 million
"	* Loans to Delhi DA for Slum + Relieving	1,47,00	* 59-60 provision under MCH later Min of Works, Housing, Supply
"	* Loans to N Delhi Municipal Committee for electric. schemes	27,00	* 59-60 - MCH, later Min. of Supply + Power
"	Loans for improvement of water supply in Tripura	46	
122.	Capital Outlay of MCH.	52	- for e. pan + BCG?
"	Plant + equip for manuf freeze dried vaccine	4,60	
"	Cinchona cultivation	1,62,26,000	16.2 mil
"	Medical stores depot + factories	7,74,59	
"	NHEP	4,00	
"	Med. colleges - research institutions	2,00	
"	Pub. Health Engineering Dept.	8,00,00,000	80 mil
"	Grants to State govt for water supply + sanit. props (rural)	16,14	
136	Delhi Capital Outlay	25,50	
137	Capital Outlay on Budget	27,14,09,000	27 crore / 271 million
Total Capital			

Malaria NHEP from 1958.

Support from US TCM - 8 cr Rs from US PL 480 Sale proceeds for NHEP for local purchase of material, equip - DDT, BHC, staff salaries + allowances. + \$11.8 mill for purchase of 12,600 tons of DDT for 1960-61
DDT lobby must be kept + 1 entomologist + follow up / equip. likely to be used - DDT 75% - 24,100 tons (incl. 12,600 tons), freeze - 150, Chloroquine sulfate tabs - 8.5 mill, Penicillin tabs 63 mill, Micro slides 1,95,000, Microscopes - 30, electrical calculating machine 6.

US involvement / influence in early years was higher.

- malaria, BCG trials - USPHS, Rockefeller, AP, etc. Managerial
PSM Dept - Carl Taylor, CRC - Valore.

In TB - diff expend gaps / lobby

- a) Scandinavian - BCG + epidemiology / sound app.
- b) UK - BMRC - W. Fox - chemotherapy - chemical trials
- c) US - BCG trials - efficacy.

Item UNICEF (UK), WHO - Scandinavian, USPHS.

Cost of Planning operations of NHEP in Third Five Year Plan - est. Rs 58.28 crore.

FILARIA NHEP

Due to high foreign exchange price + absence of continuing aid from US TCM, decided on advice of Planning Commission that prog. shld be contd at existing level during remaining period of 2nd 5 Yr Plan. ∴ no new control units dev.

In 59-60 lab. equip + teaching mat. valued at \$10,000 are also likely to be recd from US TCM against DA No 90 for primary use by US technicians assigned to this Institute.

Strong US TCM link to CMEB - 5 sets of Ar. equip., film strip dev.

VS control UNICEF supplied Penicillin

Disproportionate role of foreign / donor countries ^{to decision + policy making}

US & US detd contrib - dependent role - Technically

Have not built up a sound Public Health educ. base

TB Control Programme - The BCG Vaccine Progr (in large / bold / caps!)

BCG Progr started in India in 1948 on a small scale (helping International TB Campaign + later of WHO + UNICEF). In 1949 it was extended to include organized groups such as school children - factory workers in large towns of the country. In 1951, the progr was organised on a mass scale to cover the susceptible pop particularly those below the age of 20 est. at 170 mill. 167 BCG teams, each consisting of 1 team leader + 6 technicians are working in the country.

incremental change / ^{gross} ~~improved~~ once or 'paradigmatic' or major decision was taken of

- * // major - decision to tackle TB at national level
- * - use BCG - ^{active between opp's, :: of resource constraints} considered most effective, part of broader control effort.

incremental - dec of BCG campaign

- unintended learning from campaign

major - research effort +

launching of NTP.

↑ a large public health effort

139 million

Up to end Dec '59, no. of persons tuberculin tested - 139,246,688 & out of them 48,830,180 vaccinated in BCG. Target of 170 mill test expected to be achieved by end of 2nd 5 Year Plan.

^{institutions created for specific purposes} Central BCG Organisation control to coordinate the campaign in the States + assist them in the supply of statistical & publicity mat. like films on BCG, film strips, pamphlets & literature with free of cost. To provide incentive to field workers in States, the Central BCG Organizⁿ has instituted a shield to be awarded every year to a State adjudged best in all respects. Their certificates for HQ & field staff have also been instituted.

^{international orgs} UNICEF has been supplying Public Address equip, vehicles & vaccine kit for the campaign. Total contribⁿ of WHO/UNICEF to the BCG campaign would amt to over \$2.4 mill up to end 1959.

$\frac{48.8 \text{ million} \times 16.8 \text{ million}}{16.8 \text{ million}} \times 16.8 \text{ million}$ small amount

In order to enable State Govts to achieve the target for BCG Vaccination in the country acc. to schedule, a scheme of Central Subsidy to States for intensified BCG Vaccination Campaign is included in the 2nd 5 Year Plan & an allocⁿ of Rs 25 L. Central subsidy under this scheme is given as follows:-

- i) 50% of pay + allowances of 1 Asst Dir. Pub. Health (TB) in States where there is no such post, for a period of 2 yrs + 25% thereof for the remaining period of the 2nd 5 Year Plan. Balance to be met by State Govt.
- ii) Half of expenditure on pay + allowances of additional staff to be employed during the 2nd 5 Yr Plan for completion of BCG Vaccination Progs.
- iii) Towards cost of trg of BCG Officers & Team leaders in pub. health & TB at Rs 2000-00 each.

Proposals for appointment of additional staff have been recd from all State Govts except Mysore, MP, J & K, & UP & they have been approved.

Strong leadership - at diff levels crucial.
Team company leadership - men and women.

Mins of Health, DGHS, ADG/DAG (TB), Div. of TB,

in a few places where institutions do well
Collaborative functioning of diff. inst^s / orgs
vs. individualistic styles - inward divisions
Also linked to leadership

SD's - hel. COMR, TRC, Arogyasam, NTE, Mawbity, MAI.

Temporary Central started - 54-55 as a Central Scheme under 1st 5 Yr Plan. In 2nd 5 Yr Plan it has been incl. in State Plan. State Govts set up 95 Subsidy centres & 4 R+Study centres.
Financial Assistance in 2nd PI - 100% for non-recurring expenditure for the State + sharing scale of recurring expenditure - 80% in 1st year, 70% in 2nd year, 50%, 30%, + 20% in each sub. year. 35 L. budget provision for 59-60

A Leprosy Advisory Committee constituted in Feb 1958 to review working of Leprosy Control Scheme. / give suggestions. Union Health Min is Chairman, members from GOI + leading mds.

Med Educ ^{small amount!} Rs 6.5 cr provided in 2nd Five Year Plan for establishment of medical colleges (7 incl. 1 at Hubli) + for expansion of existing ones (↑ in seats to 100/year — in 13 colleges incl. 1 at Mysore) + 100 to assistance for expansion of 7 more + grant + aid to 2 colleges for equipment. Since the 6.5 cr has been already allotted, abt 2.5 cr Rs for expansion of above 7 colleges has been found from savings in other health schemes. Plan provision for scheme will be exceeded by abt. Rs 1.63 cr.
? Use of discussion could fear more powerfully backed schemes

(Transfer of funds from 1 head to another — to the higher priority / more powerful area? i.e. lobby of med. professionals + private sector. They don't say from where the money will be taken + who made the decision + how —

However — it is necessary to have a group of people who can lobby the case. (e.g. played by TAE / NTE / TAC — who can negotiate, persist, promote justice!)

Under Training of Health Personnel for Com. Dev. Progr

- Rapid ↑ in no. facilities*
- a) Health Worker Trg for HCU progr started in 54-55 in 8 Health Schools. — one 1 1/2 year course for mature + maturing up, + 2 1/2 yr after matric. + 8 new schools being est — 2nd Pl in (1 in Blore) In 59-60 — Rs 6.45 cr budgeted
- b) Midwives + ANM's centrally assisted scheme — 54-55 — 1st Plan approved — 6 new midwife schools + 39 ANM schools 2nd Pl — expanded / added new schools
- Private sector + financial grants*
- Jan 1959 — 107 ANM Trg Insts. by Oct 59 — 124.
In 1953-60 — Rs 12 L budget + Rs 7 L for grant-in-aid to private institutions

Tip of Lab Asst, radiography, ANM's / NIPus
 b b also pairs the cross & policy with

TB Demons + Trip Center

The 6 " exab at N Delhi, Patna, Tiruvandur, Madras, Nagpur

✓ Hydrochol & WHO, UNICEF assistance. could to function during

During 60-61, 4 counties expected to be estab. or Biltmore, Col,

Bldgs ready for cal + Akhad Centre while in Agri. - under const?!

X-ray + lab equip for these centres will be supplied by UNICEF.

Training of the assistant

60 I decided to give financial assistance to state govt for

Exp Lab. Ass'ts — Appointed gene. to 13 institutions — mainly

Includes PHF + vaccine Hosp. (3!one)

100% assistance for non-recurring expenditure. (bldg / equip)

Recurring expenditure on ship scale 80%, 70%, 50%, 30%, 20% each year.

Training of Radiographers

Cop Rs 17,360 to PHU, Patna. - 57-58
20,000 to Vallabh Bhai Chet Institute
58-59

To meet shortage as well as present demand of Br's & this GOI

decided to extract 10 top centres in 2nd Pf. — in diff shots (und)

i) Person: Entire expenditure borne by Central Govt.

State care - select loc: hospital, student - university stipend

gas played a tremendous developmental role

even in prod' of personnel. — for several decades

but per se don't enough money.

MEDICAL RESEARCH

Research: TB

TB field Research Programme at Madanapalle conducted under

inspires of ICMR. Since 1950 could to be a opening 1959. Since

59. the scope of this project has been expanded to include an

- ICMR - an imp player in TB Research, several research studies
other than NTI & well known TB
- NTI

selected towns with a total popⁿ of 1,20,000 within a radius of
100 miles from Madras. During the year & follow up of the studies
already undertaken in & around Madrasapalle, also could.
A preliminary survey in some of the areas included in the
expanded prog^m were carried out.

2. BCG Assess. Scheme Since Aug '55. ICMR Assessment Team
selecting persons vaccinated in mass BCG campaigns to det. if desired
degree of allergy indicating protection against TB had been
produced.

- a) 32 grps of school children selected + grps of fam^{ly} popⁿ in
selected villages - for post vacⁱⁿ allergy - all castes - 60-61
- b) study of infection prevalence by $\frac{1}{10}$ of children of age grps
upto 4 yrs in Blocks selected at random: Block up +
100 villages in B. Dist. has started
- c) Survey rep. status of allergy in relⁿ to whether he
vaccin^d & selecting variation of batches of vaccine & local
cond^s
- d) Tuberculin survey in 3 islands: Laccadive grps
High prevalence of non specific sensitivity noticed
- e) study in 20 schools in 2 towns. Register was
maintained to compare study of allergy in 'repeated'
vaccin^d + 'reg^d' unvaccinated grps.
- f) study in grps of school children 5-16 yrs for possible
allergy boosting effect of repeated tuberculin test.
split changes in allergy pattern noted

3. National TB Survey 1955-58 under auspices of ICMR, reported 1959
Survey for inaccessible villages in Madrasapalle zone completed &
in Telli zone expected to be completed this year.

4 TB Chemotherapy Project started at Madras at TB Demarc.

• Trip Centre in May '56. by ICHR. in co-operation with WHO/BMRC & Govt Medics. progressing satisfactorily. In '59-'60 - comparison of home & hospital Rx for yrs completed & reported in WHO Bulletin. Report indicated that under certain conditions (of close + increase supervision) the home Rx of TB pts is as good as hospital Rx. Follow up being done.

even surgery for TB already being practised
Thickening of ribs never practised & never raised by research

Medical Relief

① The Lala Ram Sarup TB Hospital, Mehrauli (Delhi)

The LRS - has 306 beds of & 54 beds for TB children, + 52 for isolation of advanced TB pts. Has admin block, X-ray dept, proper lab, OT, lecture room, library, recreation hall & staff quarters. & facilities for surgery, cons. service, clinical & epidemiological research.

No of pts Rx'd in 1959 was 1006 of & 673 were discharged, 820 operations done. OPD for persons from Mehrauli & neighbouring villages. - daily attendance 2169 in 1959. Of 14,100 new cases attending 3,197 found suffering from TB. Hospital is administered by TAI & net expenditure incurred is met by GOI

v. large amount

Primary Health Centres - focal points in rural areas for prev. & curative care is integrated w/ ag. Rs 50 L provided in revised First Five Year Plans of Ministry for subsidies & State for estab. PHC's. Only 74 PHC's est'd in 1st Pl. 51-56

2nd Pl - 19 cr. provided - for 2000 PHC's in NES Blocks.

- were to be in addition to 1000 PHC's in 2nd Pl. in CD Blocks, by Ministry of Commerce & Cooper.

- plan 1 PHC / Block, 6 beds, 3 subcentres, cover 66,000 pop.

concurrent deleted → Build up of physical + institutional infrastructure
 policy initiating
 impelling on TB control
Is the glass half full or half empty?

Upto 31st March 1959, PHC's opened since below + proposals for next year

S.No.	State	No. of PHC's opened - 15 th year plan period + during 1 st 3 yrs of 2 nd PI upto 31-3-59	59-60	60-61
1.	AP.	110	80	10
2.	Assam	37	28	14
3.	Bihar	166	34	46
4.	Bihar	133	122	105
5.	Kerala	73	5	8
6.	MP.	112	95	34
7.	Madras	118	20	20
8.	Mysore	87	40	40
9.	Orissa	61	65	30
10.	Punjab	66	8	3
11.	UP.	280	123	218
12.	Rajasthan	47	16	26
13.	WB.	96	32	41
		excluding 309 Thana + Union Health centres		
14.	J+K	13 13	10	17
		1399	681	612

• From April '58 resources of MOH + MOCD + Corp. pooled. ∴ each PHC gets Central subsidy towards non-recurring expenditure upto ceiling of Rs 67,500 made up of Rs 60,000 or 75% of actual expenditure & balance less on budget (PHC + staff phc + F.P. clinic) + upto Rs 7,500 for equip^t, furniture, bedding + clothing. For recurring expenditure MOCD + Corp. - Rs 2000/yr / PHC fundings + upto Rs 6,500/yr for staff expenditure - rest to be paid by State Govt.
 Provision of Rs 150 L in MOH budget 59-60 for subsidy to State Govt for this - 4. small amt of money - due, mainly to hospitals / urban areas.

Grant is aid sanctioned to maintain State in 55-56 to 58-59

For PHC's opened :- 1st PI - 55-56, 56-57, 57-58
Rs 20,08,940 Rs 26,624 Rs 12,00,226

For PHC's opened :- 2nd PI - 57-58, 58-59
Rs 62,76,850 Rs 253,16,355

UT - Med Relief / Public Health

- ① Suppl 58 - BCG Vaccin Progr
- app'l of M.O (TB) + opening of TB clinic at UH Hospital Agartala
- Relief of TB + displaced persons
- 2 local hqrs sent for TB Httc Visitation Camps
60-61 - 50 bed TB ward at Agartala

- ② HD - 59-60 - 10 bed (isolation) for TB pt
60-61 - 10 " (TB) : Dist Hosp. Bilaspur.

etc

* Union Mission TB Sanatorium

GOI meets 50% recurring expend - maintenance of 76 bed children's Hosp. + Thoracic Surgery Unit as Centre of 4 Drs (8-12/yr)
LTS (9/yr) Nurses (6/yr) + is developing technique for field studies on TB 1959-60 - grant - Rs 67,170 = 100

* Estab. of TB isolation beds

Alloc - Rs 50 L - 2nd PI

GOI subsidises State govt for est. TB beds upto 50% recurring expend, limited to a max of Rs 1250 = 100 / bed

Estab of 4570 TB beds approved. - of this 2710 have been / are being est'ed.

State govt have proposed to setup 1895 TB beds - 60-61

- TB Clinics - part of progr - diagnostic advising + preventive work
- Domesticity & dom. of bed shape. - need sufficient no's of min. std. scheme to upgrade 100 existing clinics & add 200 new clinics so that every Dist HQ town has a clinic.

for more
7
ATC

no paper for lower level (diff) up.

intended to provide. to handicrafts, tailoring, papermaking, embroidery, soapmaking, basket making etc - can be sold as cottage industry at home. Cost/centre - Rs 3 L. nonsewing + Rs 1 L sewing / yr
10 centres approved + under constr. Process. Slip and Rs 40 per + Rs 200 to start trade

59-60 budget provision of Rs 8.5 L

59-60 - 523 -

अक्षयप्रतिपदा. ६

(d) discharged but requiring special diet

Punjab - Rs 10,000, Bihar 10,000, Rajasthan 20,000 Rs,
Delhi Rs 25,000, TP Rs 5,000. Medicines dis supplied
to TB Clinics by DGHS for free supply

1959-60 → 4,364,192 cc Tuberculin + 2,630,378 cc BCG-vaccine
3,902,515 " " " " 18,01,228 " " " " Produced

Supplied to Indonesia & India. 2,83,700 m., 7,57,485 m. & Afghanistan, Ceylon, Burma, Pakistan, Malaya.

Freeze dried vaccine plant installed → reqd. hard glass ampoules
ord from Japan. Manufacture on experimental basis to start Jan
1960.

Expenditure Rs 1,66,765 so far of Plan Provision of Rs 36

Institutes - NTI

estab'd Mar 1959 for tip of TB workers reqd for TB clinics under
TB control progr. UNICEF / WHO offered assistance → equip. +
personnel for this centre as well as for TB clinics + tip control in
NTP.

WHO experts are in posⁿ + national consultants appointed in
many cases. Preliminary work at tip progr underway. Tip will
commence by mid 60. Field tip progr to be organised in selected
regions + CD Blocks in States of Mysore, Madras + AP. Where Dr's
home visits, X-ray tech's. + LTs. will be trained in actual
working cond's.

TB lacked a pre-independence backlog
unlike malaria

specialist by central

Valabhhai Patel Chest Institute Delhi

est. Jan 1953, Delhi University + financial assistance from Govt.
Managed + administered by Gen. Body. with VC. as Chairman.

Grant of 3 LR in 58-59 + of 4 1/4 LR in 59-60.

13th DTD course for Dr's underway in 20 students
+ Med Lt course + PG courses in Chest Diseases
+ clinical research centre.

Rs 130 million — interest gaps!

* Gen. Durg

worth Rs 13 crores imported in 58-59.
+ 10.5 cr bet April → Dec 59.

Internal Exp^t

WHO	No of internal experts by WHO	
1. TB Control + Training Napper	4	—
2. " " Hybrid	4	1
3. TRC Madras	6	6
4. NTP	11	14
Madras	<u>25</u>	<u>21</u>

Internal meetings

Dr. Col. Jaswant Singh DGHS

Sri DP Karmastar Union Health Minister

Dr V Ramakrishna - ADGHS

Dr CG Poudel DG (CPR)

Dr CB D'Silva - Dir BCG Vaccine Lab Genoa

approx levels of expenditure
of internal experts