



GOVERNMENT OF MAHARASHTRA

**OUTLINE
OF
ACTIVITIES
for 1977-78 and 1978-79**

**URBAN DEVELOPMENT AND PUBLIC
HEALTH DEPARTMENT**

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OF
ACTIVITIES
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**URBAN DEVELOPMENT AND PUBLIC HEALTH
DEPARTMENT**

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(A) URBAN DEVELOPMENT

CHAPTER-I

TOWN PLANNING AND VALUATION DEPARTMENT

1.1. Organisation and Strength

The Town Planning and Valuation Department endeavours to plan the growth of the fast growing towns in Maharashtra and acts as principal adviser to Government in matters of land valuation and estate management. The Director of Town Planning is the Head of Department, which has its Head Office at Pune and has branch Offices located at all the district headquarters in the State.

The Department has been offering the services of its experienced officers to other agencies also. Such officers have been sent to the Revenue Department; CIDCO; BMRDA; PCNTDA, MIDC, HADA (Housing and Area Development Authority) etc.

1.2. Process of Urbanisation

The trend towards urbanisation in Maharashtra noticed during the decade 1961-71 has continued. There has been a higher growth rate of urban population, which is nearly 41 per cent as compared to about 27 per cent for the population of the State as a whole. During this period the number of towns increased from 266 to 289. There are now 20 Class-I towns as against 12 in 1961. The rise in population has been reflected more in the Metropolitan City of Bombay, where the problems due to its concentration are already gigantic. Efforts are being made through the Five Year Plan to tackle urban problems in a systematic manner.

1.3. Regional Plans

Comprehensive Regional Plans are prepared under the provisions of the Maharashtra Regional and Town Planning Act, 1966, to exercise effective control over planning and development of

land in peripheral areas outside the municipal areas, which have been growing in a haphazard and uncontrolled manner. The plans for the Bombay, Pune and Nagpur Metropolitan Regions have been sanctioned. Regional Plans for Nasik and Kolhapur-Ichalkaranji Regions have been principally accepted and are expected to be sanctioned shortly. The draft Regional Plan for Aurangabad-Jalna Region has been prepared and is under scrutiny for sanction. Regional Plans for Sangli-Miraj Region, Jalgaon-Bhusawal Region and Chandrapur-Ballarpur Region are under preparation.

1.4. Development Plans of Municipal Councils

The Maharashtra Regional and Town Planning Act, 1966 requires every municipal authority to prepare a Development Plan for the area within its jurisdiction within a specified period. As none of the Municipal Councils possess the requisite trained technical staff, this work has to be handled by the Town Planning and Valuation Department. A plan provision of Rs. 1,25 lakhs is made for additional staff required for the purpose, for 1978-79.

There are 222 Municipal Councils and 5 Municipal Corporations of Bombay, Pune, Nagpur, Solapur and Kolhapur. The total number of Development Plans sanctioned, including those sanctioned during the year 1977-78 is 217 (196 original + 21 revised plans).

1.5. Town Planning Schemes

The number of final Town Planning Schemes sanctioned so far is 114 and 2 such schemes are under scrutiny for sanction 15 schemes are before the respective Tribunals of Appeal. 24 schemes are on hand with the Arbitrators/Town Planning Officers. 9 draft schemes are being prepared. Thus there are 164 schemes in progress at various stages.

1.6. Site Planning and Village Planning

The department also prepares a large number of lay-outs and schemes for the development of open Government/Municipal lands, for improvement and development of congested areas and

slum clearance and also for hill stations, for townships/villages for irrigation project-affected persons, for new villages, extension of old villages, and resisting villages affected by natural calamities.

1.7. Valuation

The department renders advice to Government in the valuation of land. The Director and other officers are appointed by Government to lead expert evidence in the Courts in references under section 18 of the Land Acquisition Act, 1894, contesting the compensation awarded for land that is acquired.

1.8. Traffic Surveys in Metropolitan Areas and Other Cities/Towns in Maharashtra

With a view to carrying out Traffic and Transportation Surveys and preparing project reports, etc. for Metropolitan areas and other cities/towns in the State, Government set up a Traffic Cell at Bombay in 1971-72. The Headquarters of the Traffic Cell were shifted to Pune in August 1976. For 1978-79, provision of Rs. 5.80 lakhs is made for the Cell. (Rs. 4.70 lakhs 'Non-Plan' + Rs. 1.10 lakhs 'Plan').

During the year 1978-79, it is proposed to prepare a comprehensive Traffic and Transportation Plan for Pune Metropolitan area and Traffic Operation Plans for Pune, Nagpur, Aurangabad, Solapur and Kolhapur Cities and Class-A Towns in the State.

1.9. Training in Town Planning

With a view to meeting the demand of trained personnel in the field of Town Planning, four officers of the department are deputed every year for training-2 at the College of Engineering, Pune and 2 at the School of Planning and Architecture, New Delhi. 38 Officers have been so far trained. During 1978-79, four officers are proposed to be deputed for training. For this purpose, a provision of Rs. 1.30 lakhs is made in the annual plan for 1978-79.

1.10 Training for Revenue Officers and Other Officers

The Department has been conducting training courses in Land Acquisition and Valuation for Revenue Officers since March

1971. So far 10 such training courses have been conducted and 152 officers have been trained. The Department has also conducted training courses on Valuation of Agricultural lands and crops for Valuation Officers of Income-tax Department. So far 2 such training courses have been conducted and 56 officers have been trained.

1.11. Training to Planning Assistants and Assistant Town Planners in the Department

According to recruitment rules, a graduate of Civil Engineering or Architecture or holder of a Diploma in Civil Engineering or Architecture is eligible for being recruited to the post of Planning Assistant in the Department, which is the lowest step in the technical ladder. The candidates so recruited are normally not sufficiently trained, qualified or experienced in the subject of Town Planning Theory and Practice. With a view to improve their utility to the Department, short-term courses for training to Planning Assistants and Assistant Town Planners are being conducted by the Department. So far, two such short-term courses were conducted and 48 Planning Assistants and Assistants and Assistant Town Planners have been given training in the subject of Town Planning.

1.12 Development of Pimpri-Chinchwad New Town

There has been a rapid increase in the population of the area in and around Pune City and the growth of industrial activities in the Pimpri-Chinchwad complex. As recommended by the Pune Metropolitan Regional Planning Board, a New Town Development Authority has been constituted in March 1972 for development of a satellite town at the Pimpri-Chinchwad Complex. The total cost of the Pimpri-Chinchwad New Town Project during the 20 years from its commencement (4 phases of five years each) is estimated at Rs. 20 crores. Upto end of March 1978, an amount of Rs. 95.00 lakhs has been made available to the Development Authority as loan for payment of compensation for the land and for its incidental expenses. For 1978-79 a Plan provision of Rs. 5.00 lakhs is made for payment of loan to the Pimpri-Chinchwad New Town Development Authority.

1.13 Integrated Urban Development Projects and Area Development Projects.

The department will also be offering assistance to interested Municipal Councils/Corporations in the preparation of Area Development Projects for assistance from the Housing and Urban Development Corporation, New Delhi and CIDCO. Similar assistance would also be offered in respect of integrated Urban Development Projects, financed by Government of India.

1.14. Financial Assistance to Municipal Councils for Implementation of the Development Plans

Loans and grants are given to Municipal Councils for implementation of their development Plans sanctioned by Government. The assistance is given for providing approved civic amenities. A loan equal to $\frac{2}{3}$ or $\frac{1}{2}$ of the cost of the scheme and a grant-in-aid equal to $\frac{1}{3}$ or $\frac{1}{2}$ is made available to them depending upon the Class of the Municipal Councils. However, for non-remunerative schemes of smaller Municipal Councils with population of less than 15,000, 100 per cent grant-in-aid is given. The loan is paid to Municipal Councils immediately after the scheme is sanctioned, but the grant-in-aid is released in instalments on the basis of actual progress of the work. For this purpose, in the Annual Plan for 1978-79, a provision of Rs. 181.87 lakhs (Rs. 106.87 lakhs as grant-in-aid and Rs. 75.00 lakhs as loan) is made, excluding provision for Tribal area. The provision under Tribal Sub-Plan is Rs. 8.34 lakhs.

Upto the end of November, 1976, the power to sanction financial assistance to Municipal Councils was with Government. From December 1976, the power to sanction financial assistance has been delegated to the Divisional Deputy Directors of Town Planning.

1.15. Work under the Urban Land (Ceiling and Regulation) Act, 1976.

The Urban Land (Ceiling and Regulation) Act, 1976 has come into operation with effect from 17th February, 1976 and in Maharashtra State 9 urban agglomerations have been notified for

that purpose. These agglomerations are Greater Bombay, Pune, Nagpur, Thane, Ulhasnagar, Nasik, Solapur, Sangli and Kolhapur. The Town Planning Department is called upon to play a pivotal role in implementation of the Act, which includes the following work:—

(i) Preparation of combined plans for areas falling within the agglomerations and their peripheral area.

(ii) Furnishing copies of Regional Plans, Development Plans and Zone Maps to Competent Authorities so as to apprise them of the proposals of "Master Plans" in terms of the Urban Land Act.

(iii) Advising Government as regards Value Zones envisaged under section 11 of the Act.

(iv) Advising Government in the matters under section 21 (E. W. S. Housing Projects), 22 (Re-development of properties), 26. and 27 (Sale and purchase of properties) etc.

(v) Preparing detailed planning schemes for surplus vacant land likely to be acquired under the Urban Land Act for ensuring co-ordinated development, optimum utilisation of urban land, which is a valuable resource and accelerating implementation of Master Plans on one hand and helping the urban poor on the other.

CHAPTER 2

**MUNICIPAL ADMINISTRATION AND FINANCIAL ASSISTANCE
TO MUNICIPAL CORPORATIONS AND MUNICIPAL
COUNCILS**

MUNICIPAL CORPORATIONS

2.1. There are five Municipal Corporations in the State which are as follows:—

- (1) The Municipal Corporation of Greater Bombay.
- (2) The Municipal Corporation of the City of Pune.
- (3) The Municipal Corporation of the City of Nagpur.
- (4) The Municipal Corporation of the City of Solapur.
- (5) The Municipal Corporation of the City of Kolhapur.

(2) The details of these corporations are as under:—

Sr. No.	Name of the Corporation	Date of Establish- ment	Area in Sq. Km.	Population according to 1971 Census.
1	2	3	4	5
1	Municipal Corporation of Greater Bombay	1888	430.86	59,70,575
2	The Municipal Corporation of the City of Pune	15/2/1950	138.85	8,56,105
3	The Municipal Corporation of the City of Nagpur	2/3/1951	217.56	8,67,269
4	The Municipal Corporation of the City of Solapur	1/5/1964	87.73	3,98,122
5	The Municipal Corporation of the City of Kolhapur	15/12/1972	66.82	2,59,050

(3) The Municipal Corporation of Greater Bombay is one of the oldest Corporations in India which was established under the Bombay Municipal Corporation Act, 1888. The Municipal Corporation of the City of Nagpur was established under the City of Nagpur Municipal Corporation Act, 1948. The Municipal Corporations of the Cities of Pune, Solapur and Kolhapur

have been established under the Bombay Provincial Municipal Corporations Act 1949.

2.2. Appointment of One-Man Commission to Consider the Establishment of New Municipal Corporations

Certain Urban areas like (i) Thane and its surrounding areas, (ii) Ulhasnagar, Kalyan, Ambernath, (iii) Nasik, (iv) Pimpri-Chinchwad and Aurangabad and its surrounding areas including Chikhalthana have been developing very fast. Government had, therefore, appointed a One-Man Commission consisting of Shri D. D. Sathe Ex. Chief Secretary to Government to consider the question of establishment of New Corporations in these areas and to suggest criteria for the establishment of New Corporations.

The Commission has submitted its report on 31st December 1977 and the same is under the consideration of Government.

2.3. Directorate of Municipal Administration

The Directorate was reorganised with effect from 1st July 1976 and the Divisional Commissioners were designated as Regional Directors of Municipal Administration for the respective areas under their control. The Divisional Commissioners have been delegated several powers of State Government and Director of Municipal Administration under the Maharashtra Municipalities Act, 1965. One of the important features of the reorganisation is that the several schemes under the control of the Social Welfare Department with which the Municipal Councils are directly concerned and which were hitherto being dealt with by the Directorate of Social Welfare were brought under the administrative control of the Urban Development and Public Health Department along with staff.

2.4. Sweepers Housing Scheme.

This scheme was first introduced in 1959 and it was revised on 8th November 1967. The revised scheme provided for loan-cum-subsidy assistance in the form of 50 per cent loan and 50 per cent subsidy of the ceiling cost payable to the local bodies

for construction of houses for sweepers and scavengers. Since 1974-75, however the subsidy portion has been discontinued and the scheme is implemented on 50 per cent loan of ceiling cost payable by Government. With the removal of the subsidy element the Municipal Councils have become reluctant to implement the scheme as they themselves do not have the financial resources to make up for the loss of the subsidy element. So far 34 Municipal Councils out of 222 have availed of this Scheme. This is a district level Scheme.

The payment of loan and subsidy to the local bodies for the construction works which are sanctioned and which were undertaken prior to 31st March 1975, under this scheme, is a committed liability of Government.

In view of this, provisions as shown below for the year 1977-78 were obtained from the District Planning Development Councils, Kolhapur and Pune for loan and subsidy under this Scheme:--

(Rs. in lakhs)

Sr. No.	Name of District	Loan	Subsidy	Remarks
1.	Kolhapur	0 08	2-70	One Corporation
2.	Pune	0-12	0-35	For 2 Municipal Councils.

2.5. Grants-in-aid to Local Bodies for purchase of wheel barrows and hand carts etc.

With a view to stopping the practice of carrying night soil on the head, the Municipal Councils are given grants for purchase of wheel barrows to the extent of number of Scavengers. A plan provision of Rs. 0.30 (lakh) was made during the year 1977-78 for this purpose. The plan provision made for 1978-79 is Rs. 0.90 lakh. This has been included in the Budget Estimates for 1978-79.

The scheme provides financial assistance in the form of subsidy at the rate of 75 per cent of the cost of wheel barrows/hand carts and improved devices to the Municipal Councils/

Local Bodies having population less than one lakh, and at the rate of 50 per cent of the cost the Municipal Councils having more than one lakh population. This grant is given once for the purchase of wheel barrows and improved devices to the extent of number of scavengers. Later, Municipal Councils have to replace them out of their own funds when worn out.

2.6. Grants to Municipal Councils and Municipal Corporations :—

The following provisions are made for the payment of grant for the Municipal Councils and Municipal Corporations during the year 1977-78 and 1978-79 :—

(Rs. in lakhs)		
	1977-78	1978-79
1. Grants on account of expenditure incurred by the Municipal Councils on D. A. paid to the employees.	9,38.99	9,50.00
2. Road grants to Municipal Councils ...	2,31.00 (Revised)	2,67.00
3. L. R. and N. A. A. assignment to Municipal Councils and Corporations.	42.10 (Revised)	41.00
4. Share of Entertainment Duty to Municipal Councils and Corporations.	3,68.13 (Revised)	4,00.00
5. Compensation to Municipal Councils on account of taxes on Motor Vehicle.	4.34 (Revised)	4.31
6. Special Road grant to Mahabaleshwar Municipal Council.	0.10	0.10
7. Grant to Municipal Councils for abolition of Pilgrim tax.	1.90 (Revised)	5.22

The basis on which the abovementioned grants are paid to Municipal Councils and Municipal Corporation is explained below :—

Dearness Allowance grants to Municipal Councils :—The State Government pays Dearness Allowance grants to Municipal Councils at the following rates.

- | | | |
|----------------------------------|-----|-------------|
| (1) 'A' Class Municipal Councils | ... | 80 per cent |
| (2) 'B' Class Municipal Councils | ... | 85 per cent |
| (3) 'C' Class Municipal Councils | ... | 90 per cent |

The grant is paid on the expenditure incurred by the Municipal Councils on the payment of D. A. to their full time employees who are brought on the revised pay scale at the time of Badkas Pay Commission recommendation, on the condition that D. A. to be sanctioned by the Municipal Councils does not exceed the rate as sanctioned by the Government in case of full time Government servants. In the case of employees who are not brought on revised scales of pay and who draw pay as per unrevised pay scales, Government grant equal to 50 per cent of such expenditure is paid to the Municipal Councils.

Government decided that with effect from the year 1976-77, the dearness allowance grant payable to the Municipal Councils should be regulated subject to the recovery of taxes (current plus arrears) during the preceding year, as per the following scale:—

Percentage of recovery of taxes (current plus arrears) during the preceding year.	Percentage of D. A. grant admissible.
1. Between 75 per cent and 100 ...	Full grant (i. e. whatever percentage of expenditure which is paid as a grant by Government).
2. Between 70 per cent to 75 per cent.	85 per cent of the full grant.
3. Between 60 per cent to 70 per cent.	75 per cent of the full grant.
4. Between 50 per cent to 60 per cent.	65 per cent of the full grant.
5. Below 50 per cent ...	The same percentage of grant as the percentage of recovery.

Government has later decided (in modification of its earlier decision) to apply the following revised scale for admissibility of D. A. grants from the year 1977-78 onwards.

Percentage of Recovery	Percentage of D. A. grant admissible
(1) Upto 50 per cent	... 80 per cent
(2) 51 to 60 per cent	... 85 per cent
(3) 61 to 70 per cent	... 90 per cent
(4) 71 to 80 per cent	... 95 per cent
(5) above 80 per cent	... 100 per cent

The grant for the year 1977-78 onwards will be paid on the basis of recovery in the preceding year.

Road grant to Municipal Councils

Municipal Councils were paid Normal Road grant on the basis of road mileage within the Municipal limits at the rate not exceeding Rs. 450 per mile. Actual payment of grant is proportionate to the mileage of road repaired, maintained and constructed by the Municipal Council and is restricted to 50 per cent of expenditure incurred by them during a year. These grants are being paid for several years. Besides, Special road grants were sanctioned to the Municipal Councils for certain road works upto 50 per cent of the approved cost of the works subject to availability of funds.

The criteria for paying the road grants has been changed by Government from 1977-78 (*vide* Government Resolution No. RDS/3676/1194/UD-10, dated 23rd December 1977). According to the new pattern, Government has decided to release to the Municipal Councils grants equivalent to 10 per cent of the net receipt during the preceding financial year, from the Motor Vehicle Tax in the State on a prorata basis linked to the population of the Municipal areas according to the last census, subject to a maximum of 3 rupees per head of population.

The grant to be distributed on the above basis came to Rs. 2.98 per head of population during 1977-78. This rate is to be worked out every year and it is to be so adjusted that the 10 per cent

net collections from Motor Vehicle Tax in the preceding year is fully distributed. The grant is to be utilised only on maintenance and repairs of existing roads and construction of new roads. During 1977-78 grants to the extent of Rs. 2.31 crores have been distributed to Municipal Councils and Municipal Corporations. The provision for 1978-79 has been made on the basis of 10 per cent of total receipts from Motor Vehicle Tax in the Municipal areas.

Grants to Mahableshwar Municipal Council

The Mahableshwar Municipal Council has to maintain roads in Municipal limits and certain roads and rides outside the Municipal limits. For maintenance of roads and rides outside the Municipal limits a Special road grants of Rs. 10,000 is being paid since the year 1969-70.

Assignment of Land Revenue and Non-Agriculture Assessment to Municipal Councils

Upto the year 1974-75 the State Government was paying 15 per cent of the Land Revenue and 75 per cent of the N. A. A. to Municipal Councils based on revenue realised within Municipal areas in preceding revenue year. From the year 1975-76, the norms have been changed and Land Revenue is being paid at 75 per cent and Non-Agriculture Assessment being paid 75 per cent on the basis of recommendations of the Municipal Finance Commission. Government has now decided that all 'C' Class Municipal Councils having population of less than 15,000 shall be given 100 per cent Land Revenue realised and equalisation grants to the extent of the difference between the Land Revenue grant and the grant payable at Re. 1 per capita basis of the population of the Municipal Councils. The other Municipal Councils are paid the Land Revenue and Non-Agriculture Assessment share on the basis indicated above viz. 75 per cent of the respective realisation.

Share of Entertainment Duty

Government have accepted the recommendations of the Municipal Finance Commission to pay certain share of the income from

the entertainment tax to all Municipal bodies in the State and they are getting assistance at the following rate of entertainment tax collected within the Municipal area.

1. Municipal Corporation	...	10	per cent	of the total collection
2. 'A' Class Municipal Councils		30	„	made in the previous
3. 'B' Class Municipal Councils		35	„	year.
4. 'C' Class Municipal Councils		40	„	

The Municipal Councils were advised under Government Circular, Urban Development and Public Health Department, No. BCC. 1075/14468-A, dated 8-4-1975 to abolish by December 1975, practice of carrying night soil as head load. They were also informed that failure to stop this practice will result in discontinuance of discretionary grants paid by Government. Government has directed under Government Resolution, Urban Development and Public Health Department, No. MUM 1175/30135(1)-MUN-2, dated 1-8-1975 that—

(1) An amount equal to 25 per cent of the above grants shall be cut during the year (1975-76) in case of Municipal Councils which did not discontinue the practice by 31st December 1975.

(2) In respect of those Municipal Councils which do not discontinue the practice by 31st December 1976 an amount equal to 50 per cent of the grant shall be cut during the financial year ending 31st March 1977; and

(3) No grant will be paid in the financial year 1977-78 to those Municipal Councils which do not discontinue the practice by 31st December 1977.

Taxes on vehicles/compensation to Municipal Councils

This is a statutory grant payable to Municipal Councils under section 11 of the Bombay Motor Vehicle Tax Act, 1958 (read with corresponding provision of the Bombay Motor Vehicles Tax Act, 1935 and C. P. and Berar Motor Vehicle Tax Act, 1947. They are being paid since 1936-37 and are in the form of compensation to these local bodies for abolition of tolls levied by them.

Grants to Municipal Councils for abolition of pilgrim tax.

Government has decided that the pilgrim tax collected at important pilgrimage centres like Pandharpur, Alandi, etc. should not be collected by the concerned Municipalities from 1977-78 onwards and to give the Municipalities a grant equivalent to 75 per cent of the net collection of the pilgrim tax during the last three years, after deducting the collection expenses. This applies to the Municipal Councils of pilgrimage centres where the net collection of pilgrim tax is not below Rs. 25,000. Accordingly, orders have been issued to pay grants to the following Municipal Councils during 1977-78 on this account after deducting the tax already collected by them:—

Name of Municipal Council	Amount of Grant
	Rs.
(1) Trimbak Municipal Council	... 32,440
(2) Alandi Municipal Council	... 41,660
(3) Jejuri Municipal Council	... 13,940
(4) Pandharpur Municipal Council	... 88,270
(5) Ramtek Municipal Council	... 13,590
	1,89,900

The following Municipal Councils will be entitled to the grants shown against them from 1978-79 onwards:—

(1) Trimbak	... 74,596
(2) Alandi	... 67,922
(3) Jejuri	... 58,755
(4) Pandharpur	... 2,42,912
(5) Tuljapur	... 56,882
(6) Ramtek	... 20,433

2.7. Inspection of Municipal Councils

Until 1975-76 in formulating the inspection programme the main approach of the Directorate of Municipal Administration was to inspect every Municipal Council at least once in its five

year term. However, from 1975-76 it was decided to have a more selective approach in selecting Municipal Councils for inspection, according to which the Director was to inspect every 'A' and 'B' Class Municipal Council at least once in 2 years and every 'C' Class Municipal Council once in four years and Municipal Councils not included in the Director's programme were to be inspected by the Regional Director of Municipal Administration, Collectors of the Districts and Sub-Divisional Officers. Government however decided in October 1977 in consultation with the Divisional Commissioners that normally the inspection of all the 222 Municipal Councils in the State should be carried out in a year either by the Director of Municipal Administration, the Divisional Commissioners as Regional Director of Municipal Administrations, Collectors and the Sub-Divisional Officers on the basis of the following norms:—

(1) By the Director/Dy. Directors.	'A' Class Municipal Councils ...	6
	'B' Class Municipal Councils ...	6
	'C' Class Municipal Councils ...	20
		32
(2) By Regional Directors ...	'A' Class Municipal Councils ...	2
	'B' Class Municipal Councils ...	2
	'C' Class Municipal Councils ...	12
		16
(3) By Collector/Sub-Divisional Officers.	All the remaining A, B and C Class Municipal Councils not selected by the Director and Regional Director of Municipal Administration.	

The No. of Municipal Councils inspected by the Director, during 1977-78 till 18th February 1978 is as under:—

'A' Class Municipal Councils	... 3
'B' Class Municipal Councils	... 4
'C' Class Municipal Councils	... 8
	15

Cursory inspection of Satara Municipal Council was also carried out by the Director during 1977-78.

The Director also held conferences of Presidents and Chief Officers of Municipal Councils at Divisional level to study their problems and difficulties. During 1977-78 till 18th February 1978, three such conferences, first of the Municipal Councils in Aurangabad District at Aurangabad, Second; of the Municipal Councils in Ahmadnagar District at Ahmadnagar and third of the Municipal Councils in Kolaba District at Alibag were held by Director of Municipal Administration.

2.8. Extension of benefits available to Gram Panchayats and Zilla Parishads to Municipal Councils having population of less than 15,000.

There are 222 Municipalities in Maharashtra which consist of a large number of small 'C' Class Municipal Councils. Many of them are no better than the Gram Panchayats but have been constituted as Municipal Councils since number of years. With a view to assist these smaller Municipal Councils financially on the same lines as Village Panchayats, and Zilla Parishads. Government have decided to extend the benefits available to the Zilla Parishads to all the Municipal Councils in the State having population less than 15,000. The benefits which have been made available to such Municipal Councils are indicated below:—

- (1) 100 per cent land revenue grant.
- (2) Equalisation grant on the basis of difference between the land revenue grant and the grant payable on the basis of one rupee per capita of its population.
- (3) Grant of share of the surcharge on the stamp duty levied on the properties registered in the Gram Panchayat areas.
- (4) Grant-in-aid equivalent to 90 per cent of the cost of water supply schemes.

(5) 100 per cent grant for (i) running of primary schools and (ii) building grant at the rate of Rs. 4,000 for each classroom.

(6) 100 per cent grant-in-aid for dispensaries.

These benefits would improve the conditions of living of the people in smaller municipalities and by making available to them greater assistance in the matter of such important items like provision of water supply, implementation of Development Plan and further assistance in the matter of running of municipal primary schools, dispensaries, etc.

2.9 Postponement of Elections of Municipal Councils and Municipal Corporations

The elections to certain Municipal Councils and Municipal Corporations stood postponed under the Maharashtra Municipal Councils and Municipal Corporations (Postponement of Elections during the Emergency) Act, 1975. As the Emergency was withdrawn, that Act ceased to be in operation with effect from the 21st September, 1977. The elections were required to be held to constitute new Municipal Councils and Municipal Corporations in place of the existing Municipal Councils and Municipal Corporations, whose term stood extended under the Act. The electoral rolls of the Maharashtra Legislative Assembly are adopted for elections to Municipal Councils and Municipal Corporations. The work of revision of rolls of the Assembly, for inclusion of the names of voters as have attained the age of 21 years on the 1st January 1977, was completed in October 1977. After the revised Assembly roll was available it was necessary to make upto-date lists of voters for elections to the Municipal Councils and Municipal Corporations. The Collectors and other officers were engaged in making advance preparation for the general elections of the State Legislative Assembly held in March 1978. With a view to facilitating the Government staff in completing the work of State Assembly Elections smoothly and thereafter taking the work of revising the Municipal Electoral Rolls and other work connected with the Municipal elections, the Maharashtra Municipal Councils and Municipal Corporations (Postponement of Elections

due to ensuing General Elections to the State Legislative Assembly) Act, 1977 was enacted in November, 1977. Under this Act the Elections of Municipal Councils and Municipal Corporations were postponed upto 31st May 1978 or such earlier date as may be notified by the State Government.

Government has held the elections of the following Municipal Councils (which stood postponed under the above-mentioned Act) on 20th May 1978 :

- | | |
|---------------|------------------------|
| 1. Malegaon | 16. Akot |
| 2. Yeola | 17. Badnera |
| 3. Jalna | 18. Kamptee |
| 4. Aurangabad | 19. Khapa |
| 5. Karanja | 20. Tumsar |
| 6. Mangrulpir | 21. Yeotmal |
| 7. Murtizapur | 22. Malkapur (Buldana) |
| 8. Arvi | 23. Pimpri-Chinchwad |
| 9. Sindi | 24. Rahuri |
| 10. Ramtek | 25. Khopoli |
| 11. Umred | 26. Nandurbar |
| 12. Mohpa | 27. Pulgaon |
| 13. Taloda | 28. Mukhed |
| 14. Sonpeth | 29. Bhandara |
| 15. Ambejogai | |

The elections to the office of President in respect of Municipal Councils of Pandharpur, Malkapur (Kolhapur), Sailu and Gondia have been held on 20th May, 1978. The elections to Ulhasnagar Municipal Council have been held on 28th May 1978, while elections to Nanded and Ballarpur Municipal Councils have been postponed.

The general election of Kolhapur Municipal Corporation have also been held on 20th May 1978. The general election of Pune Municipal Corporation are due in 1979 while the General Elections of Nagpur and Solapur are due to be held in 1980.

The general election of Municipal Corporation of Greater Bombay is likely to be held in October 1978.

2.10. Tree Plantation Scheme

Government had desired that the Municipal Councils should chalk out a programme of planting of trees over large compact

areas especially ear-marked as open spaces or parks in the Development Plans. Accordingly Government had prescribed the following targets for planting of trees within their areas:—

- (i) A-Class Municipal Councils ... 5,000 each.
- (ii) B-Class Municipal Councils ... 2,000 each.
- (iii) C-Class Municipal Councils ... 500 each.

Government had also issued instructions to the Forests Department authorities for supply of saplings to the Municipal Councils within their jurisdiction and had decided to give financial assistance to the 'B' and 'C' class Municipal Councils in the form of grant-in-aid equal to the cost of plants or saplings purchased by them for the campaign subject to the following maximum limits:—

Class of Municipal Council	Maximum rate per Sapling of plant	Total Maximum grant
B	Rs. 3	Rs. 4,000
C	Rs. 3	Rs. 1,000

During 1976-77 a grant of Rs. 1.10 lakhs was distributed to these Municipal Councils through the Collectors. During 1978-79 it is proposed to make similar assistance available to such Municipal Councils on the basis of progress made by the Municipal Councils.

CHAPTER 3

CITY AND INDUSTRIAL DEVELOPMENT CORPORATION OF
MAHARASHTRA LIMITED (CIDCO)

3.1 General

Structure and function.—Government has entrusted the work of planning and development of a new city across the harbour to the City and Industrial Development Corporation of Maharashtra Limited (CIDCO). CIDCO was established on 17th March 1970 as a subsidiary company of the State Industrial and Investment Corporation of Maharashtra Limited (SICOM). In March 1971, CIDCO was also declared as a "New Town Development Authority" under the Act for the New Bombay Area. Later on it was declared as the Special Planning Authority for planned development of areas in danger of haphazard development, in Aurangabad (1972), Nashik (1975), Nanded (1975), and Nagpur (1976). On 30th March 1976, the shares of CIDCO were taken over by Government and it became a wholly owned Government Company.

Arrangements with Government.—According to the financial arrangement between CIDCO and Government, the lands required for New Bombay Project are acquired by Government and vested in CIDCO, which develops them, lays them out in plots, leases them and recovers the cost of development from the proceeds of such disposal. Agency remuneration payable to CIDCO is Rs. 5 lakhs per year which is also to be adjusted against the proceeds of disposal and the surplus if any is to be passed on to Government. According to the existing orders, the first settlement of accounts between Government and CIDCO is to be effected as on 31-3-1977. For the development of the notified areas in Aurangabad, Nashik, Nanded and Nagpur it functions on its own.

Capital structure.—CIDCO's capital structure is as shown below:

(i) Authorised capital	...	Rs. 5 crores
(ii) Paid up capital	...	Rs. 3.95 crores
(iii) Loan subordinate to equity from SICOM.		Rs. 2.15 crores
(iv) Loan subordinate to equity from Central Government.		Rs. 1 crore

CIDCO has raised Rs. 19.78 crores from the open market by sale of Debentures.

3.2. New Bombay Project

Project objectives.—The State Government has adopted the following objectives for the New Bombay Project :

(1) To reduce the growth rate of population in Greater Bombay by creating an attractive urban area on the land across the Bombay harbour, which will :

(a) absorb immigrants who would otherwise come to Bombay.

(b) attract some of Bombay's present population.

(2) To support Statewise location policies which will head eventually to an efficient and rational distribution of industries over the State, and to a balanced development of urban centres in the hinterland.

(3) To provide physical and social services which raise living standards and reduce disparities in the amenities available to different sections of the population.

(4) To provide an environment which permits the citizens of the New City to live fuller and richer lives-free, in so far as this is possible, of the physical and social tensions which are commonly associated with urban living.

(5) To provide training and all possible facilities to the existing local population in the project area, to enable them to adopt to the new urban setting and to participate fully and actively in the economic and social life of the New City.

Land Acquisition.—16,567 hectares of private land from 95 villages in Thane, Panvel and Urban tahsils have been notified by Government for acquisition under the Land Acquisition Act, for the New Bombay Project :

Tahsil	No. of villages	Hectares
Thane	... 29	2,214
Panvel	... 38	9,665
Uran	... 28	4,688
	95	16,567

In addition, private interests of lessees and licensees in 2,720 hectares of salt pan lands in the New Bombay area are also under acquisition.

The progress of land acquisition has, however, been rather slow due mainly to the opposition from the local people and slow rate of development of the City. It has been further slowed down because of the coming into force of the Urban Land (Ceiling and Regulation) Act, 1976 which applies to as many as 77 of the 95 villages in the New Bombay. Possession had been taken of 2,247 hectares by 31-1-1978 of which 1,390 hectares were taken under the Land Acquisition Act, 1894 and 857 hectares by Voluntary Surrender. The compensation paid upto 31-1-78 amounted to about Rs. 5.35 crores.

The acquisition proceedings for salt pan lands were stayed in September 1973 as instructed by the Government of India. The stay order was vacated in January 1975 with the approval of the Government of India and now acquisition proceedings are progressing in respect of such lands. Notifications under section 6 of the Land Acquisition Act have been published in respect of all the lands.

Out of about 10,000 hectares of Government land in the Project area, 3,746 hectares were transferred to CIDCO upto 31-1-78. Possession of Government land is taken as and when required.

Draft development Plan.—The Draft Development Plan of New Bombay was published on October 11, 1973. The City is conceived as

a series of nodes or townships, strung along as mass rapid transit artery. The suggestions and objections to the Draft Plan received from the public were considered by the Planning Committee appointed by the Board of Directors of CIDCO. The revised draft Development Plan of CIDCO was submitted to Government on 10-10-1975 and is under the consideration of Government. The BMRDA to which the Draft Development Plan was referred to by Government has in its meeting held in December 1977, recommended the approval of the Plan. CIDCO is, however, considering certain modifications to the Development Plan and will be submitting necessary proposals to Government shortly.

Progress of development.—The following nodes have been taken up for development.

A Township at Vashi

This township is planned to provide for a population of half a lakh in the first phase and will eventually be developed to accommodate a population of about 1½ lakh. Development of sectors 1 to 8 which comprise phase I is far advanced and development of sectors 9 to 16 has been commenced during the current year.

(i) Physical infrastructure is divided into model and sectoral development progress in the provision of physical infrastructure is indicated in a statement appended as Annexure I.

(ii) Progress on provision of housing as on 31-1-1978 is as follows:—

Total No. of (a) houses completed	...	2722
(b) shops completed	...	100
(c) stalls completed	...	24

Construction of 2,772 units is in hand and is expected to be completed progressively from June 1978 onwards. A residential-cum-shopping complex is nearing completion in sector 6. Practically the whole of this housing development has been undertaken with the help of loans sanctioned by HUDCO.

In addition, developed land has been leased for different uses as indicated below :—

Sr. No.	Purpose	Area M	Value Rs. in lacs
1	Residential	... 26,274	35.82
2	Nursing home	... 400	0.60
3	Cinema	... 2,836	3.30
4	MSEB (Power Station)	... 2,56,439	76.00
5	BARC (Isotope Div)	... 80,000	38.50
6	Weigh Bridge	... 960	1.69
7	Petrol pump	... 1,500	1.50
8	Gymnasium	... 260	0.19
9	Jr. College	... 8,800	4.00
10	Religious places	... 4,500	1.80
11	Hotel	... 1,500	1.88

(iii) Development of social infrastructure, is as follows:—

(a) Education

(i) A composite school with a capacity for 2,300 boys was built and started functioning from October 1973. The school which was hitherto run by CIDCO was transferred to Indian Education Society, in July 1977.

The strength of the school is as under:—

Preprimary	...	525
Primary	...	1,200
Secondary	...	672

The primary section was declared aided in March 1977. Similarly the secondary section was declared aided in March 1977. Similarly the secondary section (Marathi Medium) is also declared aided in September 1977.

(ii) A primary school building in sector VI, is nearing completion. CIDCO has invited offers from private educational societies/trusts for taking over the building for running a primary school from June 1978.

(iii) A plot for a college has been leased to India Culture League. They are seeking the necessary permission of the Government to start a Junior College in the first instance.

(b) Community Centre

One Community Centre has been functioning since 1974. It conducts the following activities:—

- (1) Sports Club, (2) Town Library, (3) Social Service League,
- (4) Nutan Mahila Mandal, (5) Film Club, (6) Music and Drama Circle, (7) Tailoring Class, (8) Community Council.

Groups 1 to 5 are now regular registered bodies with duly approved constitutions and elected office bearers to look after their affairs. Some of them have started receiving grants from Government. The tailoring class has been recognised by the Director of Technical Education, Bombay and candidates are being sent up for the examination held by D. T. E.

(c) Creche

A Mobile creche for working Mothers' Children has been functioning for the last 4 years. The average daily attendance of children is 150. Necessary financial assistance was provided from 'creche fund' specially created for that purpose.

A special fund-raising-drive was organised by the Community Council and Rs. 9,000 were collected by publishing a souvenir in April 1977. This amount was distributed among the various activity groups to meet their needs.

(d) General Services

The following services have been provided :

- (1) Post office, (2) Police Outpost, (3) Fire Fighting service,
- (4) Ambulance service, (5) Milk distribution centre, (6) L. P. gas cylinders, (7) Consumer co-operative store, (8) Fair price shop, (9) 5 bank branches, (10) Veg. and Non-Veg. market.

(e) Health

An 80 bedded Jijamata Hospital is run by the Rajmata Jijau Pratishthan. There are 4 private dispensaries, a polyclinic and a dental clinic. The 600 bedded ESIS hospital has started functioning partly, with 50 beds of T. B. Ward.

The Public Health Officer has been looking after the general Sanitation and other health needs of the locality. Immunization programmes are arranged with the help of Z. P., Thane. A proposal to set up a Community Health Centre is under consideration.

A crematorium with a Child Burial Ground was constructed at Turbhe at a cost of Rs. 3 lakhs approximately. Negotiations with Turbhe Village Panchayat are in progress for taking over the management of this crematorium.

(f) Religious places

A plot of 2,000 sq. metres has been acquired by Christians (Protestants) and a temporary place for prayers has been constructed by them. Another plot of 1,500 sq. metres is proposed to be acquired by the Roman Catholics. A local Muslim trust is negotiating a 1,000 square metre plot for Mosque.

B. Agricultural Produce Market at Turbhe

CIDCO has developed 15 hectares out of an area of 61 hectares to provide facilities for storage, marketing and processing of agricultural produce, meat, fish, poultry etc. Almost all the 19 plots and 232 shops in the area of 30 acres leased out to MAFCO have been sold out. 10 plinths and 72 pedhies are yet to be sold. 6 cold storage and food-processing units and 3 banks are functioning in this area. The Agricultural Produce Market at Turbhe has been notified as a principal market under the Agricultural Produce Market Committee Act. In the 7 acre strip developed by CIDCO, 19 plots out of 36 have been disposed of by MAFCO as CIDCO's agents.

C. Central Business District at Belapur

A Central Business District near Belapur around Panvel Creek is being developed to attract to it some of the office and commercial activities from Greater Bombay. The site selected is centrally located with reference to the planned development of New Bombay as well as the metropolitan region. In the first phase, an area of 347 hectares near Belapur village has been taken up for development. This area was chosen because of its proximity to Thane-Belapur Industrial Belt, Vashi and Panvel. It is also easily accessible being located on both sides of the Sion-Panvel highway. The work of providing physical infrastructure facilities in two residential sectors and one commercial sector has been taken up. The work of levelling, construction of roads upto the Water Bound Macadam standard, water supply and sewerage in the residential sectors is nearing completion. The work of providing peripheral roads in three more sectors has been taken in hand.

Government of Maharashtra has constructed 'Konkan Bhavan' in the Commercial Sectors. 19 offices of the State Government employing over 1,200 persons and the office of the Maharashtra State Electricity Board, Bombay Division, employing 85 persons, shifted from Bombay and Thane, have been functioning in this building from 1976. The work of construction of 858 tenements is nearing completion. These houses have been put on the market and are expected to be occupied by May 1978.

A primary school building is nearing completion. Proposal to set up a community centre is under consideration. Mobile creches with average attendance of 100 are also functioning.

D. Panvel

An area to the east of Panvel-Diva railway line admeasuring 200 hectares has been selected for early development. This development is intended to cater for the housing demand, that is growing in Panvel and Taloja areas. It is felt that proximity to the town will enable the first settlers to draw upon the social facilities that are available in the town. Construction of roads upto the Water Bound Macadam standard, Katcha storm water drains and water supply lines is completed in 4 of the 19 sectors.

Out of 1,073 plots put on sale 423 have been sold. Tenders for black topping the main approach road and peripheral roads of 4 sectors have been invited.

E. Bridge on Panvel Creek

The Panvel Creek Bridge near Belapur provides the vital communication link between the two parts of the New Bombay Region and will reduce the distance from Bombay to the proposed port of Nhava Sheva by about 16 kms.

The bridge caters for three lanes of traffic with foot-paths on either side. In the design of the bridge, special provision has been made for carrying water mains, telephone cables and 22 kv. electrical power cables. Cost of the work including short approaches on either end will be about Rs. 2.00 crores. The bridge proper is completed. Work on metalling the remaining portion of the north approach road and the link road connecting the south approach to Panvel-Uran road is in progress.

F. Transportation

CIDCO has at present a fleet of 97 buses comprising of 32 buses of 42 passengers and 65 buses of 63 passengers carrying capacity. At present, the bus depot is located at Rabale in the north of the project area where the buses are garaged, serviced and repaired. The work of constructing a bus depot at a more central place, i. e. at Turbhe is in progress. The Rabale bus depot will then be converted into a work-shop. CIDCO at present operates the following routes:—

- | | |
|---------------------|----------------------------|
| (1) Dadar—Thane. | (6) Bandra—Konkan Bhavan. |
| (2) Dadar—Vashi. | (7) Mankhurd—Konkan Bhavan |
| (3) Vashi—Thane. | (8) Dadar—Konkan Bhavan. |
| (4) Mankhurd—Thane. | (9) Thane—Konkan Bhavan. |
| (5) Dadar—Panvel. | (10) Thane—Panvel. |

The daily average number of buses in service is 79 and the daily average kms. run is 30,169. The daily effective kms. per bus are 311.02. The daily average passengers carried are 57,860 and the daily average passengers per bus in service are 731. The bus service is very popular and requests are being received for operating new routes particularly from Uran to Dadar and Panvel to Taloja and Thane to Belapur.

3.3. New Towns

A. New Aurangabad Project

In order to prevent haphazard development in the area adjoining the already urbanised portions of Aurangabad, Government notified in 1972 and 1973 a large area of about 1,260 hectares adjoining the existing Aurangabad town as being in a neglected condition and under the provision of the Maharashtra Regional and Town Planning Act, 1966, appointed CIDCO as a Special Planning Authority. The planning proposals were approved by Government on 3rd July, 1973. These provide for a companion town to the existing Aurangabad Town, designed for an ultimate population of 1,20,000 persons. The plan provides for thirteen self-contained residential neighbourhoods (N.1 to N-13) each for about 9,000 to 10,000 persons and a suitably located town centre for commercial, social, recreational, health and cultural activities.

Government notified an additional area of about 39 hectares to the south of Block III of the New Aurangabad Project area in August 1975 for development by CIDCO. The Planning proposals for this area have been submitted to Government for approval on 26th October 1976.

Out of the thirteen neighbourhoods, development in three neighbourhoods has already made considerable progress. These three neighbourhoods are N:1, N:7, and N:8. 301 residential plots have so far been sold at New Aurangabad out of a total of 372 plots placed in the market. CIDCO has constructed 32 houses for individual plot-holders of which 30 were with loan assistance from the Housing and Urban Development Corporation (HUDCO). These are all in Neighbourhood N-1 where CIDCO has also constructed a guest house and staff quarters for its own staff.

In N: 7, a group housing scheme of 936 tenements for industrial workers has been completed with financial assistance from HUDCO, and a shopping centre in this area has also been completed consisting of 12 shops and 4 stalls. Regular ST services have been established connecting this area and N-1 with the existing city. There is a dispensary run by the Rotary Club and a primary school run by Zilla Parishad. Premises have

been given to local community for running a K. G. Class, Mahila Mandal and a Library.

In neighbourhood N:8 several Co-operative Housing Societies which already had lands in the notified area and which were ready to give up their holdings to take fresh allotments at one place have been accommodated. Some of them have started construction activities. In neighbourhood N:9 also allotments are being made to such societies as cannot be accommodated in neighbourhood N:8.

A new housing scheme for construction of 196 houses costing Rs. 20.29 lakhs and HUDCO loan of Rs. 16.11 lakhs was sanctioned in March 1977 and construction work on it is in an advanced stage of completion.

Apart from the development in these residential neighbourhoods, CIDCO has constructed its own office building in the Town Centre. In addition to about 31,000 flowering and shade bearing trees which are growing in the neighbourhoods, where houses are coming up, avenue trees have also been planted. A link road joining the Harsul Diversion Road directly westwards to the Commissioner's and Collector's Office and the Subhedari Guest House has also been constructed.

A third housing scheme with HUDCO's financial assistance was formulated mainly for the displaced Economically Weaker Section persons from the Rozabag area. The scheme costing approximately Rs. 2 lakhs was approved by HUDCO but had to be finally abandoned as the persons affected ultimately preferred to build their houses themselves.

A fourth housing scheme consisting of houses for Economically Weaker Sections, Low Income Group, Middle Income Group-groups with 9 type designs, is currently in the market. As on 31st January 1978, demand for 145 houses had been registered.

B. New Nashik Project

Government have under the provisions of the MRTP Act, 1966 notified an area of about 400 hectares at Nasik for being developed in a proper manner and have appointed CIDCO as the Special Planning Authority for that purpose. This area situated on the Bombay-Agra Road has been earmarked as a residential

area in the regional plan prepared for the Nashik Region. Planning proposals for the Nashik notified area have been approved by Government in March 1977. Possession of 37 hectares and 46 hectares of land was taken in March, 1976 for a housing scheme in which 8 type of houses have been offered HUDCO had sanctioned loan assistance of Rs. 69.22 lakhs for this scheme against which 721 tenements for Economically Weaker Section, Low Income Group, Middle Income Group and HIG categories have been completed.

A second housing scheme has been taken up for the Controller of Defence Accounts (CDA) on a site of about 7.8 hectares of land which has been earmarked for the CDA colony. In the first phase 151 houses are under construction and are to be completed within the next 2 to 3 months. Additional houses and an office building will also be taken up for construction as soon as the clearance is obtained from the CDA which is expected shortly. For the Co-operative Housing Societies which owned lands in the notified area a scheme similar to that which is being implemented at New Aurangabad has been formulated and some of the Co-operative Societies which own lands in the notified area have already shown willingness to join such a scheme. We have so far not been able to implement this scheme so far, as the additional lands required for it have not come into our possession, and are awaiting clearance from the State Government to an exemption from the Urban Land Ceiling Act, which we have applied for. The lands are proposed to be acquired under the normal land acquisition proceedings to avoid delay.

C. Tarapur Housing Scheme

Due to the intense pressure for housing to support the industrial development at Tarapur, a Housing Scheme was prepared in December 1973 by CIDCO to provide four types of houses to the employees of the different industries in the area. This Housing Scheme for 571 families in an area of about 9 hectares, wherein provisions were made for siting a school, shopping centre club house and a community centre was approved by HUDCO in March 1974 and a loan of Rs. 69 lakhs was sanctioned for it. The construction of these houses has been completed in December 1975.

D. New Nanded Project

CIDCO has been designated Special Planning Authority for development of an area comprising 8 villages near Nanded, under Government Notification dated 6th October 1975. The Planning proposals have been approved by Government on 7th May 1977.

A housing scheme has been formulated for construction of 1116 houses (of 7 types) at an estimated cost of Rs. 101.39 lakhs and HUDCO loan of Rs. 83.29 lakhs has been sanctioned.

The construction of houses under this scheme was commenced from 15th March 1977. These houses are expected to be ready for occupation by the end of July 1978.

E. New Nagpur Project

CIDCO has been designated Special Planning Authority for development of an area comprising 9 villages near Nagpur under Government Notification dated the 16th March 1976. Planning proposals for the first phase of development of an area of 36.30 hectares in Waga village were published and objections and suggestion have been received.

A housing scheme was formulated side by side for the persons in Economically Weaker Section, Lower Income Group, Middle Income Group and Higher Income Group and in all 481 persons have booked their demand by paying the registration charges.

In order to finalise the housing scheme with HUDCO's financial assistance, tenders were invited for the construction of these houses. These were received on 4th November 1977. The work has been held in abeyance since then because the Government is reviewing whether CIDCO should continue its functions at Nagpur or whether the Nagpur Improvement Trust should be entrusted with this work in its place.

F. Mhaishal Hill Station Project

A hill station is being developed near Aurangabad on the plateau above the Ellora caves. It has an elevation of about 930 metres above the mean sea level and is the highest point in the whole of Marathwada. 14 plots have been developed. 11 plots have been sold so far.

ANNEXURE ' I '

Progress Report of Works at Vashi, New Bombay as on 31st March 1978

	Sector 1	Sector 2	Sector 3	Sector 4	Sector 5	Sector 6	Sector 7	Sector 8	Sector 9 and 10	
A. BUILDING (PROGRESS REPORTED AS 'NUMBER' COMPLETED)										
Houses/flats	...	1,238	285	...	72	...	820	299	...	...
Shops	...	52	...	...	48	...	...	...	...	...
Stalls	...	24	...	...	...	...	...	...	...	...
B. I PHYSICAL INFRASTRUCTURE (PROGRESS REPORT AS PERCENTAGE OF PHYSICAL WORKS COMPLETED)										
I. Sectoral Works—										
(i) Earth Work	...	100	100	100	100	100	95	...	75	60
		(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	(per cent)		(per cent)	(per cent)
(ii) Storm water drain	...	90	80	75	85	70	90	70	70	
		(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	
(iii) Roads	...	100	90	76	91	96	93	60	67	
		(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	
(iv) Water supply distribution.	...	100	100	100	100	100	100	100	100	
		(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	
(v) Sewerage	...	100	100	100	100	100	100	100	100	
		(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	(per cent)	
(vi) Power supply street lighting.	...	85	...	...	10	— (*)	10	...	...
		(per cent)			(per cent)		(per cent)			
(vii) Landscaping and open space development	...	95	— (*)	
		(per cent)								

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IL Nodal Development Overall—

(i) Reclamation	80 (per cent)	—	—	—	—	—	—	—	—
(ii) Drainage	75 (per cent)	—	—	—	—	—	—	—	—
(iii) Roads	63 (per cent)	—	—	—	—	—	—	—	—
(iv) Water supply	80 (per cent)	—	—	—	—	—	—	—	—
(v) Power supply	‡25 (per cent)	—	—	—	—	—	—	—	—
(vi) Sewerage	82 (per cent)	—	—	—	—	—	—	—	—

(*) All internal services to be provided by clients i.e. E. S. I. C.

All information is with reference to ten sectors only.

(†) It is not possible to give this information sectorwise.

(‡) All works reference to power supply and street lighting are being done by MSEB. A 299 KW temporary connection has been established. No work done on permanent plans.

CHAPTER 4

BOMBAY METROPOLITAN REGION DEVELOPMENT
AUTHORITY

4.1. The Authority is a Statutory Body with the status of a Local Authority, set up under the BMRDA Act, 1974. Its function is to secure the development of the B. M. R. according to the Regional Plan and for that purpose plan, co-ordinate and supervise the proper, orderly and rapid development of the area in that Region. The Authority has to address itself to the following tasks in collaboration with the local bodies, functional authorities and State and Central Government Departments in the Region :—

- (1) A continuous process of overview planning.
- (2) The promotion of alternative viable growth centres.
- (3) The provision of better infrastructural facilities and amenities, particularly outside Greater Bombay; and
- (4) Prevention of further congestion in Greater Bombay, and particularly in the island city.

4.2. As the first step towards perspective planning for the Bombay Metropolitan Region, the Authority took up the preparation of a Regional Investment Plan for the last 2 years of the current plan, i.e. 1977-78 and 1978-79. The preparation of the Regional Investment Plan is nearing completion, and the Plan will be published shortly. A Regional Investment Plan for the next five years will be taken in hand immediately thereafter.

4.3. As the Regional Planning and Co-ordinating body in the Region, the Authority brought out detailed papers on (i) Optimal Regional Structure; and (ii) Regional Urban Housing Policy. The various concerned agencies have been requested to initiate action for implementation of policies enunciated therein.

4.4. As a part of its planning function, the Authority has undertaken or proposes to undertake a number of studies and

surveys with a view to assisting the planning process and assessing the infrastructural needs of the Region. The following studies and surveys deserve to be mentioned :—

- (1) Survey of offices and commercial establishments.
- (2) Survey of wholesale markets.
- (3) Housing demand Survey.
- (4) Studies in connection with the Regional Information System.

4.5. Similarly, the following surveys and studies are being carried out or are proposed in the transport and communication sector :—

- (1) Staggering of office hours.
- (2) Review of traffic-related Acts.
- (3) Comprehensive traffic and transportation study for BMR (in collaboration with CRRI).
- (4) Specific road junctions studies for C. B. D. of Bombay.
- (5) Feasibility study for truck terminal in Bombay.
- (6) Feasibility study for an integrated city bus service for Kalyan Complex.
- (7) Appraisal of Railway projects for Optimisation, VI and VII Corridors, Bandra-Kurla-New Bombay Link, Kalwa-Vashi goods siding.
- (8) Financial and Economic Analysis of existing passenger services and tariff.
- (9) Feasibility of introduction of supplementary passenger services, including mini-buses.
- (10) Feasibility of introducing integrated fare and ticket system for various public transport modes.
- (11) Study of various modes of goods transport including water transport, for the balanced development of an economical goods transport system for B. M. R.

4.6. In the water resources sector, the Authority intends to prepare a perspective plan after assessing the infrastructural needs of the perspective population under the heads of Water Supply, Waste collection and Disposal and Environmental Protection, financial resources required to meet those needs and availability of such resources, and establish investment priorities in the light of needs and constraints. For this purpose, it is necessary to carry out a water resources study of the Bombay Hydrometric Area (nearing completion) and preliminary studies for the optimum development of water resources for multiple uses, and determine priorities for undertaking urban and rural water supply, waste collection and disposal schemes in the Bombay Metropolitan Region.

4.7. The Water Resources Management Board also proposes to take up a study to ascertain the quantity of air pollutants in the air in the various zones of the Bombay Metropolitan Region, where studies were not so far done, with the assistance of National Environmental Engineering Research Institute, Nagpur.

4.8. In the field of promotion of alternative viable growth centres, the BMRDA has undertaken area development schemes and schemes of urban renewal.

4.9. Area development schemes, through which not only physical infrastructural services such as roads, water supply, drainage and power supply would be provided, but also social amenities like schools, markets, health centres, etc. would be provided to the housing units, have been formulated by the HURE Board. In a few cases, developed lands will be provided for commercial and industrial activities. The HURE Board has already prepared such area development schemes for Powai, Panchpakhadi-Thane, Chitalsar Manpada Thane, Ambernath, Dombivali, Kalyan, Pen, Khopoli and Bhiwandi, and actual developmental works, have been started at a few places, where lands could be obtained. More such schemes are under consideration.

4.10. The major complex at Bandra-Kurla, planned to syphon off some of the over-congested commercial activities from South

Bombay, has been taken up for development by the HURE Board. Similarly, the planning of a major complex at Wadala-Anik in Greater Bombay is also in progress.

4.11. The HURE Board has drawn up schemes to improve the environmental surroundings in respect of a few villages in the region by providing amenities like pucca roads, public latrines, public water taps, street lights etc. The work of improvement to one village in Greater Bombay is already being undertaken utilising the funds provided by the DPDC, Bombay, and it is proposed to take up two more villages in Greater Bombay and two in the rest of the region for environmental improvements in next year.

4.12. Schemes like (a) relocation of power looms in the Bhiwandi town at new sites under area development projects, (b) rehabilitation of leather workers in Dharavi, (c) Housing of some of the slum dwellers and (d) improvement to the existing markets in the municipal areas, etc. are also proposed to be undertaken.

4.13. In Kalyan Complex area, where the Authority has been notified as a special planning authority, a comprehensive multi-sectoral development plan for the complex has been proposed for assistance of the World Bank.

4.14. The Authority has undertaken the formulation of a number of projects having regional significance in the context of the recommendations of the Regional Plan. These are briefly mentioned below :—

(1) East Island Tollway Project.—The feasibility report has been drawn up for construction of a tollway in Bombay for trucks. The World Bank has been requested through Government of India for financial help. Some queries were received from the World Bank, and these have been already replied. It is expected that final decision will be taken in 1978-79 on this project.

(2) Station area improvement schemes for Dombivali, Kalyan, Bassein Road Railway Stations.—Proposals for Dombivali railway station have been finalised and those for Kalyan will be

finalised shortly. The surveys for Bassein Road Railway station will be completed in 1977-78 and proposals will be finalized in 1978-79.

(3) **Traffic Operation Plan for CBD of BOMBAY.**—Surveys have been commenced. The plan will be drawn up in 1978-79 in conjunction with the Bombay Municipal Corporation.

(4) **Traffic Management Plan for areas outside C. B. D. in island city upto Mahim and Sion (in conjunction with B. M. C.)**

(5) **Detailed project report for a pilot scheme for Inland Water Transport terminal at Vashi, New Bombay.**

(6) **Project Report for Thane-Ulhas Inland Water Transport Project.**

(7) **Project formulation for improvement of Roads in outer areas of B. M. R. for enabling round the year MSRTC services.**

(8) **Preparation of a feasibility report for water supply, waste collection and disposal schemes for the towns of Thane, Bhiwandi, Dombivali, Kalyan, Ulhasnagar, and Ambernath and about 112 villages around this Town and in Bhayander complex.**

(9) **The following schemes would be processed on obtaining assistance from the Integrated Urban Development Programme, Government of India, with the concurrence of the State Government :—**

(a) **Bhiwandi Water Supply Distribution Scheme.**

(b) **Water Supply Schemes for Dombivali and Distribution System.**

(c) **Waste Collection and Disposal Schemes for Dombivali, Ulhasnagar, Kalyan, Ambernath and Bhiwandi.**

(d) **Water Supply Distribution Schemes for Ambernath, Ulhasnagar, Kashi-Mira and Bhayander group of villages.**

4.15. To achieve the objective of preventing further congestion in Greater Bombay and particularly in the island city, the B. M. R. Plan lays down a pattern for development, which necessarily implies certain restrictions on development. Section 13 of

the BMRDA Act, empowers the Authority to regulate any specified type of Development which, in the opinion of the Authority, would not be in the interest of the overall development of the Region. The BMRDA has issued a notification under Section 13 of the Act, according to which development of any land for the purpose of having office premises or whose sale establishments within the areas of the city of Bombay, or for the purpose of constructing or reconstructing any building, including an addition to or alteration of any existing building with an FSI exceeding 1.33 or the FSI under the DCR, whichever is lower, within the area of the Municipal Corporation of Greater Bombay, cannot be undertaken without the prior permission of the BMRDA.

4.16. A plan provision of Rs. 32.13 lakhs has been included in the Budget Estimates for the year 1978-79 for payment of contribution to the Authority under Section 18 (1) (A) of the B. M. R. D. A. Act, 1974.

CHAPTER 5

FIRE PROTECTION AND CONTROL

5.1. Fire Adviser to Government.—Fire services in the State function under the control of local bodies excepting Marathwada region where it is under the control of Government. The Fire Adviser to Government advises the Government and local bodies in all matters pertaining to fire protection and assists local bodies in maintaining fire services, in implementing recommendations of Standing Fire Advisory Committee after they are approved by the Government of India. The Fire Adviser also guides the local bodies in their day-to-day problems of fire protection. With a view to improving the standard of fire services by the local authorities and in advising fire services in industrial establishments, the Fire Adviser has prepared a guideline on planning of fire services. Copies of these guidelines are being circulated to all Municipalities in Maharashtra for guidance.

With a view to improving the efficiency of fire services in the State and to co-ordinate their activities, Government have recently constituted a State Fire Advisory Committee at the State level which includes the Chief Executives of Municipal Corporations and Presidents of Municipal Councils and some representatives of commerce and industries. This Committee is functioning under the Chairmanship of Minister of State (Urban Development).

Government has approved in principle the establishment of Fire Training Centre at Bombay to impart training of Fire Officers in fire-fighting, as no such training facilities are available to them in the State. The Fire Adviser to Government has been requested to prepare details of the proposed Centre and it is hoped that the Centre would start functioning in the near future.

5.2. Fire Services in Marathwada.—Before State Reorganisation in 1956, there were (4) Fire stations at Aurangabad, Jalna, Nanded and Latur functioning under Ex-Hyderabad Government. On 1st November 1956, they were transferred to the then Bombay State (now Maharashtra State) and are continuing under the Government control. A fire station at Parbhani was opened in

April 1972 and two more fire stations at Districts Beed and Osmanabad have been recently sanctioned and they would be established shortly.

Under the Maharashtra Municipalities Act, 1956 fire services are to be maintained by the respective Municipal Councils. In this region, the fire services are under the Administrative control of Government in the Urban Development and Public Health Department Bombay. There are altogether (52) Municipalities in Marathwada of which (4) are 'A' Class, (9) are 'B' Class and the rest are 'C' Class.

Following provisions have been made for the office of the Commissioner, Aurangabad Division, Aurangabad, in connection with the fire services in Marathwada.

For 1977-78	... Rs. 7.74 lakhs.
For 1978-79	... Rs. 7.80 lakhs.

CHAPTER 6

**MAHARASHTRA PREVENTION OF WATER AND AIR
POLLUTION BOARD**

A. Control and Prevention of Water Pollution

6.1. The Maharashtra Prevention of Water Pollution Board constituted under the Maharashtra Prevention of Water Pollution Act, 1969 started functioning in September, 1970. The main functions of the Board are as follows:—

(i) To protect, maintain and improve the quality of the streams in the State for the purpose of supply of water to the public, for preservation of animal, plant and aquatic life and for commercial, industrial, recreational, agricultural and other legitimate uses and

(ii) To plan a State-wide programme by stages for the prevention, abatement and control of pollution of streams and for controlling existing and new discharges in the waters in different areas of the State.

Depending upon the magnitude and seriousness of pollution which is assessed by pollution survey, the area generally defined in terms of river basins are declared as "Water Pollution Prevention Areas" under Section 18 of the Act, under section 23 (1) of the Act, a date is to be appointed by the Government in respect of each declared area on or after which no discharge of trade or sewage effluent or other waste is to be made in the stream in such declared areas without the consent of the Board. Consents given are a sort of permit which regulate what and how much may be discharged into the stream or within the catchment of the stream. It is not, however, a permit to pollute the river or the stream. For the purpose of giving consents the Board has to classify the State waters according to the best possible uses. The various streams are then divided into various zones, according to the classification. While identifying uses, the existing and prospective uses are taken into consideration. Such classification

defines the uses of that water and also its quality which is required to be maintained for such uses. The water quality standards in respect of each class are to be prescribed by the Board. These standards are prescribed in terms of various polluting parameters so that the treatment and method of disposal of trade or community effluent can be prescribed. While giving consents for treatment and disposal of effluent the Board imposes such conditions regarding treatment and disposal that even after discharge of the treated effluent into the water course, the quality of water is not impaired, with respect to its classification.

According to the above provisions of the Act the Government has so far declared 14 different areas as Water Pollution Prevention Areas. The areas declared and their extent in square kms. are given below

Sr. No.	Name of the area	Area in Sq. Kms.
1.	Patalganga River Basin	1,092
2.	Kundalika River Basin	773
3.	Ulhas River Basin	4,531
4.	Nira River Basin upto its confluence with Bhima	6,773
5.	Satpati Coastal area	1,253
6.	Upper Godavari River Basin upto Paithan	21,980
7.	North Bombay and New Bombay	1,566
8.	Nag River Basin	296
9.	Upper Bhima River Basin upto the confluence of Nira River	15,333
10.	Krishna River Basin	17,456
11.	Sukna River Basin	311
12.	Bombay Island	69
13.	Lower Godavari River Basin	46
14.	Lower Bhima River Basin	22

Similarly the following areas are in process of declaration and they will be declared shortly.

(1) Tapi River Basin.

(2) Ghata Prabha River Basin.

(3) Coastal Area falling in Ratnagiri, Thana and Kolaba Districts.

(4) Agrani River Basin and

(5) Penganga, Wardha and Wainganga River Basins

and will come within the purview of the Act for prevention and control of water pollution in due course. With declaration of these areas, the whole of the State of Maharashtra will stand covered under the Maharashtra Prevention of Water Pollution Act, 1969.

The Board has classified the State waters according to the best possible usages. The Board has also prescribed water quality criteria for each of the class in terms of various parameters like B. O. D., Suspended Solids, PH, Dissolved Oxygen, C. O. D., etc. The different stretches of the waters of the rivers have also been zoned according to the classification of the waters.

Once a particular area is declared as water pollution prevention area no industry or any other polluting agency can discharge its trade waste and industrial effluents into any stream without obtaining the consents of the Board. While granting consents the Board prescribes the quality and quantity of the effluent which can be allowed to be discharged. Discharge of effluents into streams in contravention of the consents conditions is an offence punishable under the Act.

There are approximately 12,000 large and small industries in the State, out of which about 3,000 are major industries which really matter from the point of view of pollution.

Industrial pollution is not the only source of pollution. Pollution of rivers and streams occurs also due to the discharge of untreated sewage/sullage into the rivers. In almost all the municipal towns the sullage/sewage is collected and discharged into

the nearby nalla of river downstream of the town. The local authorities are also required to obtain the consent of the Board for discharge of sullage/sewage of the towns into any water course. The field officers and field assistants of the Board carry out continuous monitoring of the environmental water and of the consented effluent to assess the quality of natural waters to see if the industrial effluents conform to the consent conditions.

The Board has established a laboratory in Bombay for carrying out analytical tests of samples of waters and effluents. The laboratory is well equipped and consists of modern sophisticated instruments, total cost of which is of the order of Rs. 25 lakhs.

The Board also carries out special pollution survey and undertakes research work. In order to keep the knowledge of the Officers of the Board up-to-date they are deputed for regular training courses.

The Board has so far granted consent about 2,205 industries requiring them to make the prescribed arrangements for collection, treatment and disposal of their domestic and industrial effluents before it is let out either on the land for irrigation or into the surface waters. While granting consents, specific time limits for implementation of the consent conditions are laid down. In case of 1626 industries, implementation period is over. About 945 industries out of these have made arrangements for compliance of consents conditions and pollution from these industries has been controlled.

The Board has started taking legal action against those industries which have failed to comply with the consent conditions. The Board has so far issued notices of prosecution to 190 industries and has decided to prosecute 110 industries. Complaints against 29 industries have already been filed in the Court and the complaints against the remaining industries will be filed soon in the concerned Courts.

In order to prevent new industries coming up in different industrial areas without making adequate arrangements for collection treatment and disposal of effluent. 'No objection certificate' from the Board is insisted upon and the industries are not allowed to start production unless adequate arrangements for collection

treatment and disposal of the effluents are made according to the requirements of the Board.

B. Control of Air Pollution

6.2. The activity of prevention and control of air pollution is also entrusted to the Board by the Government. At present there is no law for control of air pollution. The State Legislature has in its session held in July, 1976 already passed a bill to amend the Maharashtra Prevention of Water Pollution Act, 1969 for incorporating the provisions relating to prevention and control of air pollution. The amending bill has been submitted to the Government of India for obtaining the assent of the President of India. In the meantime the Board has developed field and laboratory facilities for collection and analysis of air samples. Ambient air quality survey, stack omission survey and health survey at Chembur have been carried out by the Board. New proposals for expansion of existing industries and the setting up of new industries are cleared only after the Government is satisfied that adequate control measures have been taken to prevent air pollution.

6.3. The following statement shows the provisions made in the Budget for 1977-78 and 1978-79 both under Plan and Non-Plan for the activities of the Board for prevention and control of water pollution and air pollution.

(Rs. in lakhs)

	1977-78		1978-79	
	Non-Plan	Plan	Non-Plan	Plan
Prevention of Water Pollution	24.45	0.40	30.00	0.25
Prevention of air Pollution	4.56	2.00	4.55	1.00
Total	29.00	2.40	34.55	1.25

CHAPTER 7

RECLAMATION SCHEMES IN GREATER BOMBAY

7.1. Reclamation Schemes in Greater Bombay comprise (i) Mahim (Bandra-Kurla), Reclamation Scheme, (ii) Wadala-Chembur Reclamation Scheme and (iii) Backbay Reclamation Scheme. The object of the schemes is to relieve congestion and acute shortage of space in Greater Bombay and to make available developed land for industries, communication and housing. The schemes are as under :—

A. Mahim Reclamation Scheme

This comprises of reclamation of about 709 acres of marshy land, round about the Mahim Creek between the Bombay-Agra Road and the Mahim Causeway. Out of 709 acres, 343 acres is Government land and the remaining 366 acres is private land.

Out of 366 acres of private land, 350 acres have already been acquired so far and land acquisition proceedings for the remaining 16 acres is in progress. A provision of Rs. 1.00 lakh is made in the Budget Estimates of 1978-79 for land acquisition.

Out of acquired land, 44 acres is transferred to the Maharashtra Housing Board for construction of a transit camp, 30 acres is transferred to Civil Defence Department for their activities.

The entire scheme of the Commercial Complex is now to be implemented by the B. M. R. D. A., which is appointed as Special Planning Authority under M. R. and T. P. Act, 1966.

B. Wadala Chembur Reclamation Scheme

7.2. The Scheme consists of two polders, namely Wadala Polder and Anik Polder and envisages reclamation of about 1,530 acres of land in the Wadala Chembur Area, containing the several salt, pans and low lying lands submerged in high tide. In this case 724 acres of private land is to be acquired.

Out of 724 acres private land, 447 acres have been acquired so far and land acquisition proceedings for the remaining land is in

progress. A provision of Rs. 1.00 lakh is made in the Budget Estimates of 1978-79 for land acquisition.

As regards reclamation, 24 acres of land in Anik Polder coming under the Industrial Zone is completed, out of which 19 acres of land has been handed over to Mazgaon Dock Ltd. for their activities. No further reclamation work is in progress now. Further out of unreclaimed land, 60 acres is transferred to the Maharashtra Housing Board for construction of a transit camp and the same is also completed by the Maharashtra Housing Board. Also an unreclaimed land of 80 acres is transferred to B. and C. Department. (Now PW and H. Department) for construction of residential quarters for Class III and Class IV Government Servants and about 35 acres have been transferred to Bombay Municipal Corporation for construction of Chemical Godowns and Ravli Hill Reservoir.

C. Backbay Reclamation Scheme

7.3. This scheme envisages reclamation of 551 acres of land in Blocks III to VI of Backbay Area. The area falls south of Madam Cama Road and West of the Foreshore Road and the Cuffe Parade Road.

Out of 551 acres of land, about 94 acres of land is reclaimed by Government and 106 acres of land is reclaimed by private parties.

A provision of Rs. 16.05 lakhs is made in the Budget Estimates for 1978-79 for these schemes. The provision is intended mainly for the purpose of development works, such as construction of roads, street lights, S. W. Drains, Sewer lines etc. which are being carried out by the Bombay Municipal Corporation on behalf of Government.

Due to public criticism on the reclamation in Backbay Area, Government appointed a Committee under the Chairmanship of Secretary, Public Works to revise the layout of the area. The report of the Committee was published for eliciting public opinion. The report is now under examination of Government for taking a final decision.

CHAPTER 8

URBAN WATER SUPPLY AND SANITATION

Environmental Engineering Organisation

8.1. This organisation, which was formerly known as P. H. Engineering Organisation, was initially set up as a separate unit (under Public Works Department) in the year 1892, mainly for the implementation of water supply and sewerage programme in the State. This is one of the oldest organisations in the country in the fields of Public Health Engineering. As this organisation is now also entrusted with other environmental engineering activities, the name of the organisation is now changed as "Environmental Engineering Organisation".

The present set up of organisation under the Chief Engineer, who is also joint Secretary has one Additional Chief Engineer and seven circles headed by the Superintending Engineers with Head quarters at Bombay, Pune, Sangli, Aurangabad, Jalgaon, Akola and Nagpur.

The primary objective of the organisation is to provide safe and protected water supply and satisfactory sewage/sullage disposal arrangements, so as to achieve and maintain clear environment. The organisation will also now undertake other environmental activities like the Solid Waste disposal etc. In short, the organisation undertakes following activities:—

(i) All water supply and sewerage/sullage scheme undertaken as Government schemes, i. e. which are wholly financed and executed and maintained by the Government. These schemes are owned by the Government.

(ii) All Municipal Water Supply and Sewerage Schemes. These schemes are owned by the Municipal Councils but the same are prepared and executed on behalf of the Municipal Councils by this organisation.

(iii) Rural Piped Water Supply Schemes costing over Rs. 1.00 lakh.

(iv) Water Supply and Sewerage Schemes on behalf of the Government of India like Defence Department and other State Government Departments.

(v) Maintenance of water supply and sewerage schemes owned by Government and also as deposit contribution works on behalf of Municipal Councils, Zilla Parishads and Village Panchayats.

(vi) Execution of all original works costing more than Rs. 1.00 lakh of all Municipal Councils is entrusted by them.

(vii) Technical Advice to Municipal Councils, for works carried out by them.

Budget provisions for the establishment of the Environmental Engineering Organisation have been made as indicated below:—

For 1977-78	...	Rs. 464.70 lakhs.
For 1978-79	...	Rs. 517.23 lakhs.

Urban Water Supply and Sewerage Schemes

8.2. (1) *General*.—There are 222 Municipal Councils and 5 Municipal Corporations in the State. The position of Water Supply and Sewerage facility at the end of 31st March 1977 is given below:—

1. Towns having piped water supply facilities.	198 Nos.
2. Towns having piped water supply schemes in progress.	20 Nos.
3. Town yet to be tackled with piped water supply.	9 Nos.
4. Towns where Augmentation Improvement to existing W. S. S. in progress.	66 Nos.
5. Towns having sewerage facilities	... 12 Nos.
6. Towns having sewerage schemes in progress.	10 Nos.
7. Towns not having sewerage schemes	... 205 Nos.

(2) Financial Pattern of water supply and sewerage schemes. The pattern of financial assistance given to M. Cs. for water supply and sewerage schemes is tabulated below:—

Class of M. C	Grant-in-aid	LIC Loan	Municipal Contribution
A	23 1/3%	66 2/3%	10%
B	40%	50%	10%
C	50%	40%	10%
C (Having less than 15,000 population).	90%	..	10%

Note.—If financial position of 'C' Class Municipal Councils is unsatisfactory L. I. C. loan is sanctioned for 10 per cent contribution also.

(3) Finance.—In the Annual Plan 1977-78 and 1978-79 the following provisions are made for Urban Water Supply and Sewerage Schemes:—

Name of the Scheme	(Rs. in lakhs)	
	Annual Plan 1977-78	Annual Plan 1978-79
1. Government W. S. S.	337.00 *(1.50)	337.20 (9.00)*
2. Municipal W. S. and S. Schemes	215.63 *(2.70)	206.17 (7.00)*
3. L. I. C. Loan	475.00	500.00
Total ..	1081.83 *(4.20)	1043.37 (16.00)*

* The bracketed provisions relate to tribal sub-plan.

(4) *Programme for 1977-78.*—For the year 1977-78 the following programme for Urban Supply and Sewerage Schemes is under execution :—

(a) *New Water Supply Schemes*—During the year schemes for 20 towns are in progress and out of these, schemes for 4 towns are anticipated to be completed by the end of March 1978.

(b) *Augmentation Schemes.*—During the year 1976-77 the Augmentation Improvement of water supply schemes for 10 towns have been completed. During current year schemes of Augmentating/Improving existing water supply for 68 towns are in progress. Augmentation schemes for Hingoli, Ambejogai and Satara towns have been taken as Government Schemes during this year.

(c) *Sewerage Scheme.*—During the year, Sewerage Schemes for 10 towns are in progress and out of these one scheme is expected to be completed.

Bhatsai Project

8.3. This project envisages in its ultimate stage storage of water to supply 300 M. G. D. to the Bombay Metropolis and 100 M. G. D. for irrigation in Shahapur and Bhiwandi Talukas of Thane District.

The project is under construction by Irrigation Department and is planned to be constructed in two stages. The scope of first stage is limited to supply of 100 M. G. D. to Bombay city and 50 M. G. D. for irrigating 5900 hectares of land in Thane District.

Construction of stage I Dam was awarded to M/s. Jolly Bros. Pvt. Ltd. and was scheduled to be completed by February 1976. But the contractor could not give the required progress and in view of the commitment to the World Bank to complete stage I by June, 1978, the work was withdrawn from the contractors in February 1976.

The total quantity of masonry work for the masonry dam is 11 lakhs cubic meters for raising the overflow sections to R. L. 106 meters so as to complete the stage I of the project, for 100 M. G. D. water supply to B. M. C. Work of 4.5 lakhs

C. M. quantity was completed by the contractor till February 1976 when the work was taken over departmentally due to continuous poor performance of the contractor. During the year 1974-75 the contractor was able to complete only 0.92 lakhs C. M. against the target of 2.55 lakhs C. M. of masonry. Even in the year 1975-76 the performance of the contractor was very poor.

Since February 1976, when the contract was withdrawn and the work was taken up for execution departmentally, 6.5 lakhs C. M. of masonry work is required to be completed, being the balance work of the contract. As it was found difficult to complete this work by June 1978, the truncated section profile, to fulfil the targeted supply to B. M. C. was adopted. This reduces the obligatory quantity to be completed by June, 1978, from 6.5 lakhs C. M. to 3.4 lakhs C. M. The Irrigation Department has completed 2.3 lakhs C. M. quantity upto June, 1977. Thus only 1.2 lakhs C. M. of masonry work is to be completed during the current working season. Budget provision for 1977-78 was Rs. 350.00 lakhs and the same was revised to Rs. 418.79 lakhs, including establishment expended provision for 1978-79 is Rs. 400.00 lakhs.

Integrated Bombay Water Supply and Sewerage Project

8.4. The Integrated Bombay Water Supply and Sewerage Project is being executed jointly by the Government of Maharashtra (Bhatsai Head Works) and the Bombay Municipal Corporation (Water conveyance, Purification and Distribution Works and Sewerage Works). The Project is assisted by the World Bank through International Development Association, for its stage I. It is anticipated that during 1978-79, 100 million gallons of additional water supply per day would be made available to the city. In addition to the provision of Rs. 400 lakhs for Bhatsai Head Works, provisions of Rs. 800 lakhs and Rs. 500 lakhs have been made in the State's Annual plan of 1978-79 for State Loan to B. M. C. and for open Market Borrowings by B. M. C. respectively.

Maharashtra Water Supply and Sewerage Board

8.5. The Mah. Water Supply and Sewerage Board has been constituted from 1st January 1977 for rapid development and proper

regulation of W. S. and Sewerage Services in the State of Maharashtra. In its initial stages, the main functions of this Board are to raise finances from financial institutions like Banks etc. for implementing the Urban W. S. and S. Projects. The Board also acts as an agency for obtaining and repayment of loan from L. I. C. for Urban W. S. and S. Schemes on behalf of State Government and M. Cs. A provision of Rs. 6.18 lakhs is made in the Annual Plan of 1978-79 for giving initial contribution of State Government to the Board for its various activities. During 1977-78 the Board secured L. I. C. loan of Rs. 500.00 lakhs, Government loan of Rs. 200.00 lakhs and open Market Borrowings of Rs. 82.50 lakhs for Urban Water Supply and Sewerage Schemes. The Budget provision for grant-in-aid to the Board for meeting its administrative and other expenditure and for initial contribution was Rs. 1.12 lakhs for 1977-78. Provision for 1978-79 is Rs. 7.68 lakhs (viz. Rs. 1.50 lakhs Non-Plan and Rs. 6.18 lakhs plan).

Conversion of dry latrines into flush type or water borne latrines

8.6. The present arrangements of collection and disposal of night soil are extremely unhygienic. There are quite a few towns where many of the latrines are still basket type latrines. The transportation and disposal of night soil from these latrines is required to be done annually, through services of scavengers. The very idea of carrying night soil by human beings on head is highly objectionable. It is necessary to do away with the present system of disposal of night soil by converting the existing dry latrines into flush type or water borne latrines which can ensure sanitary disposal of night soil. Government therefore introduced in 1972 the scheme of financial assistance for conversion of dry latrines into flush type or water borne latrines in areas of the Municipal Councils.

(2) At present the revised pattern of financial assistance for this scheme is as under:—

(i) The maximum estimated cost of conversion of each dry latrine for which financial assistance is admissible is Rs. 1,500 or actual cost whichever is less.

(ii) The benefit of the scheme is restricted to the house owners whose monthly income does not exceed Rs. 800.

(iii) This financial assistance is also available to 'C' Class Municipal Councils for public Latrines owned by them.

(iv) 25 per cent of the cost would be paid as subsidy by Government.

(v) 25 per cent of the cost would be paid as subsidy by Municipal Council.

(vi) 50 per cent of the total cost would be made available by the Municipal Council to the house owner as loan. The loan amount would be obtained by the Municipal Council through the banks or through any other institutional sources.

(3) The Regional Directors of Municipal Administration and Collectors of Districts are now the District Implementing Officers.

(4) The provision made under this scheme for 1977-78 was Rs. 8.60 lakhs and provision made for 1978-79 is Rs. 16.44 lakhs including a provision of Rs. 0.02 lakh for tribal area. This is a District Level Plan Scheme.

(B) PUBLIC HEALTH**CHAPTER I****DIRECTORATE OF HEALTH SERVICES****A. Rural Medical and Health Services**

1.1. Hospitals and Dispensaries.—Maharashtra has a bed strength of 70,537 which includes beds provided in Teaching Hospitals, Government Hospitals, Hospitals managed by local bodies, voluntary agencies and private hospitals and institutions.

The beds provided in 19 District Hospitals (excluding those in District Hospitals attached to Medical Colleges) 8 Tuberculosis Hospitals, 8 Women Hospitals, 14 Cottage Hospitals, 6 Other Hospitals, 69 Rural Hospitals and 310 Primary Health Units, and 417 Primary Health Centres are as follows:—

19	District General Hospitals	...	3486
14	Cottage Hospitals	...	411
4	Mental Hospitals	...	5575
8	Tuberculosis Hospitals and Sanatorium	...	1320
8	Women Hospitals	...	895
69	Rural Hospitals	...	2070
310	Primary Health Units	...	1240
6	Other Hospitals	...	334
417	Primary Health Centres including upgraded P. H. Cs. as Rural Hospitals	...	2502
		...	<hr/> 17833 <hr/>

The Programme in Fifth Five Year Plan under the scheme of providing General beds and expanding facilities in Non-Teaching Hospitals includes completion of construction works at

General Hospitals, construction of new hospital buildings and provision of adequate staff and equipment to district and other general Hospitals.

Non-plan provision for Non-teaching Hospitals and Dispensaries (including Cottage Hospitals) in mofussil areas is as shown below :—

For 1977-78 ... Rs. 576.89 lakhs

For 1978-79 ... Rs. 602.65 lakhs

The Plan Outlay for 1977-78 and 1978-79 is as follows:—

	(Rs. in lakhs)	
	1977-78	1978-79
1. Provision of General beds (Non-Teaching) ...	58.19	70.93
2. Expanding facilities in Civil Hospitals and Dispensaries.	134.53	151.72
2. Expanding facilities in Hospitals and dispensaries other than Non-Teaching Civil Hospitals (including Dental Care).	14.23	25.41
	<u>206.95</u>	<u>248.06</u>

During the year 1977-78, construction works of new hospital buildings for the following District Hospitals are in progress. The present bed strength and the bed strength that will be

occupied after completion of the new buildings is as shown below :—

Name of the District General Hospital	No. of beds at present	No. of beds for which new building is being constructed.
1. District General Hospital, Thana	205	205
2. do Nasik	242	300
3. do Alibag	135	200
4. do Jalgaon	192	300
5. do Bhandara	110	348
6. do Osmanabad	132	180

In addition to the above construction works, provision has also been provided for completion of construction works like O. P. D., additions and alterations, construction of wards etc. at the District Hospitals, Yeotmal, Parbhani, Nanded, Ratnagiri, Dhulia, Satara, Sangli, Kolhapur, Akola, Amravati, Bhandara, Bhir, Nanded, Osmanabad.

A provision of Rs. 80.71 lakhs has been proposed for augmenting the staff and equipment for District Hospitals as per norms laid down by the standardisation committee. This will enable the District and Cottage Hospitals to have the necessary facilities as also additional staff and equipments to improve the quality and quantity of Health facilities.

During the year 1977-78, a provision of Rs. 9.50 lakhs was earmarked for various construction works which were in progress at Cottage Hospitals, Shirpur, District Dhulia, Sakoli, District Bhandara, Jalna, District Aurangabad and Latur District Osmanabad. The provision made for these works for 1978-79 is Rs. 7.60 lakhs.

Expanding facilities in Hospitals and Dispensaries.—

1.2. Improved diagnostic and referral services have been provided at the District Hospitals which include services like :—

- (1) Dental Clinics,
- (2) Blood Banks,
- (3) Psychiatric Clinics,
- (4) V. D. Clinics,
- (5) Physiotherapy Units,
- (6) Laboratory facilities,
- (7) Ambulance Services,
- (8) Dietary Services.

(1) **Dental Clinics.**—During the year 1977-78, Dental Clinics have been established at District Hospitals, Buldana, Chandrapur, Bhir and Alibag.

(2) **Blood Banks.**—During 1976-77, 12 Blood Banks have been established at District Hospitals, Thane, Nasik, Dhulia, Jalgaon, Ratnagiri, Satara, Kolhapur, Ahmednagar, Akola, Nanded Amravati and Cottage Hospital, Karad, District Satara and in 1977-78 two more have been established at Buldana, Bhir, during 1978-79, the Blood Banks are proposed to be established at District Hospitals, Sangli, Parbhani, Alibag, Yeotmal and J. M. Hospital, Khamgaon, District Buldana.

(3) **V. D. Clinics.**—During 1977-78 V. D. Clinics have been established at District Hospitals at Ahmadnagar, Satara, Buldana, Akola and Bhandara.

(4) **Physiotherapy Units.**—Physiotherapy units have been established at District Hospitals at Thane, Ahmadnagar, Satara, Buldana and Akola during 1977-78.

(5) Psychiatric clinics have been established during 1977-78 at District Hospitals, Satara and Buldana.

1.3. Mental Health.—There are four Mental Hospitals in the State at Thane, Ratnagiri, Yeravada (Pune) and Nagpur with 5575 beds. The Fifth Plan outlay of Rs. 23.59 lakhs was mainly for improvement of these hospitals.

An outlay of Rs. 7.50 lakhs has been proposed for 1978-79 for the following construction works.

Name of the work	Estimated cost	Expend. upto 31-3-77	B. E. for 77-78	Provision proposed for 1978-79
1. Construction of wards to accommodate 500 patients at the N. M. Mental Hospital, Thane.	9.52	6.10	1.00	3.50
2. Renovation of wards No. 8 A at N. M. Mental Hospital, Thane.	1.15	—	0.50	0.50
3. Construction of addl. ward for 154 patients at Mental Hospital, Ratnagiri.	8.43	0.60	1.00	1.00
4. Water Supply arrangement at Central Mental Hospital, Yervada, Pune.	3.86	—	1.00	2.50
Total ...	22.96	6.70	3.50	7.50

A non-plan provision for Mental Hospitals is Rs. 223.14 lakhs for 1977-78 and Rs. 233.13 lakhs for 1978-79.

1.4. Minimum needs programme.—The target of minimum needs programme under the Health sector in the fifth Five Year Plan were as follows :—

(a) Establishment of One Primary Health Centre for each Community Development Block.

(b) Establishment of one sub-centre for every 10,000 of population.

(c) Making up of deficiency in buildings including Residential quarters of the existing Primary Health Centres and Sub-Centres.

(d) Increased provision of drugs at the scale of Rs. 12,000 per annum for each Primary Health Centre and Rs. 2,000 per annum for each sub-centre and

(e) Upgradation of one in every 4 P. H. Centres to the status of 30 bed Rural Hospital.

The progress relating to implementation of the Minimum Needs Programme is as follows :—

(a) **Primary Health Centres.—**In all 413 Primary Health Centres have been established all over the State till 1976-77. They include the Primary Health Centres established in Tribal areas. 80,000 to 1,00,000 population is covered by each Primary Health Centre. The P. H. Cs. render medical aid to the rural population in their areas. They also adopt preventive measures against communicable diseases. Thus they function both as curative and preventive services in rural areas. 4 Primary Health Centres have been established in the tribal areas during 1977-78.

(b) **Establishment of Sub-Centres.—**As per the norm of one sub-centre for every 10,000 population, a total of 3470 sub-centres have to be established in the State. 3335 sub-centres have already been established upto 31-12-1977.

(c) **Construction Programme.**—All efforts are made to wipe out the deficiency in buildings including residential quarters of Primary Health Centre building including sub-centres.

A provision of Rs. 103.55 lakhs has been made 1978-79 for completion of incomplete work of 25 Primary Health Centres 47 Rural Hospitals and 500 sub-centres.

(d). **Increased provision of drugs.**—In pursuance of the Government of India's norm an amount of Rs. 12,000 per annum per Primary Health Centre and Rs. 2,000 per sub-centre has been sanctioned during 1977-78. A provision of Rs. 84.77 lakhs has been made during 1978-79 for medicine grants of the Primary Health Centres and Sub-Centres in tribal and non Tribal areas.

(e) **Primary Health Units.**—Medical facilities are also provided in the rural areas through Primary Health Units for each Primary Health Unit is expected to cover a population of 30,000. Till 1976-77, 244 Primary Health Units have been established all over the State. 66 Primary Health Units have been established in the year 1977-78.

So far the Primary Health Unit was headed by a Class III Medical Officer. A Post of Class II Medical Officer have been provided for the Primary Health Unit, which have been established in 1977-78.

Rural Hospitals.—Medical facilities provided through Primary Health Centres, Cottage Hospitals, Taluka dispensaries, Primary Health Units etc. were not adequate to meet the demand of rural population. In view of this and in order to expand medical facilities in Rural areas, the Primary Health Centres, dispensaries are upgraded to the rural hospitals. In addition to existing staff of the Primary Health Centre and dispensaries the following additional staff is provided to each rural hospitals.

Sr.No.	Designation	No. of posts
1.	Nurse Midwife	... 1
2.	X-Ray Technician	... 1
3.	Laboratory Technician	... 1
4.	Steward	... 1
5.	Compounder/Disp. Assistant	... 1
6.	Laboratory Attendant	... 1
7.	X-Ray Attendant	... 1

The target is to upgrade every fourth Primary Health Centres, as rural Hospitals.

In order to increase the medical facilities and to man, the Rural Hospital by a better qualified person, it is proposed to provide a Class I Medical Officer having post graduate qualification to each Rural Hospital. The proposal is under consideration of Government.

Yearwise breakup of Rural Hospitals established so far is as under :—

Year	No. of established
1972-73	... 11
1973-74	... 1
1974-75	... 15
1975-76	... 2
1976-77	... 20
1977-78	... 20
Total	... 69

of the 69 Rural Hospitals established so far in the State 16 Rural Hospitals have been established in the Tribal Areas. During the year 1978-79, it is proposed to upgrade 19 Rural Hospital.

Plan provision of Rs. 77.03 lakhs is allotted for the scheme of Rural Hospitals for 1978-79.

Abstract under Minimum Need Programme

(Rs. in lakhs)

Scheme	Plan Provision for	
	1977-78	1978-79
1. PHC/Sub-Centres/Rural Hospitals ... Construction works.	73.66	103.55
2. Scheme for Medical Intern	6.85	10.63
3. Increase in Medicine grants to ... PHCs. and Sub-Centres.	66.60	84.77
4. Upgradation of P. H. Cs. as Rural ... Hospitals.	82.02	77.03
5. Grants for establishment of P. H. ... Units.	52.00	77.93
6. Expansion of facilities at P. H. Cs. ... Dispensaries etc.	21.49	27.48
7. Establishment and expansion of ... Primary Health Centres.	29.19	44.12
8. Improvement and Establishment ... of New Cottage Hospitals.	30.19	26.57
9. Provision of additional beds at ... P. H. Cs.	—	30.50
...	362.00	482.58

Centrally Sponsored Schemes

1.5. (a) **Community Health Worker's Scheme.**—For extending Primary Health Care to the Rural population and to ensure that an effective Maternal and Child Health Care Programme is implemented in these area, it was considered necessary to provide Community Health Workers through whom community participation for this purpose could be assured. The Community Health

Workers will be selected from the villages themselves who will be trained for a period of three months in basic practice and skills of Primary Health Care, Maternal and Child Health, Nutrition, Immunisation, etc.

The main objective is to make Primary Health Care readily and easily available to rural community through a team of Community Health Workers. This team of Community Health Workers, in close collaboration and active support from the Multipurpose Workers and Supervisors, will help to achieve the desired objective.

The objective of the scheme is to make Primary Health Care facilities, both preventive and promotive, alongwith treatment of common ailments, available to every villager. It is proposed that for this purpose one Community Health Worker will be provided for every one thousand population, or approximately one per village.

During 1977-78 the Community Health Workers Programme has been implemented in 97 Primary Health Centres utilising the services of approximately 3,880, Community Health Workers. It is proposed to extend the scheme in a phased manner so as to cover all the villages in the State during the next two years. During the year 1978-79, it is proposed to extend the scheme to cover 10,000 villages. A provision of Rs. 161.88 lakhs has been provided during the year 1978-79.

(b) 'Multipurpose Workers' Programme.—National Programme in the field of Health, Family Planning and Nutrition have been in operation in the State for many years. In general, these programmes are being run almost independently of each other by the staff recruited under each programme. There is little or no co-ordination between the field workers and even at supervisory levels. However, it is now accepted that vertical programme cannot be separated indefinitely from other health activities and integration is essential for effective and efficient delivery of health care.

This strategy calls for structural and functional changes at various levels in the existing vertical and unipurpose organisational set up in the State Health Services.

During the year 1977-78 Multipurpose Workers' Programme has been implemented in five districts viz. Wardha, Akola, Amravati, Ratnagiri, Kolhapur. It will continue during the year 1978-79, it is proposed to extend the scheme to cover six more districts viz. Thane, Nasik, Pune, Ahmadnagar, Aurangabad and Nagpur, and to cover the remaining districts in a phased manner during the next two years. This is in consonance with the policy laid down by the Central Council of Health and Family Planning in its recent meeting held in New Delhi. Training programme in respect of the categories of health staff involved in the Multipurpose Workers' Programme is fully implemented. The scheme will be implemented through the Zilla Parishad.

(c) Expanded Programme of Immunization.—The State has undertaken this programme in the Primary Health Centres of all the five multipurpose workers districts viz., Ratnagiri, Kolhapur, Akola, Amravati and Wardha and at one Primary Health Centre in each of the remaining 20 districts of the State where Community Health Workers' Scheme has been started i. e. at 97 Primary Health Centres.

In the first phase, the programme has been crysalized in the children of age group of 0.5 years and pregnant mothers. It will be ensured that all the children in the above age group are protected against Tuberculosis, Diphtheria, Pertusis and Tetanus and pregnant mothers against Tetanus. These are the most common communicable diseases prevalent in the above age group bringing morbidity and claiming a good chunk of life in the population.

The estimated population (77-78) of these 97 Primary Health Centres come to 99.45 lakhs. Children in the age group of 0.5 would be 18.89 lakhs (19 per cent of the population) and pregnant mothers would be 3.48 lakhs (3.5 per cent of population). Out of this population, it was expected to cover at least 60 per cent of the population till March 1979 i. e. 15 lakhs children and 3 lakhs of mothers.

The State desires to extend the E. P. I. to other Primary Health Centres, where the Multipurpose Workers' Scheme would be started in the Second Phase. The Municipalities and Corporations would also be instructed to take up the E. P. I. in the Urban areas. And in this way, the programme would be established in permanent footing in place of National Small Pox Eradication Programme.

1.6. Tribal Sub-Plan Under Health Sector.—Government has taken a policy decision to extend the Health facilities to the Tribal population of the State, where these facilities are inadequate. In view of this, the sufficient funds under Tribal Sub-Plan are being provided for implementation of various schemes in notified Tribal Areas of the State.

It is proposed to expand the Medical and Health facilities in Tribal Areas for the following reasons.

- (i) Tribal Areas are generally inaccessible, and difficult terrain, hence it is necessary to provide better quality of medical aid closer to the people within easy reach.
- (ii) In view of illiteracy, low standard of living, backwardness, poor nutrition, etc. anaemias, worminfestations, Tuberculosis and other communicable diseases are common.
- (iii) Indigent patients requiring treatment in Government Institution will be more.

With the above long term objectives, the State Government has decided that during fifth plan period attention should be focussed on specific problem of Tribal Areas. Government has accordingly decided that there should be a separate Tribal Sub-Plan on Health Sector as a part of State Fifth Five Year Plan.

Tribal Plan was integrated with Annual Plan prior to 1975-76 and from 1976-77 onwards a separate provision is made under Health Sector for Tribal Sub-Plan Areas.

(1) 1975-76.—A provision of Rs. 19.61 lakhs was provided in the Annual Plan 1975-76 for the following scheme.

	Rs.
(i) Conversion of Z. P. Dispensaries into Primary Health Unit.	1.00 lakhs
(ii) Providing 17 Ambulances ...	16.00 laks
(iii) Emphasis on Communicable Disease.	0.75 lakhs
(iv) Purchase of Equipments ...	1.86 lakhs
	19.61 lakhs

(2) 1976-77.—Under Tribal Sub-Plan (Health Sector) a provision amounting to Rs. 110.33 lakhs was provided for implementation of various schemes. Out of this provision the expenditure of Rs. 50.64 lakhs has been incurred during 1976-77 under this plan for expanding facilities in Tribal areas.

(3) 1977-78.—A provision of Rs. 165.93 lakhs has been earmarked during current financial year for implementation of various schemes.

(4) 1978-79.—A plan provision of Rs. 211.59 lakhs has been allotted for 1978-79 under Tribal Sub-Plan for implementation of various Medical and Health Schemes.

1.7. Detailed write-up of Tribal Sub-Plan Schemes

(1) **Upgradation of Primary Health Centres into Rural Hospitals.**—In order to provide referral services to the Tribal Population and also as per Government of India's policy decision to upgrade every Fourth Primary Health Centre into 30 bedded Rural Hospital, it is proposed to establish 19 Rural Hospitals in Tribal Areas, of the State. These Rural Hospitals will provide additional beds, X-Ray, Laboratory and Ambulance facilities to the Tribal population.

The expenditure on each Rural Hospital will be as under:—

	Rs.
(i) Construction of building and staff quarters.	6.50 lakhs
(ii) Purchase of equipments	... 1.00 lakh
(iii) Recurring (Pay and Allowances Cont.).	and 1.20 lakhs
	8.70 lakhs

Under Tribal Sub-Plan 1976-77, 3 Rural Hospitals have been established and during 1977-78, 4 Rural Hospitals have been sanctioned.

(2) Establishment of Primary Health Centre.—With a view to provide adequate health facilities it is felt that Primary Health Centre should be established in tribal areas so as to cover a population of 30,000.

In 48 talukas notified under Tribal Sub-Plan 30 Primary Health Centres were already located prior to formation of the Tribal Sub-Plan. With a view to cover the entire population of Tribal area it was proposed to open 46 additional Primary Health Centres in these Talukas. This entire population is proposed to be covered by 76 Primary Health Centres in the Tribal areas.

The expenditure on each Primary Health Centre is as below:—

	Rs.
(1) Construction of building and staff quarters.	2.50 lakhs
(2) Equipments and vehicles	... 1.00 lakh
(3) Salaries and Office expenses	... 1.00 lakh
	4.50 lakhs

Under Tribal Sub-Plan 18 Primary Health Centres have been established in 1976-77, 4 Primary Health Centres have been established in 1977-78.

(3) Establishment of Primary Health Units by converting Zilla Parishad Dispensary or new Primary Health Units.—Government had taken a policy decision in the year 1966 to establish Primary Health Units in the area which is not covered by the Primary Health Centres located in the areas. The scheme envisages the conversion of Zilla Parishad Dispensaries into Primary Health Units or establishment of new Primary Health Units. Under the scheme now Government will bear the Recurring and non-recurring expenditure on Primary Health Units.

It is proposed to convert 46 Zilla Parishad Dispensaries located in the notified Tribal Areas into Primary Health Units as a part of the Tribal Sub-Plan. The Zilla Parishad Dispensary buildings are available for locating Primary Health Unit in most of the places, but it will require certain addition and alteration to suit the type design of Primary Health Unit.

Expenditure on each Primary Health Unit by converting Zilla Parishad Dispensary is as under:—

	Rs.
(i) Capital expenditure on construction ...	53,000
(ii) Recurring expenditure on Staff, medicines Cont. etc.	7,500
	60,500

Under Tribal Sub-Plan 10 Primary Health Units have been established in 1976-77 and 18 Primary Health Units have been sanctioned in 1977-78.

(4) *Establishment of Mobile Health Care Unit.*—The function of the Mobile Health Care Unit in brief is as under:—

- (i) To organise comprehensive health care programme.
- (ii) To organise Small Eye Camp.
- (iii) To organise school health programme.
- (iv) To organise Family Planning Camp, etc.

The Mobile Health Care Unit will serve in the interior parts of the Tribal Areas so as to cover the population which is not covered by any other medical facilities. A Mobile Health Care Unit is proposed to be attached to each Rural Hospital to be established in the Tribal Areas. Each Mobile Health Care Unit will consist of vehicle and staff like Medical Officer, Para Medical (Sanitary Inspector) Officer and Nursing Staff, Driver, Clearner, etc. Estimated expenditure of each Mobile Health Care Unit is Rs. 80,000 for vehicle and Rs. 20,000 on recurring expenditure for staff, medicines, P. O. L. and office expenses, etc.

Five Mobile Health Care Units have been established in notified Tribal areas in 1976-77.

(5) *Establishment of Mobile Service-cum-Repairs Units.*—No facilities are available in tribal areas for repairs and maintenance of vehicles operated in the area for the Health Services. As such it is very likely that for operation of the vehicles like Ambulance, etc. will be hampered and carrying out small repairs and servicing will be much expensive. To overcome this difficulty and from the economical point of view, it is proposed to establish 5 Mobile Service-cum-Repairs Unit in the Tribal Area.

A suitable vehicle will be selected from the old vehicles lying in the State Health Transport Organisation on which complete servicing equipments will be mounted. This vehicle will be a sort of workshop-cum-Mobile Service Van. This van will also carry certain important fast moving parts.

The programme will be so arranged that all the vehicles in Tribal Areas are attended regularly in time and kept in road worthy condition at economical operational cost.

The cost of dieselisation and equipment which will be mounted on each vehicle will be Rs. 80,000 per vehicle and cost of modification of the old vehicle will be Rs. 4,000 per vehicle. Thus for 5 vehicles the entire expenditure would be Rs. 4.20 lakhs. Each Mobile Service-cum-Repair Unit will consist of Driver-cum-Mechanic, Foreman, Electrician, etc.

2 Mobile Service-cum-Repairs Unit have been provided to Chandrapur and Dhulia Districts, in 1976-77.

(6) Providing Ambulance Service at Rural and Cottage Hospital.—There are 6 Cottage Hospitals and 14 Rural Hospitals in the Tribal areas. It is very difficult to shift serious patients to the nearest referral hospitals. It is therefore, proposed to provide ambulance services to each Cottage and Rural Hospital. One spare ambulance was also proposed be provided for each Circle so that in case it is required by any district the same can be immediately spared. This proposal was accepted by Government. Accordingly 23 Ambulances have been provided out of which 16 Ambulances have been distributed during 1975-76, and 7 Ambulances have been sanctioned during 1976-77.

Besides that 2 Ambulances for Rural Hospital, Wada and Mokhada have been sanctioned during 1977-78.

(7) Establishment of Rural Family Welfare Planning Centres.—The Central theme of the Family Planning Programme is to check the growth of population and eliminate the ill effects caused by the rapid rise in population. The Family Planning has, therefore, to be effectively implemented especially in backward classes to raise the standard of living of the individual family.

It is proposed to establish 46 additional Primary Health Centres in the notified area and to attach Rural Family Welfare Planning Centres to them for effective implementation of

Family Planning Programme be emphasised that the Family Planning coverage in the Tribal areas has been both extensive as well as intensive.

Under Tribal Sub-Plan 1976-77, 2 Rural Family Planning Welfare Centres have been established in Tribal areas of Chandrapur and Dhulia districts in 1977-78, 2 Rural Family Planning Welfare Centres have been sanctioned for Tribal Areas of Pune District.

(8) **Prevention and Control of Diseases-Emphasis on preventive diseases in Tribal Areas, particularly Malaria-Tribal Area.—** The resurgence of malaria in recent years is causing concern all over India including tribal sub-plan area, in the State. Such resurgence is particularly observed in Chandrapur, Thane, Nasik, Dhule, Amravati, Ahmednagar, Pune, Yeotmal, Nanded and other districts, Government of India have now drawn a new strategy for eradication of malaria which involves widespread distribution of anti-malarial operations, proper supervision of spraying operations and other measures of anti-malarial operations. In the tribal districts the normal machinery is inadequate because of difficulties of communication. Under Tribal Sub-Plan 1977-78, Government has provided 7 vehicles for existing Malaria Teams in the 7 Tribal Districts at an estimated cost of Rs. 5.81 lakhs. The vehicles provided to the existing malaria teams are equipped with anti-malaria drugs, spraying equipments to enable them to supervise field operations and augment operations wherever necessary for intensification of malarial operations.

One of the salient feature in the modified plan of operations is to make available Anti-Malarial drugs to tribal population not only through Malaria Workers, hospitals, Primary Health Centres, but also through the agencies like fever-treatment Depots, Post Offices, Teachers, etc.

Ministry of Home Affairs, Government of India, have urged the State Governments to intensify the efforts to control the communicable diseases particularly resurgence of Malaria in tribal areas. It is, therefore, proposed to establish Fever Treatment Depots in 13 Tribal districts. At least 2,000 such Depots

will be required for the tribal population to be served effectively under National Malaria Eradication Programme (NMEP). The estimated expenditure for establishment of 2000 Fever Treatment Depots will be Rs. 6.51 lakhs.

Under Tribal Sub-Plan, 1976-77, Government had provided Rs. 6.00 lakhs for purchase of insecticide and for spraying operations, etc. A provision of Rs. 1290 lakhs is proposed for 1978-79.

(9) Increase in facilities at Cottage Hospitals in Tribal Areas.— There are 5 Cottage Hospitals in Tribal Areas which are run by Government. They are (i) Jawhar, (ii) Dahanu, (iii) Kalwan, (iv) Taloda and (v) Shirpur. One more Cottage Hospital is at Junnar which is under the control of the Municipal Council. It is proposed to increase facilities at these hospitals and to raise the bed strength of each of these hospitals to 50 per hospital.

An amount of Rs. 6.00 lakhs was provided in 1976-77 and Rs. 13.14 lakhs in 1977-78 for improvement of Cottage Hospitals at Dahanu and Jawhar. The plan provision for 1978-79 is Rs. 8.10 lakhs.

(10) Community Level Health Workers Schemes.—The new National policy on the preventive and medicare services has emerged which is styled as the 3 tier system of delivery of health care. One of the important feature of this system is that medicare and preventive care are intended to be integrated and made more purposeful. It also includes changing vertical character of the National Health Programme and totally integrating them into Multipurpose para medical first level and Multipurpose para medical supervisory staff thereby both reducing area to individual para medical worker as well as making him more effective. The 3 tier system also envisages setting up of continuous upward chain of the referral institution.

After careful examination and evaluation it has been decided that the gross root model will be model with the team of male and female community level health workers per population base of roughly 2,500. Such a person was by definition to be a native of the area possessing certain minimum qualification within the suitable age range and his creditibility and acceptability to the community must be well emphasised.

The broad pattern which will now emerge at the lowest level for 25,000 population with a geographical perimeter of 5 mile radius will have 1 female and 1 male health worker. The first supervisory worker will be the Multipurpose worker from amongst the existing retrained para medical force which shall be of 1 male multipurpose health worker and 1 A. N. M. for a population base of 8 thousand .

Apart from the employment of the Community Health Workers no additional expenditure is intended to be incurred on this project because the inputs will form a part and parcel of the normal health activity under various sanctioned programme of the department. There will be only additional marginal expenditure on the drugs to be made available to this community level workers.

The following provision will require for each unit population of 1000.—

(i) One worker is to be appointed for Unit population of 1000 with a honorarium of Rs. 50 p. m. per worker.

(ii) Contingency grant for supply of Medicine @ Rs. 1,000 per annum per worker.

(iii) Supply of stationery etc. @ Rs. 75 per annum per Unit.

A plan provision of Rs. 5.69 lakhs has been made for this scheme for 1977-78 under Tribal Sub-Plan.

(11) **Maternal and Child Health Programme.**—Deaths in children under six years in rural Maharashtra form 40 per cent of the total deaths and main causes of deaths in these children are severe malnutrition, low birth without and communicable diseases. The most vulnerable section i. e. pregnant woman which comprises 20 per cent of the population needs special attention. It is thus proposed to immunise children with BCG and DPT vaccine and pregnant mothers with tetanus toxoid.

A plan provision of Rs. 1.12 lakhs is made for this item for 1978-79 under the Tribal Sub-Plan.

(12) **Training Programme for Auxiliary Nurse Midwives X-Ray Technician Laboratory Technicians.**—It is proposed to increase the number of admissions by 20 candidates, strictly from the Tribal Area at Nurse Midwives' School attached to General Hospitals in Nasik during 1978-79.

It is proposed to train 10 tribal candidates as X-Ray Technicians and 10 tribal candidates as Laboratory Technicians at Grant Medical College, Bombay and Medical College, Nagpur during 1978-79. The plan provision assigned for this scheme is Rs. 3 lakhs for 1978-79.

(B). Control of Communicable Diseases

National Malaria Eradication Programme, in Maharashtra State

108. *Functions and Activities of the Department.*—After the successful implementation of the National Malaria Control Programme (from 1953 to 1958) the National Malaria Eradication Programme was started in Maharashtra State in 1958. The National Malaria Eradication Programme is a Centrally sponsored scheme with 100 per cent central assistance for attack and consolidation phase areas over and above the committed level of expenditure of the State in the year 1957-58. The expenditure on maintenance phase units is the entire responsibility of the State.

The National Malaria Eradication Programme was phased as under :—

(1) *Preparatory Phase.*—The National Malaria Control Programme served as the preparatory phase.

(2) *Attack Phase.*—The main activities during this phase were spraying of residual insecticide i. e. DDT, BHC, etc. During the last year of the attack phase, (1961) surveillance work (Active and Passive) was started along-with spraying to detect residual parasitic reservoir in the community.

(3) *Consolidation Phase.*—Regular spray operations were withdrawn and limited spraying (focal) was done and the main activity was malaria case detection through surveillance.

(4) *Maintenance Phase.*—The Basic Health Services (General Health Services) were to take over the vigilance services to maintain the status of freedom from malaria in the area. This phase was to continue indefinitely till there is no chance of recurrence of malaria in the area.

The progress of the National Malaria Eradication Programme was remarkable in Maharashtra till 1964. Subsequently there has been a setback in the programme due to certain administrative and technical reasons. The result was that in 1968, 6.19 units components were reverted back to the attack phase from the consolidation phase. Since then the same status-quo of phasing has been maintained.

There are 33 National Malaria Eradication Programme/Malaria Maintenance Programme units in Maharashtra State including three units belonging to the Bombay Municipal Corporation. The present phasing of the National Malaria Eradication Programme units and the Malaria Maintenance Programme units is as follows—with N. M. E. P. 1976 population :—

7.86 Units (11.7 million population) in Attack Phase.

12.20 Units (25.4 million population) in Consolidation Phase.

12094 Units (21.1 million population) in Maintenance Phase.

33.00 Units (58.2 million population) in Maharashtra State.

During the third joint meeting of the Central Council of Health and Family Planning, concern was expressed about the increase in the incidence of malaria cases in the country. Hence, a Modified Plan of Operation for implementation of the National Malaria Eradication Programme was under consideration by the Government of India. The Government of India has approved the Modified Plan of Operation. The Modified Plan of activities was to be implemented throughout the country from 1-4-1977. Again additional staff viz. Laboratory Technicians, Malaria Supervisors/Inspectors etc. was recommended by the Government of India as per the suggestions made in the meeting of the Health Secretaries held in Delhi on 20th January 1977. Proposals have been reformulated and they are under the consideration of Government.

The salient features of the modified plan are indicated below.—

(1) The Government of India will provide insecticides for spraying, all areas with Annual Parasitic Index (A. P. I.—Number of positive cases per thousand population) 2 and above irrespective of the present phasing and also will provide adequate quantities of anti-malarials to all areas.

(2) The malaria units will be re-organised so as to conform to the geographical boundaries of the districts and the Chief Medical Officer/District Health Officer will be responsible for the Programme.

(3) The zonal set up will be re-organised. The Head quarters of the zone being located preferably at the Head quarters of the Commissioner.

(4) There will be a flow of epidemiological and entomological data to the Directorate, Delhi to determine the type and quantity of the insecticides to be supplied to the State.

(5) Anti-malaria drugs will be made available not only through the Malaria Workers, Hospitals, Primary Health Centres but also through one or more of the various agencies like Grampanchayats, Post Offices, School Teachers, Fever Treatment Depots, Village Labour Workers, etc., as may be necessary.

(6) Appropriate steps will be taken for imparting Health Education and enlisting public co-operation in the implementation of the programme.

(7) Research work will be stepped up. Separate allocation is being made for the purpose. Concrete proposals for taking up Research Projects are to be furnished to the Directorate of the National Malaria Eradication Programme, Delhi.

Activities during 1977-78.—

The technical activities envisaged under the Modified Plan except the decentralisation of laboratory services and formation of units on district level have been implemented in Maharashtra State during 1977. The activities undertaken during 1977 are :—

(1) Selective indoor residual spraying in compact and contiguous areas with 2 and above Annual Parasitic Index with appropriate insecticides selected on the basis of entomological and epidemiological situation in the area.

(2) In areas where positive cases were detected, focal spraying was carried out.

(3) Over 10 per cent of the State population was screened and examined for malaria parasites through active and passive surveillance. Table attached gives details of blood smears examined during 1975, 1976 and 1977 (January to November 1977).

(4) Fever cases detected were given presumptive treatment with Chloroquine not only through Malaria Workers but also through Hospitals/Dispensaries, Primary Health Centres, Grampanchayats, School Teachers, Fever Treatment Depots, Malaria Clinics and Community Health Workers wherever the Community Health Workers Scheme was in operation.

(5) The Malaria Positive cases were given radical treatment with Primaquine for five days.

(6) Areas with predominantly *P. falciparum* infection which are mostly in tribal areas have been marked out and the malaria cases with *P.*

falciparum infection are given a single dose treatment with chloroquine and Daraprim to ensure prompt treatment and relief to the tribal populations.

(7) There has been systematic flow of epidemiological and entomological data to the different authorities.

(8) Urban Malaria Scheme established in 1970, in Bombay Municipal Corporation was in progress during the year. The Government of India have now agreed to extend the scheme to 5 more towns viz. Dhule, Jalgaon, Aurangabad, Beed and Pune. Proposals in the matter is under consideration of State Government. This scheme is 100 per cent Centrally Sponsored.

(9) In Corporation towns, such as Bombay, Pune and Nagpur, biological methods like introduction of guppy fish were adopted in addition to the conventional anti-larval measures with Mosquito Larvicidal Oil and Pyrosene.

(10) Research Schemes were formulated and submitted to the Indian Council of Medical Research. The Indian Council of Medical Research has approved and sanctioned two schemes—

(a) Anti-larval measures in arid areas and

(b) Trials with different dose schedules of anti-malarials for implementation in Maharashtra State during 1978.

Activities proposed during 1978-79

All the technical directives as envisaged in the Modified Plan of Operation and carried out during 1977-78 will be implemented during 1978-79.

The National Malaria Eradication Programme units and zones will be re-organised and laboratory services will be decentralised as per the Modified Plan of Operation as soon as it is approved by Government.

Thus, there will be 5 zones instead of present 4 zones. The malaria units will be re-organised in conformity with the geographical boundaries of the districts. The District Health Officers will be responsible for malaria work. However, there are certain bigger and problematic districts in Maharashtra, where additional staff will be needed for effective implementation of the malaria programme. At each of the Primary Health Centres, one Laboratory Technician will be posted. In addition, provision of technicians at district head quarters and at zonal and State Head quarters has been proposed for cross checking the work of technicians at the periphery.

It is proposed to establish of 2,000 Fever Treatment Depots in tribal villages under the Tribal-Sub-Plan.

Contingencies.—The Government of India will bear the expenditure in respect of 20 districts on account of contingencies to the extent of Rs. 1 lakh per district. The State will have to bear the expenditure on contingencies in respect of 5 districts namely Wardha, Akola, Amravati, Ratnagiri and Kolhapur which are entirely in Maintenance phase.

The operation cost will be shared between the Government of India and the State Government as before for the attack and consolidation phase areas and maintenance phase areas respectively. The State Government will continue to bear the committed expenditure at 1957-58 level of Rs. 18.81 lakhs.

Provisions made in the budget estimates are shown as below:—

(Rs. in lakhs)

	Non-Plan (including Basic Health Service)	Plan
For 1977-78	195.59	594.51
For 1978-79	169.63	673.21

1.9. National Filaria Control Programme, Maharashtra State

Functions and Activities.—The National Filaria Control Programme was started in the State in the year 1955. There were 4.5 N. F. C. P. Units functioning in the State till the year 1960 viz. One N. F. C. P. Unit, Nagpur Rural. One N. F. C. P. Unit Chandrapur, 1, 2, 3 N. F. C. P. Unit, Nagpur Municipal Corporation; 1/3 N. F. C. P. Unit, Bhandara and 1/2 N. F. C. P. Unit, Bassein.

During the fourth Five Year Plan besides the above 4.5 N. F. C. P. Units one Research-cum-Training Centre at Wardha was established in the year 1969. Two 'A' type Units one at Umrer and one at Palghar and Head quarter Bureau at Pune were established in 1971.

One 'E' type Unit at Thane Municipal Council started functioning in the year 1972.

Table giving the year of establishment strength/type of Unit jurisdiction, population protected by the N. F. C. P. Units is attached herewith.

In the Filaria Control Unit area anti-larval measures are adopted by treating the breeding places once in a week throughout the year using mosquito larvicidal Oil. Periodical night blood surveys are carried out by taking random samples to assess the degree of infection in the locality and the degree of control obtained. Collection of mosquitoes and their

dissection is carried out, to assess the infection rate and infectivity rate. Anti-parasitic measures consisted of treatment by administration of Diethylcarbamazine tablets.

The Research-cum-Training Centre Wardha gives training to technicians, superior Field workers, and field workers. In addition it has undertaken the following studies :—

- (1) Treatment of special group with Diethylcarbamazine.
- (2) Studies to establish transplacental transmission of microfilaria.
- (3) Adhesive phenomenon in infective larvae.
- (4) Treatment of filarial disease manifestation cases with Unicarbazan Forte infections combined with Furesamide tablets (Oral).

Activities during 1977-78

All the technical activities required under the N. F. C. P. and as stated earlier were carried out by the existing N. F. C. P. Units and the Research-cum-training centre, Wardha.

Activities proposed during the year 1978-79

- (1) To continue functioning of the present N. F. C. P. Units, Headquarters Bureau and Research-cum-training Centre.
- (2) To provide vehicles according to the approved pattern to the eligible units. Government of India has already been moved.
- (3) The new persons posted as Filaria Officers will be given training at the Filaria Research and Training Centre as early as possible.
- (4) *Underground drainage Scheme.*—The Director, Municipal Administration is moved to take up the matter with local bodies to provide underground drainage system in the towns for proper disposal of waste water and thus reduce the mosquito-breeding places.

Budget provisions made for this programme are shown as below :—

			(Rs. in lakhs)	
	Non-Plan		Plan	
For 1977-78	26.16	8.91
For 1978-79	26.21	8.91

TABLE—I

Name of NFC Unit, Unit Hqrs.	Year of establish- ment	Strength/Jurisdiction Type of Unit	Population protected.
1. NFCP Unit, Nagpur (Rural), Nagpur.	1955 1	Parts of Katol, Saoner Tal. of Nagpur Dist.	384678
2. NFCP Unit, Nagpur Munl. Corporation, Nagpur.	1958 1,2/3	'F' Type Nagpur City and peripheral areas.	867269
3. NFCP Unit, Chandrapur.	1958 1	Parts of Chandrapur Tahsil.	183313
4. NFCP Unit, Bhandara (looked after by NFCP Unit, Nagpur).	1959 1/3	Northern part of Bhandara tahsil.	401099
5. NFCP Unit, Bassein ...	1969 1/2	Coastal areas of Bassein Dahanu, Thana and Palghar tahsil.	158928
6. Research-cum-Training Centre, Wardha.	1969 —	22-villages including Sewagram of Wardha Tahsil.	21627
7. NFCP Unit, Umrer. (looked after by NFCP Unit, Nagpur.)	1971	'A' Type. Two towns Umrer and Ramtek.	34440
8. NFCP Unit, Palghar ...	1971	'A' Type. Palghar, Dahanu Chinchrani and Tarapur towns	31308
9. Filaria Hqrs. Bureau, Pune.	1971 —	—	—
0. NFCP Unit, Thane Munl. Council.	1972	'E' Type Thana Municipal area.	1101107

1.10. **National Leprosy Control Programme.**—The main activity of Leprosy department is to detect all Leprosy patients in early stages and to bring them under treatment.

This is done through :—

- (1) Leprosy Control Unit.
- (2) Survey Education and Treatment Centres.
- (3) Urban Leprosy Centres.

The other activities are :—

(A) Providing Temporary Hospitalisation facilities to needy Leprosy patients.

(B) Reconstructive Surgery.

Case detection is done by (1) House to house survey, (2) School Survey, (3) Contact Survey.

There are 38 Leprosy Control Units, 720 Survey Education and Treatment Centres and 59 Urban Leprosy Centres.

Total population covered is 41410522. (1971 Census). This population is not changing in spite of opening new Centres due to the fact that earlier one Leprosy Technician was covering population of anything between 25,000 and 1 lakh and now by providing additional Centres the ratio of population per worker is being gradually reduced and will be ultimately brought to 20 to 25 thousand per worker. The population examined is 47,47,482. It is estimated that there are about 4 lakhs Leprosy patients in the State. Out of these 4 lakhs Leprosy patients, 2,98,014 patients have already been detected from our records 1,56,009 are receiving treatment and the percentage is 52.35 per cent. The total No. of patients declared as cured is 27,703 and the total No. of Reconstructive operations performed is 4,167 special features of the scheme and achievement :

74.50 per cent cases have been detected (upto March 1977).

52.35 per cent cases brought under treatment (upto March 1977).

27,703 patients declared cured (upto March 1977).

Deformity rate amongst the new patients has come down to 10 per cent against 25 per cent when the scheme was started 20 years back.

A statement showing the technical achievement done in respect of National Leprosy Control Programme during 1976-77 and 1977-78 (upto September is enclosed.

Statement showing the technical achievement in respect of National Leprosy Control Programme during 1976-77 and 1977-78 (September 1977)

Sr. No.	Particulars	1976-77	1977-78
1	2	3	4
1	No. of Survey Education and Treatment Centres.	720	720
2	No. of Urban Leprosy Centres ...	59	59
3	No. of Leprosy Control Units ...	38	38
4	Population Covered (Census) ...	41410522	41410522
5	Persons examined ...	4747482	4554102
6	No. of students examined ...	2505948	1503859
7	No. of cases detected from School ...	3100	1006
8	No. of new cases detected yearly ...	54087	29072
9	Total active cases on list ...	298014	3016189
10	No. of cases received treatment ...	156009	175166
11	No. of cases sterilised ...	3266	433
12	Reconstructive surgical operations performed.	245	108
13	No. of Patients cured ...	6108	11782
14	No. of Leprosy Technicians ...	1330	1330
15	No. of Non-Medical Assistant ...	72	72
16	No. of Non-Medical Supervisor ...	169	169

Achievement of Plan Scheme

Sr. No.	Item	Target sanctioned till 1976-77	Achievements till 30-11-77
1	2	3	4
1	New Leprosy Control Units	4	4
2	Urban Leprosy Centres	35	35
3	Upgraded Leprosy Control Units	16	16
4	SET Centres	276	190
5	Non-Medical Supervisor (Add.)	40	40
6	Temporary Hospital Wards	15	7
7	Reconstructive Surgery Units	9	3
8	Zonal Leprosy Officers	12	7
9	Training Centres	3	3

Reason for short fall.—(1) 86 SET Centres could not be started due to non-availability of Trained candidates by Zilla Parishads.

(2) Out of 8 Temporary Hospital Wards to be constructed, 5 are likely to be completed by end of January 1977.

(3) Appointment of 4 full time Zonal Leprosy Officers is yet to be made. However additional charges are given to District Health Officers at present.

(4) 6 Reconstructive Surgery Units could not be started due to non-availability of Trained Surgeons in plastic surgery. Director of General Health Services, New Delhi has now started 4 weeks orientation course for Surgeon and all Units will be started soon.

Budget provisions made for the Leprosy Control Work (including training) are as shown below :—

	(Rs. in lakhs)		
	Non-Plan	State Plan	Centrally Sponsored Programme
For 1977-78	139.19	1.10	69.26
For 1978-79	144.70	2.05	88.36

1.11. B. C. G. Vaccination and Tuberculosis Control Programme.

Brief Note:—

Owing to rapid industrialization in the country and concurrent growth of population, the problem of Tuberculosis demands treatment on a war footing. In the earlier years of the scheme, the main emphasis was on BCG Vaccination and diagnosis and treatment of Tuberculosis patients in Hospitals. To meaningfully tackle the problem it needs comprehensive, practically acceptable and economically feasible programme to be put through. Activities such as, case detection, regular treatment, BCG Vaccinations and effective health education assume thus, prime importance.

The programme includes (1) early detection and regular and long treatment of tuberculosis cases, (2) provision of isolation beds and construction of isolation wards, (3) establishment of additional BCG Teams, (4) Supply of free anti-tuberculosis drugs, (5) construction of buildings for District Tuberculosis Centres, (6) Provision of equipment such as refrigerators etc., (7) Supply of X-Ray machines to the District Tuberculosis Centres, (8) Provision of vehicles to District Tuberculosis Centres, (9) payment of grant-in-aid to organisations doing anti-tuberculosis work, (10) Strengthening of Tuberculosis hospitals and (11) Health education.

The Bureau is headed by a Deputy Director of Health Services and has under him, one class II officer and rest Class III staff. The Bureau exercises control over 8 Chest and Tuberculosis Hospitals; 25 District Tuberculosis Centres; 17 Isolation Wards and 24 BCG Teams. There are 7,034 beds for treatment of tuberculosis patients. The distribution of these beds is as under :—

(1) Government beds	...	2,463
(2) Voluntary organisations	...	1,275
(3) Local Bodies	...	3,296

It is the responsibility of the bureau (1) to organise and supervise working of the B. C. G. Teams in the State, (2) to compile the statistical reports of the B. C. G Teams and District Tuberculosis Centres and follow up progress, (3) to procure central assistance, (4) to inspect the District Tuberculosis Centres Hospitals and Clinics, (5) to purchase medicines, machinery and equipment, (6) to initiate proposals and correspondence regarding staff, (7) initiate proposals for establishment of additional tuberculosis beds in Civil Hospitals and follow-up progress. The Deputy Director incharge has to maintain a liaison between the Director of Health Services and the Director General of Health Services, New Delhi, in respect of Tuberculosis Control Programme and to ensure that the services are made available to the people.

The following provisions have been made for Control of Tuberculosis.
(Rs. in lakhs)

	1977-78	1978-79
Non-Plan	169.17	177.44
State Plan Outlay	53.50	47.48
Plan (Centrally Sponsored)	10.00	10.00
Total	232.67	245.61

1.12. National Smallpox Eradication Programme

Brief Note:—

The Smallpox Eradication Programme in the State commenced since October 1962 and stands transferred to Zilla Parishads on an agency basis for implementation. The scheme is centrally sponsored. The objective of Smallpox Eradication is to interrupt completely the transmission of smallpox and thus eradicate the disease. A systematic implementation of the scheme throughout the State under the directives of Government of India and W. H. O. through effective containment measures, vaccination close surveillance, mobilization of personnel adequate, supply of required material such as potent freeze dried Smallpox vaccine, needles and other health education material etc. and concurrent evaluation led to the goal of eradication. The State is free from smallpox since August 1974. India is declared free from smallpox and certificate to that effect is issued on 23rd April 1977 by the International Commission for assessment of smallpox free status of the country. According to the recommendations of International Commission 100 per cent primary vaccinations to new borns are confined. During the year 1977 (January to December) 16,21,520 primary vaccinations were performed (Figures Provisional).

Financial outlay.—As against the budget provision of Rs. 53.83 lakhs was made for the Centrally Sponsored Programme Likewise the budget Provision Rs. 78.24 lakhs (revised) has been allotted for non-plan scheme for 1977-78.

Plan for 1978-79.—The State Smallpox cell will work as epidemiological and immunization unit. The main function is the implementation of Expanded Immunization Programme. During the 1st phase of the Programme training of the personnel and enumeration of the beneficiaries etc. will be undertaken during the year and implementation of the programme in limited areas such as M. P. W. P. H. Cs.

Provision for 1978-79

... Rs. 79.65 lakhs (Non-Plan).
... Rs. 57.58 lakhs (Centrally
Sponsored Programme).

(C) Other Health Services

1.13. *Public Health Laboratory Services.*—At present there are 11 Public Health Laboratories functioning in the State under the Assistant

Director of Health Services, I/C State Public Health Laboratory, Poona and their locations are as follows:—

(1) Poona	..	State Public Health Laboratory, Poona.
(2) Aurangabad	...	Regional Public Health Laboratory.
(3) Nagpur	...	do.
(4) Amrawati	...	District Public Health Laboratory.
(5) Nanded	...	do.
(6) Nasik	...	do.
(7) Miraj	...	do.
(8) Konkan Bhavan	...	do.
(9) Kolhapur	...	do.
(10) Sholapur	...	do.
(11) Jalgaon	...	do.

The broad aims and object of the P. H. Laboratories are to safeguard Public Health.

The main work undertaken by Public Health Laboratories is as follows:—

- (1) Analysis of food samples under P. F. A. Act, 1954 and or fitness for human consumption.
 - (2) Analysis of food samples for insecticide, pesticides and food poisoning cases.
 - (3) Bacteriological characterisation of stool samples.
 - (4) Develop Bacteriological culture work at UNICEF aided District Hospital Laboratories.
 - (5) Analysis of water samples for chemical purposes.
 - (6) Analysis of Sewage, Trade waste, Effluents and other misc. samples.
 - (7) Training of Medical Officers for D. P. H. Course and of Food Inspectors, Laboratory Technicians etc.
 - (8) Participate in exhibition by opening Food Adulteration stalls to make the Public Aware of the means of Food Adulteration.
 - (9) To open Laboratory at the time of Ashadhi and Kartaki Fairs at Pandharpur.
 - (10) Investigation of communicable diseases at the time of epidemic by opening Laboratory on the spot.
- (2) *Achievement during the last 3 Years.*—Statement showing the work done at various Public Health Laboratories is shown in the following statements.

Statement showing work done at the various Public Health Laboratories in the State during the last years

Name of the Public Health Laboratory	1975-1976		1976-1977		1977-78 (Upto Sept.)	
	No. of samples examined	No. of Tests carried out	No. of samples examined	No of Tests carried out	No. of samples examined	No. of Tests carried out
1	2	3	4	5	6	7
State P. H. Lab., Poona	38382	228057	28832	141846	19168	89964
P. H. Lab., Aurangabad	7700	41901	6810	28857	3921	23079
P. H. Lab., Nagpur	4185	36388	4124	26876	3144	13612
P. H. Lab., Amravati	1815	12360	1843	11058	2173	11443
D. P. H. Lab., Nasik	674	4513	814	8070	709	3055
D. P. H. Lab., Kolhapur	992	4116	2204	4791	1059	3391
D. P. H. Lab., Solapur	526	1601	1608	9254	1265	6911
D. P. H. Lab., Jalgaon	671	1819	2841	5926	2393	4727
D. P. H. Lab., Miraj	...	...	3176	11767	2837	6406
D. P. H. Lab., Nanded	...	...	...	...	4107	9273
D. H. Lab., Konkan Bhavan, New Bombay	...	Newly started.				

Revenue Receipt.—As per G. R. No. U. D., P. H. D. No. PHD-3273-64919-D, dated 4-6-1974, samples analysed in the Public Health Laboratories are charged.

Private bodies as well as all Government Departments except the Food and Drug Administration are being charged for examination of samples—

Total amount of revenue collected by way of fees charged for testing at the Public Health Laboratories for the last 3 years are as under:—

1975-76	...	Rs. 2,08,055
1976-77	...	Rs. 2,50,000
1977-78	...	Rs. 3,00,000 (Tentative)

III. Target for the ensuing financial Year.

From 1-4-1976, the amended P. F. A. Act came into force. These amendments are revolutionary in their significance. The penalties have been enhanced including life imprisonment. Prosecutions are launched solely on the reports of the Public Analyst. This devolves tremendous responsibilities on the Technical Staff of the Laboratories.

In view of the amended P. F. A. Act, the Commissioner, Food and Drug Administration, Bombay has intimated to Health Services that provision should be made to undertake more samples for analysis at the P. H. Laboratories.

Three Food and Drug Testing Laboratories belonging to Food and Drug Administration were transferred to this Health Services from 20-10-1975 and working as District Public Health Laboratories at Kolhapur, Sholapur and Jalgaon.

Provisions for the Public Health Laboratories:—

	Non-Plan	Plan out lay
	(Rs. in lakhs)	
1977-78	18.92 (Revised)	1.63 (Revised)
1978-79	18.78	7.50 2.50 lakhs for constructions work.

1.14. State Health Education Bureau, Pune

Brief Note:—

The object of health education is to create awareness in the community about promotion and maintenance of good health by their own

efforts and is also to encourage for availing of to avail health services provided by Government Municipal agencies and voluntary bodies.

To achieve this objective the Health Education bureau, carried out health education through school health programme way of and by any mass health education programmes. Mass Health Education is done through mass media, such as issue of leaflets, booklets, articles in press. Radio, Cinema shows, health exhibition.

The Bureau is headed by an Assistant Director of Health Services, i/c Health Education and Health Museum, located at Pune.

Activities during 1977-78 and 1978-79.—The bureau imparted family welfare education and health education through film shows, charts, seminars etc. with the help of Audio Visual section of Directorate of Education.

The Health Education Bureau had arranged exhibition of F. W. and MCH at three different times during the year at Pune in collaboration with the F. W. association of India, likewise the Exhibition on F. W. and MCH was arranged by the bureau twice in Sassoon Hospitals and KEM Hospital in collaboration with the Sassoon Hospital authorities. An exhibition was arranged at Alibag in Civil Hospital at the time of the visit of the Vice-President of India to Alibag.

On the eve of T. B. Seminar organised by T. B. Association at Nasik Branch the exhibitions on tuberculosis immunization were arranged. An exhibition was organised at Kendur in Pune District on MCH activities in collaboration with the voluntary organization working at the place. The bureau had taken initiative in organising the exhibition on different health activities in the villages where the students of social work course of S. N. D. T. college initiated the social activities. In addition to this as a routine activity the Bureau had arranged the exhibition in different fairs at various places in the State like Pandharpur, Bhimashankar, etc.

The Health Education bureau has played a pivot roll in connection with health education activities discussed in the Regional W. H. O. Seminar on Anti-Malaria operation held at Bombay and Aurangabad in the months of November and December 1977. The transslides on malaria were developed in collaboration with Malaria organisation.

The bureau developed and got printed the folders on typhoid Guinea worm registration of births and deaths, and hypertension. The folders on jaundice, eye and polio are re-printed for wide distribution. The Maharashtra Health Bulletin is being issued regularly every month.

The duties and job charts of multipurpose workers in connection with leprosy programme have been developed in collaboration with State authorities of the Leprosy Control Programme.

The authorities of bureau are delivering the lectures on health education programme to trainees like leprosy technician, gramsevikas, sanitary inspectors, teachers, nurses in collaboration with different training institutions. Due to the vacancies of three technical officers and administrative delay for sanction the independent training programme and action programme, in connection with school health and research and evaluation could not be fully undertaken.

3. *Future Plan.*—For expanding the Mass media activities it has been decided to develop and print six folders on different health topics, 6 posters/visual aids on different health topics and developing slides (one set 15 slides) of two health programmes (one for each programme). It is intended to hold two teachers training programme in two divisions in the State.

Film shows and exhibitions proposed to be arranged in the State.

(1) Exhibitions	...	6
(2) Film shows	...	360 (180 per unit)
(3) Issuing of health bulletin	...	12 issues

A non-plan provision for the Health Education Bureau is Rs. 6.21 lakhs for 1977-78 and Rs. 6.20 lakhs for 1978-79.

1.15. *Bureau of Industrial Health.*—Maharashtra is one of the Highly Industrialised State. Moreover there is rapid expansion of all types of Industries in various parts of the State.

Industries though most vital for economic growth have been directly or indirectly creating hazards both to the Industrial workers as well as also the people residing around the industrial complex. Therefore this bureau has been sanctioned to identify and assess various health hazards associated with industries and to co-ordinate various agencies dealing with the problems to the extent possible.

Objective and function of the bureau—

(1) To issue No objection certificate for selecting sites for the establishment of new industries.

(2) To issue No objection certificate for disposal of factory effluents and domestic effluent from Industries.

(3) To give advise on health aspects of various problems of Industries which will arise either in shop floor or in community.

(4) To extend the benefits and coverage of various welfare scheme to every industry.

(5) To extend the technical help in taking research-cum-experimental project in any industry.

(1) *Scope*.—The bureau has got the wide scope to work in this field. At present six districts of the State have been declared as Industrial District and four more districts are coming up in this category viz. (1) Bombay, (2) Thane, (3) Pune, (4) Solapur, (5) Kolhapur, (6) Nagpur, (7) Sangli, (8) Akola, (9) Nanded and (10) Aurangabad. Concentration will be given on these ten districts only.

(2) Bureau will give advise to new establishing factories so that future problems will be prevented.

(3) Bureau will also investigate the complaints of air pollution, water pollution and noise nuisance with the help of Institution like Maharashtra Prevention of Water Pollution of Board and Central Labour Institute, Bombay and Public Health Laboratory, Pune and will give opinion from health point of view.

This Bureau of Health Department is working as liaison between the M. P. W. P. Board and District Health Officers of the State. At present this bureau is working in advisory capacity.

The budget sanctioned for the bureau is only for payment of salaries of the sanctioned staff and no extra Budget is sanctioned for any project or activity.

The bureau has to work as liaison between Government and Industries and Community and therefore the target or norms of activity cannot be fixed.

1.16. *State Bureau of Health Intelligence and Vital Statistics*.—The Functions of the State Bureau of Health Intelligence and Vital Statistics, are as follows :—

(i) Administration of the Central Birth and Death Registration Act, 1969, and development of a sound Civil Registration System in the State.

(ii) Publicity programme for the improvement of Registration in the State.

(iii) Grant-in-aid to municipalities in connection with registration and vital statistics.

(iv) Centralised collection and mechanised processing, analysis and publication of comprehensive vital statistics of the whole State with technical notes in a meaningful manner as laid down in the B. and D. Registration Act, 1969.

(v) Preparation of various periodical reports on the prevalence of communicable diseases in the rural and urban areas of the State and their dissemination as surveillance activity.

(vi) Development of medical certification of causes of death in the urban areas to get accurate picture of mortality causes.

(vii) Model Registration Scheme to get a broad picture of the causes of mortality in rural areas by investigation. With the help of the para medical personnel who work under the guidance of the medical officer in charge of the Primary Health Centres.

(viii) Assistance in epidemiological investigations.

(ix) Preparation of Technical Reports on hospital data.

(x) Undertaking special studies of practical importance to the Health Directorate.

(xi) Analysis of School Health Surveys data.

(xii) Morbidity Data.

(xiii) Co-ordination and guidance to the District Health Offices, Civil Surgeons, etc. regarding maintenance of Health records and submission of Health Information as required by the State and Central Governments.

(xiv) Liaison with the Central Bureau of Health Intelligence, Directorate General of Health Services, and the Registrar General, of Births and Deaths, Government of India, Ministry of Home Affairs, Deans of Medical Colleges, WHO, etc. regarding matters of Health Intelligence and Vital Statistics.

(xv) Evaluation of Health Programme. Progress of activities :—

The Rules governing the Registration procedure in the whole State under the Birth and Death Registration Act, 1969, were prepared and after their approval by the Government of India they have been notified to the Public under the Maharashtra Registration of B. and D. Rules, 1976. The Annual vital statistics Report of Maharashtra State for the year 1975 have been prepared and sent to the press for printing. The manuscript of the similar report for the year 1976 is ready and it will be sent for publication very shortly. Information on Health Establishments in Maharashtra 1975 which gives a detailed picture of various Health Institutions and beds provided has been prepared.

Under the Model Registration Scheme, as per norms prescribed by the Government of India, one Primary Health Centre for one million of population is to be taken up for the implementation of the scheme. The popula-

tion covered being that of the HQ village of the PHC. As per this norms, the target for this scheme is 50 Primary Health Centres. As compared to this target the scheme has been taken up in all the PHCs. except the newly established PHCs. in the State. The Scheme will be continued during 1978-79 also.

As per prescribed norms, at least 2 film shows or Registration of Births and Deaths per month per district are to be shown (600 shown in a year). As a part of the publicity scheme for the improvement of the Registration of births and deaths, especially in the rural areas. The films have been supplied by the Registrar General of Bs and Ds. Government of India. During 1977-78, 814 film shows have been arranged, so far in the State. The Publicity work will be intensified during 1978-79. Further, the Government of India arranged publicity for the registration work through the All India Radio. Intensive publicity work has been taken up in the rural areas through village panchayats.

Some conventional data processing machines (DPM) which were purchased more than 15 years back have now become unserviceable due to normal wear and tear of the machines. It is, therefore, proposed to replace the unserviceable machinery and modernise the DPM in 1978-79 for obtaining very quickly comprehensive health information. The matter is under active consideration of the Government.

	(Rs. in lakhs)	
	Non-Plan	Plan
1977-78	... 7.01	0.46
1978-79	... 6.91	0.46

Schemes or Projects Included in the Fifth Five Year Plan (1974-75 to 1978-79)

Morbidity Survey.—A Small Morbidity Survey Unit has been sanctioned in the first year of the Plan for the development of Morbidity Data. Morbidity data are urgently needed to ascertain the prevalence of various diseases so that the health problems are identified and tackled laying down the priorities. The same are also needed for epidemiological work.

The scheme envisages procurement of morbidity data from the health reports and records (In-patients and out-patients' department records of all the Health Institutions) and supplement the information through Morbidity Surveys planned in the representative areas of the State.

To start with, all district and teaching hospitals were covered. Other Health Institutions such as Primary Health Centres, etc. have been now taken up. Further, Morbidity Surveys were carried out at 2 places during 1977-78 and similar surveys will be carried out at 2 more villages during the remaining period of the year 1977-78. This activity will be continued during 1978-79 also.

For the implementation of the Scheme, a provision of Rs. 0.46 lakh has been sanctioned for the year 1977-78. A provision of Rs. 0.46 lakh is made for the year 1978-79.

(2) *Strengthening of the State Health Intelligence and Vital Statistics Bureau.*—At present the primary data on the various Health programmes, Hospitals, dispensaries, etc. are compiled at the peripheral level by some health staff in addition to their main work such as the basic health worker, nurse, leprosy, technicians, sanitary inspectors, co-ordinators, etc. are submitted to the District Officers in charge of specific health programmes. The valuable data are simply consolidated and submitted to the State Level Offices. There is no effective supervision over collection and compilation of the vast data by qualified personnel to ensure accuracy following the same definitions and concepts throughout the State and also to ensure timeliness, completeness of geographic and institutional coverage and co-ordinations of the mass data of the health department. The data thus collected suffer from high degree of inaccuracy and lack of comparability.

To overcome these difficulties and to obtain usable basic comprehensive health informations which is badly needed for the development of health facilities, it is proposed to have a trained and experienced Health Statistician of Class II status acquainted well with health work in each District. The matter is under consideration of Government.

1.17. Vaccine Institute, Nagpur.

(1) The activities of the Vaccine Institute, Nagpur, comprises of—

- (a) Manufacture of cholera vaccine.
- (b) Supply of F. D. smallpox vaccine.

(c) Liaison Agency for International certification of vaccination against cholera and smallpox in respect of International Passengers.

II. (a) Manufacture of cholera vaccine :—

The important major activity of the Vaccine Institute, Nagpur, is to manufacture high potency anti-cholera vaccine and supply the same on payment basis to all establishment on demand, within and outside the State of Maharashtra.

The Institute is headed by an Assistant Director of Health Services, and he is assisted in his work by six class II Officers and 105 persons in class III and Class IV cadres.

The Central Research Institute, Kasauli, supplies the seed of cholera vaccine which are systematically tested grown, harvested and killed according to standard procedure. The Quality Control Section of this Institute certifies the sterility and non-toxic nature of vaccine and on the strength of the above the Assistant Director of Health Services authorises its sale thereafter. Routine toxicity tests are conducted in the Institute on animals preserved and maintained by the Institute for the purpose.

Detail assessment of results achieved during 1977-78 and estimated during 1978-79.

1977-78.—As against the target of 36 Lac ml. doses of cholera Vaccine, it was proposed to enhance the manufacture to 70 lac. ml. doses of cholera vaccine till the end of March 1978. But due to strike of Government employees only 26.75 lacs ml. doses would be produced.

The Institute has the pleasure to state that it met an urgent demand of the Andhra Pradesh (i. e. 5,00,000 doses) for the storm affected people:—

1978-79.—As against the target of 36 lacs ml. doses of cholera vaccine a target for the same year will be fixed about 80 lac ml. doses and approximately cost of cholera vaccine will come to Rs. 10,80,000.

(b) *Supply of F. D. smallpox vaccine.*—The Institute functions as Liaison Agency for supply of F. D. smallpox vaccine of Vaccine Institute, Belgaum, to all Municipal Corporations, Municipal Councils, and Zilla Parishads in the Maharashtra State.

(c) *Liaison Agency to International Passenger regarding vaccination against cholera and smallpox vaccine.*—The Institute also renders services to the International passenger regarding vaccination against cholera and smallpox.

Recommendations of the Expert Committee.—A committee of experts appointed by the Government of India to consider expansion of production of cholera vaccine T. A. B. vaccine, D. P. T. vaccine and other Bioticals in the Country, has visited this Institute in January 1976. The Committee has recommended starting of new units here to double the production of cholera vaccine and to start manufacture of Anti-Rabic vaccine. The Committee was convinced that the Institute is well equipped and the method of manufacture and quality control are standard. The adequate space and other facilities are already available for fixing up these new targets as aforesaid and the institute being centrally located can cater the needs of the adjoining States especially Madhya Pradesh in respect of cholera and Anti-Rabic Vaccines. Government has in principle agreed to hand over this institute to Haffikine Biopharmaceutical Corpo. Ltd., Bombay, so as to utilise its production capacity to the aptionas.

III. Physical and Financial terms of achievements as at the end of last financial year.

The physical and financial achievement as at the end of the last financial year 1976-77 is given below :—

Target	Achievement	Value of Cholera vaccine	Expenditure incurred
36 lac ml. doses of cholera vaccine	56,45087 ml. doses	7,68,191	8,14,749 (including purchase of machinery etc.)
			(Rs. in lakhs)
			Non-Plan provisions
For 1977-78		...	14.55
For 1978-79		...	15.35

1.18. *State Health Transport Organisation Maharashtra State, Pune.*—The State Health Transport Organisation, Maharashtra, Pune has been instituted in the Maharashtra State, in the year 1963. At present, the vehicle strength of this State Health Transport Organisation, Pune 1611.

Following are the main and important schemes and Activities of the State Health Transport Organisation, Pune 1.

- (1) Central Static workshop at Pune.
- (2) Regional workshops at Nagpur/A'bad.
- (3) Mobile workshops at each district of the State.
- (4) Central stores' warehouse at Pune.
- (5) Petrol pump.
- (6) Health Equipment Maintenance and repairs section.
- (7) Dieselisation of petrol vehicles.
- (8) Auto visual training to all Drivers and Tech. staff of State Health Transport Organisation.
- (9) Conversion of vehicles into Ambulance converting vehicles of special type of Dental and ophthalmic for Mobile Hospitals.
- (10) Tribal Sub-Plan Areas of Chanda and Dhule Units.

Detailed account of each important schemes is given below :—

(1) *Central Static workshop*.—This is the main important wing of State Health Transport Organisation, the working of the workshop is to overhaul unit assemblies such as Engine Gear Box, Differentials, major repairing of vehicles, body repairing complete replacement and or repairs to cushions of vehicles and repainting to the vehicles.

The first phase of the construction work of Central workshop building was completed in May 1967 the construction work of the Automobile workshop, in the 2nd phase, is already started and it is in progress.

(2) *Regional workshops*.—These are also important wings of the State Health Transport Organisation. The below mentioned jobs are required to be attended by the Regional workshops :—

- (1) All jobs permissible for Mobile/Static maintenance workshops.
- (2) All Mechanical repairs on vehicles, except major accident jobs and body repairs which are done by Central static workshops.
- (3) Reconditioning of major and minor unit assemblies.

(3) *Mobile workshops.*—Government has sanctioned the staff for the State Health Transport Organisation, Pune for establishing Mobile workshops, in each district of Maharashtra State 25 Mobile workshops, have been established in 25 districts and another one mobile workshop has also been established for ANP vehicles, which was sanctioned by the Rural Development Department separately. Thus there are 26 Mobile workshops, in the State. The Mobile workshops can look after 50 to 60 vehicles on an average. The main object of the Mobile workshop is to carry out preventive maintenance and minor repairs. This is possible only if each vehicle is inspected thoroughly and required repairs are carried out in time.

(4) *Pooling of maintenance Grants.*—Government has accorded sanction to pool the portion of maintenance and repair grants of each vehicle and to be kept at the disposal of State Health Transport Organisation. An amount of Rs. 1,400 per vehicle, per annum, has been pooled only for selected districts in the first instance and Rs. 700 has been pooled for remaining districts only for supplying tyres, tubes and batteries to the vehicles under the State Sector of various Health Scheme.

Government in Rural Development Department has also placed the grants of all the vehicles under Applied Nutrition programme.

(5) *Petrol pump.*—This section started functioning since 1969 to supply petrol only to Departmental vehicles stationed at Head Quarter, Pune. On an average 45,000 litres petrol per month is required at present to 900 vehicles stationed at Head Quarter, Pune.

(6) *Health Equipment Maintenance and Repairs Unit.*—Government has accorded sanction for establishment of a Pilot project for maintenance and repairs of Health and Medical services equipment with the Assistance of UNICEF w. e. f. 1-1-72 vide G. R. UDPH and H. D.'s No. NEW-1070-51274-D, dated 31-12-71.

The Unicef have stopped their assistance to the project after one year since its establishment, the project has been converted into and now functioning pilot project period the project Team, vehicles, tools equipments, spares records have been merged into State Health Transport Organisation.

(7) *Dieselisation of Petrol Vehicles.*—Due to high increase of rates of petrol and to ensure the large saving in petrol consumption, dieselisation programme has been taken up by the State Health Transport Organisation. Petrol engines of jeep, Station wagon, Ambassadors, Dodge Kingway, Dodge Mini, buses have been replaced by diesel engines.

Petrol engines of the following vehicles have been replaced by diesel engines.

- (1) Jeeps 65.
- (2) Station wagon 5.
- (3) Ambassador cars 11.
- (4) Dodge king way 4.
- (5) Fargo 29.
- (6) Standard 20. 1.
- (7) FC 1/50 23.
- (8) Bedford 1.

These experiments are found to be very economical and as such there is a great saving on petrol. It is found that only 12 to 15 paise expenditure per Km. come on diesel as against 48 to 50 paise, on petrol. It is now proposed to replace 48 to 50 new diesel engines in place of Petrol engines in a phased programme.

(8) *Audio visual training to drivers and Technical staff of SHTC Pune.*—This organisation is having about 1611 strength of vehicles of all heads of departments with a view to import orientation training to Drivers and other Technical Staff.

(9) *Tribal Area Sub-Plan.*—Government has sanctioned two Mobile Service-cum-repairs Units in Tribal Areas sub-plan at Dhule and Chanda during the year 1976-77 under G. R. in social welfare cultural Affairs sports and Tourism Department, Bombay, No. TSP-1376-(PH) 2 XIV, dated 3-11-76 and 10 posts, namely, 2 drivers-cum-mechanics, 2 foremen, 2 electricians and 4 semi skilled artisans at each unit.

Last year 16 ambulance vehicles have been sanctioned for Rural Health Centres and cottage hospitals in Tribal sub-plan Areas and were allotted. During this year 13 ambulance vehicles have been sanctioned allotted (i. e. 29 vehicles) to 8 Tribal areas.

Purchase of ambassador cars for the Dy. Director of H. S. and Director of Health Services, and Jt. Director of Health Services.

There are seven Dy. Directors of Health Services, incharge of circles, in this department. They are not yet been allotted any vehicles for their post, one or the other vehicles received for other schemes, are so far being used by them. For the present they are having old Renault cars for their touring duties. It is very absolutely necessary to provide one

Ambassador car to each of 9 officers mentioned above for effective performance of their duties.

Auto Visual Training.—With a view to import orientation training to all the drivers and technical staff training materials, which are required, are being purchased urgently.

Non-Plan Provisions

For 1977-78	...	Rs. 15.80 lakhs
For 1978-79	...	Rs. 16.85 lakhs.

CHAPTER 2

DIRECTORATE OF MEDICAL EDUCATION AND RESEARCH

2.1. **Medical Education.**—Maharashtra State leads the country in Medical Education with its 13 Medical Colleges. Out of these 13 Medical Colleges, 7 Medical Colleges are run by Government. The intake capacity of the Government Medical Colleges is 925 per year, whereas 480 students are admitted in non-Government Medical Colleges and 120 students are admitted in Armed Forces Medical College, Pune.

Annually approximately 1500 Doctors come out successfully from the above colleges. Government has started Swami Ramanand Teerth Rural Medical College, Ambejogai since July 1975 and this is the only Rural Medical College in India of its kind.

The outturn of Government Medical Colleges in 1976-77 is 797. Post graduate courses are conducted in various subjects. 397 students have obtained Post-graduate degrees and diplomas during this year from Government Medical Colleges and 46 students from Armed Forces Medical College and 179 students from Non-Government Medical Colleges have obtained Post-graduate Degrees and Diplomas in different specialities. So as to accommodate students from two streams viz. (10 + 2) and Inter Science (B. Group) one time increase of 700 admissions was made in the month of November 1977.

The new Medical College which was started at Ambejogai had entered the clinical terms in 1976. The department of clinical as well as para-clinical subjects have been started. Proposal was also mooted to start Urban and rural health centres required for teaching Preventive and Social Medicine. The Municipality of Parali Vaijanath has offered Municipal dispensary for conversion of health Centre and a donation of Rupees one lakh to build ancillary buildings. The other major and minor works, college building etc. at S. R. T. R. Medical College, Ambajogai were in progress. The Medical College, Solapur which has taken up in the year 1974 is also making progress in medical education and has started new post-graduate courses in some

major and minor subjects. To meet the requirements of past deficiencies and expanded activities due to increased seats in Medical Colleges additional construction programme of various buildings viz. hospital wards, college buildings, hostel for students, laboratories, library buildings and staff quarters costing Rs. 2.5 crores is proposed to be undertaken during the year 1978-79. Proposals to start urban and rural health units here have also been mooted.

In the beginning of the year 1977-78 the total number of teaching beds available at teaching hospitals attached to Government Medical Colleges were 7723. On account of increase in admissions and to meet deficiencies the bed-strengths of 16 at Sassoon Hospitals, Pune, 50 at General Hospital, Solapur and 100 at General Hospital, Sangli have been increased during 1977-78. The deficiency of beds of Medical College, Nagpur is partially made up by declaring the Daga Memorial Hospital at Nagpur into a teaching hospital. In addition, it is proposed to increase bed-strength by 70 at Medical College Hospital at Nagpur.

The Department is considering an ambitious scheme of involvement of Medical Colleges in rural medical relief from 1978-79, which has been recommended by the Central Council of Health, New Delhi. There is also a proposal to start two cobalt units in Medical College Hospitals at Solapur and Aurangabad. A proposal for third unit at J. J. Group of Hospitals, Bombay with the financial assistance from Bombay Cancer Society is also under consideration. Government have also opened a separate Cancer Ward at St. George's Hospitals, Bombay for trial of Ayurvedic drugs and medicines. The proposal to open Intensive Cardiac Care Unit at St. George's Hospitals, Bombay is also approved by Government and equipment has been purchased.

2.2. Dental Education.—There are three Dental Colleges in the State, out of which 2 are Government Dental Colleges at Bombay and Nagpur. Their intake capacity has been raised from 100 and 30 students to 120 and 50 students respectively from 1977-78. 60 students are admitted at Nair Municipal Dental College, Bombay.

The outturn of Government Dental Colleges during the year 1976-77 is 104 and 17 students have obtained post-graduate degrees from Government Dental Colleges.

Additional teaching posts have also been sanctioned to partially satisfy the existing deficiencies of teaching staff. Additional teaching posts and auxiliary staff for Dental Departments of some of the Medical Colleges are also sanctioned and these Departments are now functioning as fullfledged Dental Departments at Medical Colleges as per staffing pattern of Dental Council of India. Administration of both the Dental Colleges is also strengthened by creating the posts of Deans in January, 1978. A provision of Rs. 50.32 lakhs is proposed for Dental Colleges and Hospitals during 1978-79 as against a provision of Rs. 47.33 lakhs during 1977-78.

Dental health services are now available at Medical College Hospitals and Health Units. At Government Dental Colleges and Hospitals at Bombay and Nagpur all types of Dental treatments are rendered to the patients, and daily average attendance is 900 and 500 patients respectively.

Construction work of second storey and lift arrangement at Government Dental College and Hospital, Nagpur is undertaken during 1977-78 and Rs. 3.42 lakhs are provided for the same during 1978-79.

2.3. Training of Nurses.—All the District Head Quarters Hospitals have school of nursing attached to them. The courses for Nursing Education are being conducted in (1) Auxiliary Nurse Midwifery. (2) General Nursing and Midwifery. The highest intake capacity i. e. 3079 is for General Nursing Course 825 for A. N. M. Course.

During the year 1977-78 two Auxiliary Nursing Schools at Ambejogai and Chandrapur have been upgraded to General Nursing Schools. Additional posts of different categories have also been created with expansion of activities in Medical Services and Medical Education. In order to meet the demand of staff nurses of 8 hourly shift duties in Government Hospitals and Dispensaries additional posts have been created from time to time, and a few more posts are likely to be created very soon. With effect from 1st August, 1976 the rates of messing allowance, uniform allowance and washing allowance of the Nursing Staff

have been increased. Construction works for Nurses quarters are also in progress at various places, for which a plan provision of 35.64 lakhs has been made during 1978-79. The report of the committee appointed by Government to go into the question of improvement of Nursing Services and Nursing Education in the State is under consideration of Government.

2.4. The following provisions have been proposed for Medical and Dental Education including D. M. E. R. Bombay.

(Rs. in lakhs)

	1977-78	1978-79
<i>Medical Education</i>		
Non Plan ..	333.87	343.31
Plan (outlay) ..	162.08	728.07
	<u>-495.95</u>	<u>1071.38</u>
<i>Dental Education</i>		
Non Plan ..	45.39	47.78
Plan ..	2.46	7.46
	<u>47.85</u>	<u>55.24</u>
<i>Nursing Education</i>		
Non Plan ..	4.17	4.74
<i>Nursing Training Programme</i>		
Plan ..	42.82	35.64
	<u>46.99</u>	<u>40.38</u>
<i>Scheme relating to Teaching Hospitals</i>		
Non Plan ...	1147.44	1221.91
Plan ..	10.57	47.99
	<u>1158.01</u>	<u>1269.90</u>
<i>D. M. E. R.</i>		
Non Plan ...	16.43	18.50
Plan ..	2.20 } 0.43 }	2.20 } 0.44 }
	<u>19.06</u>	<u>21.14</u>
Total Non-Plan ..	1547.30	1637.24
Plan ..	220.56	706.01
Grand Total ..	1767.86	2343.25

CHAPTER 3

EMPLOYEES STATE INSURANCE SCHEME**Introduction**

3.1. The Employees' State Insurance Scheme is applicable to industrial workers in factories employing 20 or more workers and using power. Workers drawing wages upto Rs. 1,000 are covered.

Under this Scheme two types of benefits are available to the employees'—Cash Benefits, (Sickness Benefit, Maternity Benefit, Disablement Benefit, Dependent Benefit and funeral Benefit) given directly by the E. S. I. Corporation and medical benefits given by the State Government which include out-patient treatment, specialists treatment and hospital treatment. The out-patient treatment is given through private practitioners borne on the panel of the ESIS (2591 IMPs) Service Dispensaries run by State Government (52) and Employees' Dispensaries recognised under the ESIS (9). The Specialist treatment is provided at Specialist Centres in the State run by the E. S. I. Scheme. At the Specialist Centres Part-time Specialists are engaged on payment of Rs. 250 for attending the Centre for two hours each time twice a week, if they attend 4 hours, a day for six days in a week, they are paid Rs. 800 p. m. The Specialists are selected by a Specialists Selection Committee each at Bombay, Pune and Nagpur. Specialised treatment is also provided through private clinics recognised by Government such clinics exist at Bombay and Pune. The hospital treatment is an indoor treatment at the ESIS Hospitals (8 with 3660 beds) or at other hospitals where (904) beds are reserved for E. S. I. Scheme.

The expenditure incurred by the State Government on providing medical benefits is shared by the E. S. I. Corporation and the State Government in the proportion of 7 : 1.

Extension of New Sectors (Shops and Estt.)

3.2. The E. S. I. Scheme for the present covers factories employing 20 or more persons and using power. It is now intended to extend the Scheme to establishment and shops as follows :—

(1) Power using factories employing between 10 and 19 employees.

(2) Non-power factories employing 20 or more employees.

(3) Shops and establishments employing 20 or more employees.

(4) Theatres employing 20 or more employees.

(5) Hotels employing 20 or more.

(6) Transport undertaking employing 20 or more employees.

The Scheme has already been extended to New Sectors at Pune and Nagpur w. e. f. November, 1976. The Scheme will be extended to the New Sectors in Bombay in 1978-79.

Following hospitals are fully commissioned:—

1. ESIS Hospital, Worli	... 500 beds.
2. ESIS Hospital, Mulund	... 600 beds.
3. MGM Hospital, Parel	... 700 beds.
4. ESIS Hospital, Ulhasnagar	... 100 beds.
5. ESIS Hospital, Nagpur	... 150 beds.
6. ESIS Hospital, Aundh, Pune	... 410 beds.

In the year 1978-79 the following hospitals will attain full strength as shown below:—

1. ESIS Hospital, Andheri	... 600 beds.
2. ESIS Hospital, Washi	... 600 beds.

Construction of the following hospitals is progressing:—

1. ESIS Hospital, Kandivali	... 600 beds.
2. ESIS Hospital, Thane	... 600 beds.

Construction of the following hospitals will start in 1978-79:—

1. ESIS Hospital, Solapur	... 100 beds.
2. ESIS Hospital, Nasik	... 100 beds.

The following provision have been made for the Employees State Insurance Scheme :—

			(Rs. in lakhs)	
			1977-78	1978-79
Non-plan	...	861.39		1025.95
Plan outlay (including Corporation share).	ESI	531.36		724.16
			... 1392.75	1750.11

CHAPTER 4

AYURVEDIC DEPARTMENT

4.1. An independent department of Ayurved was established in the year 1957 for encouraging the Ayurvedic Systems of Medicine. In 1975 it started dealing with the Homoeopathic and Bio-chemic Systems of Medicines also. The functions of the Directorate of Ayurved in broad terms as under :—

- (1) Education in Ayurvedic Unani and Homoeopathic Systems of Medicine.
- (2) Medical Relief.
- (3) Research in Ayurveda.
- (4) Manufacture of Ayurvedic and Unani Medicines.
- (5) Development of Naturopathy.

4.2. Education in Ayurvedic and Unani Systems of Medicine.—At present there are three Government Ayurvedic Colleges conducting the degree course of Ayurvedacharya framed by the Central Council of Indian Medicine, New Delhi. The present intake capacity of these colleges is 225 per year. The annual turnover from these Colleges is about 126 students. Out of these three Colleges one College viz. R. A. Podar Medical College, Bombay has been affiliated to the University for post-graduate course and one department has been upgraded for the post-graduate course M. A. Sc. The intake capacity for this course is 10 students per year.

Besides, grant-in-aid is paid to 13 Ayurvedic and 1 Unani College with a view to provide Ayurvedic and Unani Education in private sector. The present intake capacity at these colleges is 849.

4.3. Medical Relief.—At present there are three Government Ayurvedic Hospitals attached to three Government Ayurvedic Colleges which provide clinical facilities to the students and medical relief to the public. The present bed-strength of these hospitals is 480. Besides, there is one 20 bedded Ayurvedic Ward at Sassoon General Hospitals, Pune. The out-door and indoor facilities are available at these hospitals and on an average

1,43,000 patients in indoor and 4,43,000 patients are treated at outdoor per year. There are also 667 Ayurvedic and 30 Unani dispensaries functioning under Zilla Parishads which provide medical relief to the public. Only outdoor facilities are available at these dispensaries.

Besides there are 12 Ayurvedic Hospitals attached to grant-in-aid Ayurvedic Colleges and one Unani Hospital attached to aided Unani College which provide clinical facilities and medical relief to the public. The present bed-strength at these Hospitals is 1152

4.4. Research in Ayurved.—A Board of Research in Ayurveda has been established in 1975 for carrying out the research in various fields. One Bio-chemistry Laboratory has been sanctioned in 1976-77. It has been proposed to sanction other co-relation departments for this Board during the year 1978-79.

4.5. Manufacture of Ayurvedic Medicine.—There is one Government Ayurvedic and Unani Pharmacy at Nanded which manufactures Ayurvedic and Unani medicines for supplying to the Government Ayurvedic Hospitals. Ayurvedic and Unani dispensaries under Zilla Parishads and some items to the E. S. I. Scheme. At present this Pharmacy collects receipts of about Rs. 8.00 lakhs. The Government of India have approved an outlay of Rs. 8.00 lakhs for development of this Pharmacy during the current Five Year Plan period and made available central assistance to the tune of Rs. 2.50 lakhs during the year 1977-78. It is also proposed to obtain central assistance to the tune of Rs. 5.00 lakhs during the year 1977-78.

4.6. Homoeopathy.—There is one Government Homoeopathic Hospital in Bombay. The present bed-strength of this hospital is 30. The out-door and indoor facilities are available at this hospital. At present an average 26,048 and 8,725 patients are treated in Out-Patient Department and In-Patient Department respectively per year. Government has recognised Naturopathy as a System of medicine in 1977-78 and accordingly steps have been taken to bring to the notice of the legislature.

Schemes included in Five Year Plan.

4.7. State Plan Scheme.—All the Ayurvedic Colleges in the State are affiliated to the Universities for conducting the degree course of Ayurvedacharya framed by the Central Council of

Indian Medicine, New Delhi from the academic year 1973. As prescribed in the syllabus of the said course the Ayurvedic Colleges and their attached hospitals are to be brought to the required level. Accordingly the additional staff for upgradation of first of eight departments have been sanctioned during 1976-77. It is proposed to sanction additional staff for remaining 4 departments during the year 1978-79. The additional staff at Government Ayurvedic Hospital, Nanded and Nagpur has been sanctioned for maintaining minimum bed-ratio during the year 1976-77. The construction work of Out Patient Department building at M. A. Podar Hospital, Bombay has been started during the year 1976-77 and it has been mostly completed. The additional staff for expansion of the Government Ayurvedic and Unani Pharmacy Nanded has also been sanctioned during the year 1976-77. The Board of Research in Ayurved is established in 1974-75 and one department has been sanctioned during the year 1976-77. It is proposed to sanction other co-related departments for the Board during the year 1978-79. It is also proposed to start Research Project at the R. R. A Podar Ayurvedic Research Institute, Bombay.

4.8. District Level Scheme.—A scheme for enhancement of facilities in Ayurved has been included in the District Plan on the recommendation of the District Planning and Development Council. Accordingly the additional staff and grants for purchase of drugs, equipments, furniture etc. have been sanctioned during 1976-77 and 1977-78 to the Zilla Parishads for upgradation of the Ayurvedic dispensaries in 12 districts. The posts of Extension Officers in Ayurveda in D. T. S. Class III Gr. I have been sanctioned for eight districts. Two new Ayurvedic dispensaries have been opened in Solapur district. In Pune district 6 Ayurvedic dispensaries have also been opened under Tribal Sub-Plan.

The following provisions have been made for the Directorate of Ayurved.

Ayurved	1977-78	1978-79
Non-Plan ...	171.68 lakhs	178.17 lakhs
Plan (outlay) ...	23.78 lakhs	49.33 lakhs
Homoeopathy Non-Plan ...	3.90 lakhs	3.06 lakhs

CHAPTER 5

HAFFKINE BIO-PHARMACEUTICAL CORPORATION LIMITED

5.1. The production activities of the erstwhile Haffkine Institute was taken over by Haffkine Bio-Pharmaceutical Corporation Limited, which was registered on 28th March 1974 as a Private Limited Company under the Companies Act, 1956. The Corporation is a Government of Maharashtra Undertaking and all its shares are held by the Government of Maharashtra. Although the Corporation was registered on 28th March 1974, it started functioning independently as an autonomous body with effect from 1st September 1975. The report covers activities undertaken after that date.

Soon after it started functioning as an autonomous body, the Corporation launched an ambitious expansion programme and it has completed the following projects.

5.2. Parenteral Solution Project (Saline and Infusion Project).—The target production of 75,000 is achieved and by adding one more shift a record production of 1,10,000 bottles was achieved during November 1977. In addition production of Salines in P. V. C. disposable bags is also planned. Initially approximately 10,000 P. V. C. packs per month will be produced.

5.3. Oral Polio Vaccine Projects.—The seed viruses of all the three types are received and production of working seed lots for type 1 and 2 is completed.

5.4. Other minor projects.—Production of Pethidine and Atropine is already commenced and these products are being issued regularly to the Government Hospitals, dispensaries and Public. In addition production of five more injections Adraualine, Nikelthamide, sodium bicarbonate, Aminophyline and diazepam is planned. The production will commence from April 1978.

5.5. Take over of other Units.—The Corporation has taken over with effect from 1st January 1977, the pyrogen unit belonging to Small Industries Research Institute, Department of Industries at Pune for the manufacture of Pyrogen Free Distilled Water. The

Corporation has prepared a plan to develop this unit as a fullfledged laboratory for the manufacture of injectables. Whilst initially the production will continue at the existing premises, ultimately it will be housed in a separate premises at the Pimpri Farm of the Corporation.

5.6. Fisheries Technological Laboratory.—During the year 1976-77 the Corporation completed negotiations with the Maharashtra Fisheries Development Corporation for the take over of its Fisheries Technological Laboratory, at Colaba, Bombay, and it was taken over by the Corporation on 9-3-1977. The unit is equipped for producing liquid oral preparations such as shark liver oil and other products based on fish oil. After the take over the Corporation proposes to use this unit for expanding in the field of liquid formulations such as tonics, oral vitamin preparations cough mixtures, eye or ear drops etc. required in large quantities by the Government of Maharashtra.

5.7. Projects and Schemes for 1978-79.—The Corporation has the following schemes in view for the year 1978-79.

5.8. Gamma Globulin from human placentae.—The Placental globulin project will be taken up during 1978-79.

5.9. D. P. T. (Triple Antigen Project).—The D. P. T. (Triple antigen project) was replanned and submitted to Government of India for UNDP assistance. The project is in process with Government of India and will be taken up during 1978-79. The plans for the new D. P. T. buildings are ready. Two staff members have been trained in fermentation technology through W. H. O. assistance.

5.10. Anti Rabic Vaccine.—The technology for manufacture of BPL inactivated vaccine is already developed. As difficulty is experienced in procurement of BPL the adoption of the process is temporarily postponed.

5.11. Measles Vaccine.—The application for import licence for measles vaccine is in process with C. C. I. F. As soon as the import licence is received the vaccine will be imported for distribution as the first phase of production programme. This will be completed by middle of 1978-79.

5.12. Manufacture of Formulation and Basic chemicals.—In order to spread out the activities of the Corporation to rural areas, so that the needs of the rural population can be catered to better and more economically, the Corporation proposes to manufacture commonly required formulations such as tablets, capsules and ointments, by setting up a unit at Jalgaon under aegis of a company floated in collaboration with Western Maharashtra Development Corporation under the name and style of Ajintha Pharmaceuticals Ltd. The work of construction of the factory at Jalgaon has commenced and the factory is expected to go into production in the latter part of 1978.

5.13. Basic Drugs.—The production of antitubercular drug Para-amino salicylic acid (PAS) and Isonicotinic acid hydrazide (INH) is already planned. However the location of the unit is to be fixed as certain difficulties were observed in Nanded the original site selected. A new site will be selected in consultation with the experts and Government and production will be commenced. This plant will be so designed that it can also be used for manufacture of Chloroquine in future.

A non-plan provision of Rs. 25.00 lakhs for 1977-78 and Rs. 34.00 lakhs for 1978-79 is made for payment of grant to the Haffkine Bio-Pharmaceutical Corporation Ltd.

CHAPTER 6

FOOD AND DRUG ADMINISTRATION

6.1. The nature of Public Activities that are undertaken by the Food and Drug Administration, under the various enactments entrusted to it, are as follows:—

(a) The Drugs and Cosmetics Act, 1940 Licensing and Inspection of:

(i) Firms manufacturing Drugs (including Ayurvedic/Unani/Homoeopathic), Cosmetics and Drugs Stores:—

(ii) Drawal of random Samples of Drug and Cosmetics and testing them for quality, purity and strength.

(b) The Prevention of Food Adulteration Act, 1954.

(i) Licensing and Inspection of Food Manufacturing Establishments in Panchayat Samitis (i. e. rural) areas of the State.

(ii) Supervising Control over enforcement of the Act, over the Local Bodies (i. e. Municipal Corporations, Councils, Cantonment Boards).

(iii) Supervising Control over the Food Testing Laboratories.

(iv) Drawal of random Food Samples for checking its quality.

(c) Licensing and Inspection under:—

(i) The Poisons Act, 1919.

(ii) The Dangerous Drugs Act, 1930.

(d) (i) Unearth the cases of Manufacture and/or sale of spurious Drugs or Food.

(ii) To investigate cases of unlicensed Manufacturers or dealers of Drugs/Food.

(iii) Investigation of cases of Food Poisoning to detect the reasons for Food Poisoning.

(e) Imports and Exports (Control) Act, 1947.

(i) To assess the requirements of raw materials of Small Scale Drug Manufacturers and recommend their applications to the Import Control Authorities as a sponsoring Authority.

(ii) To recommend the requirement of raw materials for supply through the State Trading Corporation etc.

(f) The Drugs (Price Control) Order, 1970 issued under the Essential Commodities Act, 1955.

(i) To check the overcharging of prices of drugs and hoarding and profiteering.

(g) Maharashtra Country Liquor Rules, 1973 (in so far as the functions of drawing samples and testing the same, are concerned.)

(h) The Bombay Prohibition Act, 1949 (in so far as the functions relating to the Board of Experts under Section 6 of the Act, are concerned).

(i) Checking of Drugs Advertisements with a view to discouraging self-medication and institution of prosecutions in cases where the provisions of the Act, are blatantly contravened.

(j) The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954.

6.2. The samples of Drugs and Country Liquors are tested at the Drugs Control Laboratory of Food and Drug Administration. The samples of Food articles are tested in the Public Health Laboratories under the Administrative Control of Director of Health Services and in the Municipal Corporation Laboratories of Bombay and Nagpur.

6.3. Plan Scheme.—The set up of the Food and Drug Administration was reorganised in 1974-75. Divisional Offices were established at Bombay, Pune, Nagpur and Aurangabad. The district offices which were hitherto before in charge of a Drugs Inspector were strengthened in respect of Staff and were placed under the charge of Assistant Commissioner. Assistant Commissioners i.e.

Districts have been delegated the power of Licensing Authority under the Prevention of Food Adulteration Act, 1954 and under Drugs and Cosmetics Act, 1940 (in so far grant of selling Licences are Concerned). The main achievements consequent upon the above action are as follows:—

(a) The enforcement of the Prevention of Food Adulteration Act, 1954 has been extended to the Panchayat Samiti areas (i.e. rural areas) which were not earlier covered by the said Act. Licensing of Food Establishments have commenced in the rural area.

(b) The work pertaining to the selling licences under the Drugs and Cosmetics Act, 1940 has been decentralised and Assistant Commissioner i.e. District has to issue/renew and supervise the Drug Selling establishments of his district.

(c) Control over Manufacture of Drugs has been centralised at the Bombay head quarters office and Joint Commissioner (Hq) has been delegated the powers of licensing Authority for Manufacture of Drugs.

The results achieved by the Food and Drug Administration due to the above activities are summed up below for the year 1976-77 (In case food activities it is for the calender year 1976).

(I) FOOD	1976
1. No. of samples analysed	... 4,940
2. No. of samples found adulterated	... 370
3. Percentage of adulteration	... 7.5
4. No. of prosecutions Pending in the courts of law as on 1st January, 1976	... 2,009
5. No. of prosecutions launched upto 31st December 1976.	720
6. No. of cases decided	... 1,051
(a) No. of convictions	... 431
(b) No. of acquitted	... 444
(c) No. of cases discharged	... 176

7. Imprisonment—		
(a) Cases	...	266
(b) Persons	...	281
8. Amount of fine realised (Rs. in thousand)	...	435
9. No. of prosecutions pending in the Courts	...	1,678
10. No. of Complaints—		
(a) Received	...	892
(b) Investigated.	...	798
11. No. of Food Establishments visited for inspection.		35,914
12. Food Poisoning Cases—		
(a) No. of Cases received	...	284
(b) No. of Cases investigated	...	172
(II) DRUGS: Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954.		1976-77
1. No. of Advertisements scrutinised	...	74,598
2. No. of Advertisements found contravening the provisions of the Act.		449
3. No. of prosecutions ended in conviction	...	...
(III) DRUGS AND COSMETIC ACT, 1940.		
1. No. of Drugs samples received by the Government Analyst for testing.		3542
2. No. of samples pending at the beginning of the year.		1243
3. No. of samples tested by the Government Analyst	...	3476
4. No. of samples reported to be not of standard quality.		458
5. No. of Drug (Commercial) Samples tested by the Drugs Control Laboratory.		932

6. No. of Complaints received	673
7. No. of Complaints investigated	1047
8. No. of Manufacturing Premises inspected	1899
9. No. of Selling Premises inspected	9661
10. No. of Fresh Licences issued	735
11. No. of cases of searches and seizures	149
12. No. of persons arrested	113

(IV)—

1. No. of Exhibitions and Seminars held during 1976.	
(a) No. of Exhibitions held	428
(b) No. of Seminars	18

(V)—

1. No. of cases of overcharging of prices pending at the beginning of the year.	26
2. No. of cases of overcharging of prices received during the year.	100
3. No. of cases of overcharging investigated	107
4. No. of Prosecutions under Drugs Price (Control) order, 1970 pending at the beginning of the year.	56
5. No. of cases launched during the year	15
6. No. of cases pending in the courts	63
7. No. of searches, seizures carried out under Drugs Price (Control) Order, 1970.	
8. No. of cases of short supply of drugs investigated.	50

(VI)

1. No. of applications for import of raw materials pending at the beginning of the year.	15
2. No. of applications for import of raw materials received.	142
3. No. of applications for import of machinery received.	7
4. No. of applications recommended ...	152
5. No. of applications pending at the end of the year.	12
6. No. of inspections carried out for utilization of raw materials.	398
7. No. of applications pending at the beginning of the year for recommendation of canalised items.	8
8. No. of applications received during the year for recommendation of canalised items.	1,207
9. No. of applications recommended ...	1,214
10. Recommendation of Sugar quota—	
(a) Quantity ...	1142.89 M.T.
(b) Units ...	432

(VII) Country Liquor samples—

1. No. of Country Liquor samples pending at the beginning of the year.	396
2. No. of Country Liquor samples received for testing.	4,882
3. No. of Country Liquor samples tested ...	4,517
4. No. of Country Liquor samples found to be not of standard quality.	326

6.4. The following provisions have been made for Food and Drugs Control administrations :—

	(Rs. in lakhs)	
	1977-78	1978-79
	(Revised Estimates)	
Non-Plan	... 79.85	89.85
Plan (State)	... 9.50	10.44
Total	... 89.35	100.29

CHAPTER 7

Family Welfare Programme in Maharashtra State

7.1. In pursuance of the national policy of the Government of India, Maharashtra (Ex-Bombay State) accepted the Family Welfare Programme in 1957. The programme is 100 per cent centrally sponsored and it is generally implemented as per guidelines given by Government of India from time to time.

A National Population Policy was declared on the 16th April 1976 through the statement made by Dr. Karan Singh, the then Union Minister for Health and Family Welfare, during the meeting of the Central Council of Health. The National Population Policy statement envisaged action on various facets of the Family Welfare Programme such as raising of age of marriage, freezing of the seats in Lok Sabha and State Legislature on the basis of 1971 census until the year 2001, sharing of the Central resources with States based on the performance of the Family Planning promotion of female education introduction of population education for the younger generation and the policy of the enhanced monetary compensation to the acceptors of Family Welfare.

Thereafter, in April 1977, Shri Raj Narain, Union Minister of Health and Family Welfare issued a revised policy statement. The main salient features of the revised policy are as follows :—

(1) The Family Welfare Programme will be pursued vigorously only as a voluntary programme and as integral part of a comprehensive policy for total health care with emphasis on maternity and child care.

(2) There should be no room for compulsion, coercion or pressure of any sort in the areas of Family Welfare Programme and the Government of India is totally against any legislation for compulsory sterilisation either at the Central level or by the State.

The Government of Maharashtra has generally accepted the policy on Family Welfare Programme as stated by the Union Government and has

decided that there will be no coercion or compulsion in the programme. The State Government has also decided to make available best professional care in cases of complications as also in cases needing recanalisation facilities. Similarly, the Government has decided to intensify the maternity and child health activities including preventive services like ante-natal, post-natal care and immunization of children to protect them against communicable diseases, so as to help reduce morbidity and mortality amongst mothers and children. Necessary steps are being taken to revitalise the Family Welfare Programme with the emphasis on voluntary approach and secure active involvement of Zilla Parishads, Local Leaders, Trade Unions, chambers of commerce, women's organisations and voluntary organisations.

7.2. The Government of Maharashtra has decided as a policy to take effective measures with immediate effect to reduce the birth rate from 35 per thousand population to 25 by 1981 and reach zero growth rate by the last decade of the present century. The Government of Maharashtra has made a thorough study of the demographic picture and then estimated that in Maharashtra there are approximately 98 lakh couples in the reproductive age-group. Upto the 1st April, 1976 nearly 4.32 million couples have been covered by sterilisation. Even allowing margin for attrition factor due to the deaths and over-ages it has been estimated that no less than 3.44 million couples remain currently protected by sterilisation. This means out of the gross number of 6.36 million remaining couples discounting 0, 1 and 2 parity couples, we are left estimated backlog of uncovered couples having 3 and more children, to the order of 2.21 million couples approximately. Strenuous efforts are, therefore, warranted to face this enormous challenge, if we have to achieve the goal indicated above.

7.3. This year, the Maharashtra State has addressed itself to a target of 4.0 lakh voluntary sterilisations. To achieve this

target and also to maintain high standard of technical efficiency in respect of the sterilisations the State of Maharashtra has planned to build up infrastructure with specific reference to the renovation of the operation theatres and to bring them upto a standard whereby both tubectomies as well as vasectomies and medical termination of pregnancies also can be done safely in rural areas. Plans are already in progress to undertake renovations wherever necessary in rural areas for provision of these operation theatre facilities in all PHCs, Dispensaries, Cottage and Sub-Divisional Hospital etc.

7.4. Women Education.—The importance of education in the masses and particularly female education is well accepted and the Government of Maharashtra is taking all the steps to intensify efforts in the field of Female Education with special reference to the girls' education.

7.5. Population Education.—The Government of Maharashtra has already introduced on a pilot basis a scheme for sex and family planning education in colleges. The scheme was already introduced in the year 1972-73 and as many as 94 sessions have been undertaken by the staff of the Health and Family Planning Training Centres and more than 6,622 students given exposure to the new concept of population education. This programme will be intensified.

7.6. Enhanced Compensation.—Government of India have again revised the scheme for enhanced compensation for voluntary sterilisation and have now discontinued the scheme of differential payment on parity basis.

The revised rates of compensation are as follows:—

Item	Vas.	Tub.	IUD
	Rs.	Rs.	Rs.
Part (A)			
Compensation to patient ..	70-00	70-00	5-00
Diet or compensation to the patient, if no diet is given ..	5-00	20-00	1-00
Transport. ..	5-00	5-00	..
Drugs and Dressings ...	10-00	15-00	1-50
Part (B)			
Miscellaneous Purposes such as payment to doctors, anaesthetists, nurses, or assistants, attendants, driver, motivator,	9-50	9-50	..
<hr/>			
A and B Total ..	99-50	119-50	7-50
<hr/>			
Part (C)			
To be retained by State Government for miscellaneous purposes such as—	16-00	8-00	...
(i) Community Award ..	...	...	...
(ii) Group incentives ..	...	...	...
(iii) Running of Small Camps ..	...	...	...
(iv) Organisational expenses and special campaigns ..	...	...	...
(v) Recanalisation facilities ..	...	...	...
(vi) Expenditure on purchase of equipment and supplies.	...	...	...
Expenditure for ex-gratia payment and treatment of post operative complications.	0-50	0-50	0-50
<hr/>			
Total (C) ..	16-50	8-50	0-50
<hr/>			
Grand Total of (a), (b) and (c) ..	116-00	128-00	8-00

7.7. **Mass Media and Popular Education.**—The population education through the use of mass media is in progress in the State since last few years. Government of Maharashtra has decided to undertake orientation training camps for the education of the local leaders, who in the turn would become the effective motivators for the public. From the past experience one day orientation camp have been found to be effective for education and involvement of local leaders who in their turn motivate couples for accepting small family norm.

7.8. The following are the major activities of the Family Welfare Programme:—

- (1) Motivation and Education.
- (2) Distribution of conventional contraceptives.
- (3) Sterilisation Operations on eligible couples and I. U. D. insertions.

Family Welfare Organisation in Maharashtra

(1) Family Welfare Cell, Mantralaya, Bombay.	...	1
(2) State Family Welfare Bureau	...	1
(3) District Family Welfare Bureau	...	25
(4) City Family Welfare Bureau run by Local Bodies and Vountary Organisations.	...	4
(5) Rural Family Welfare Centre	...	389
(6) Rural Family Welfare Sub-Centres	...	1,997
(7) Urban Family Welfare Centres run by Govern- ment		11
(8) Urban Family Welfare Centres run by Local Bodies and Voluntary Organisations	...	130
(9) Additional Sterilisation beds reserved in Govern- ment Institutions.		385
(10) Additional Sterilisation beds reserved in Local Bodies and Voluntary Organisations.	...	518
(11) Post Partum Programme Centres	...	31

(12) Post Partum Centres run by Voluntary Organisations and Local Bodies.	13
(13) Regional Health and Family Welfare Training Centres.	4
(14) Training in Family Planning in Medical Colleges ...	5

7.9. The State Family Welfare Bureau Organisation is controlled by the Family Welfare Coll at Mantralaya. Bombay, and the programme is executed by the State Family Welfare Bureau, and the District Family Welfare Bureau by giving technical advise and supervision respectively through the institutions in urban and rural areas. The Medical and Health Organisations have been completely involved in the field of Family Welfare Programme in the State. The programme is given on agency basis to the Zilla Parishads. There is very active involvement of Zilla Parishads, Panchayat Samitis, Local Bodies and Voluntary Organisations as well as the Private Medical Practitioners since the year 1966-67.

7.10. The Family Welfare Cell is concerned for directions and policies, while the State Family Welfare Bureau is concerned with the technical advise and supervision of the programme in the field. For mass education and motivational aspects the Joint Director of Health Services, Family Welfare, MCH & SH MPW and CRW is associated by the Deputy Director of Publicity (Family Welfare) who is responsible for bringing out the various media, models, exhibitions, film and cinema slides, songs etc. This material is distributed for propaganda through the District Family Welfare Bureau, who have been supplied with Audia-visual Van, Generators, Projectors and Audic-Visuel Equipment. The exhibition sets are also set up at the Rural Family Welfare Centres and Primary Health Centres to acquaint the rural population with the importance and the methods of the Family Welfare and Planned parent-hood.

7.11. The distribution of contraceptives is one of the very important activities under the Family Welfare Programme. The Nirodh distribution is being arranged through:—

(i) Free distribution of Nirodh through the selected Post-Offices, and other agencies like Hakims, Vaidya, Private Medical Practitioners and Depot Holders.

(ii) Free distribution of Nirodh through the staff of Rural Family Welfare Centres and Urban Welfare Planning Centres.

(iii) Distribution at the subsidised rates through the agencies viz. the Brooke Bond (India) Limited, the India Tobacco Ltd., etc.. The new look given to the programme since 1967-68 has made family welfare really the people's programme in Maharashtra State, which has been leading in the field of sterilisation operations.

7.12. Training in Family Welfare is an important aspect of the programme. Four Regional Health and Family Welfare Training Centres, Five Medical Colleges and Public Health Institute, Nagpur, are imparting the necessary training and orientation in family welfare to the various categories of workers, such as Medical Officers, Nurses, Auxiliary Nurse Midwives, Dais and other para-medical workers. Orientation training camps and seminars are also organised for other agencies such as teachers, Village Leaders, Social Workers, etc. so as to enable them to motivate the persons for Family Welfare Programme. The Family Welfare Programme is being pursued vigorously on a purely voluntary basis and emphasis is being laid on motivation for voluntary sterilisation. It is in this direction that the training programmes are arranged.

7.13. The work done so far since 1969-70 to 1976-77, the Central Government allocations, the State Budget, and the expenditure incurred by the State is given in the enclosed statements.

7.14. Multipurpose Worker's Scheme.—The MPW scheme has been taken up in the first phase in the 5 districts viz. Wardha, Amravati, Akola, Kolhapur and Ratnagiri. The scheme will be extended to six more districts of Pune, Nasik, Aurangabad and

Thane during the year 1978-79 and the remaining 14 districts will be taken up in the following year.

Under this scheme, 76 persons of various categories of Health Personnel have been trained at the Public Health Institute, Nagpur, and 419 at the 4 Regional Health and Family Welfare Training Centres and at the Primary Health Centres under their respective jurisdiction. As many as 163 persons have been trained in the field practice and demonstration areas of the respective Regional Health and Family Welfare Training Centres. Approximately, 291 Health Supervisors and 873 Multi purpose workers are presently under training in 97 Primary Health Centres under the Multi-purpose Workers Scheme.

Similarly, the training of indigeneous Dais in the asptic methods of delivery has also received a further impetus during the year 1977-78 and will be followed up in the year 1978-79.

The Extended Immunisation Programme has been taken up at all the Primary Health Centres in the 5 districts and in one Primary Health Centre in each of the remaining districts during 1977-78. It will be further intensified during 1978-79 for which sufficient Budget Provision (Rs. 25 lakhs) has been made.

Statement showing the work done since 1969-70

Year	Sterilisation Target fixed by		Sterilisation	I. U. D.		C. C. Users	
	Maharashtra State	Govt. of India		Target	Achievement	Target	Achievement
1	2	3	4	5	6	7	8
1969-70 ...	344498	285400	231479	39300	10293	344500	210736
1970-71 ...	329130	307900	248170	45400	6246	403800	233313
1971-72 ...	352065	318195	391765	51739	9051	258695	278776
1972-73 ...	519590	519590	609391	26000	9429	350000	258559
1973-74 ...	320232	300000	192050	26700	11467	350000	229788
1974-75 ...	328128	190100	238160	15500	13774	200000	265825
1975-76 ...	511362	318300	611588	16200	18373	206900	209843
1976-77 ...	1200000	562000	862480	27000	15195	266800	151237
1977-78 ...	400000	400000		34100		262500	

The Statement showing Expenditure Including Capital Since 1969-70 to 1976-77 is given below : (Figures in lakhs)

Year		Expenditure including capital
1969-70	...	320.85
1970-71	..	429.21
1971-72	...	567.26
1972-73	...	944.96
1973-74	...	543.63
1974-75	...	564.27
1975-76	...	792.83
1976-77	...	1375.14

The revised estimates for 1977-78 is Rs. 754.77 lakhs and the provision included in the budget estimates for 1978-79 is Rs. 1177.23 lakhs.

Besides that a provision of Rs. 12.40 lakhs is included in the budget estimates for 1978-79 of the P. W. & H. D. for construction work under the family Welfare Programme.

Thus the total provision for 1978-79 is Rs. 1189.63 lakhs.

MATERNITY AND CHILD HEALTH ACTIVITIES

1. Immunisation Scheme for Mothers and Children

Year	Target		Achievement		
	Children	Mothers	Children	Mothers	
1	2	3	4	5	
1971-72	...	350000	66000	230855	31901
1972-73	...	648000	92600	151065	51940
1973-74	...	381000	363600	251986	281313
1974-75	...	650000	240000	233914	192318
1975-76	...	650000	240000	232900	200517
1976-77	...	2100000	700000	745147	270723
1977-78	...	1000000	2600000	...	—

II. *Scheme for Prophylaxis against Nutritional Annemia in Mothers and Childeren :--*

Year	Target		Achievement	
	Children	Mothers	Children	Mothers
1971-72	180000	180000	79362	185004
1972-73	210000	210000	242930	749617
1973-74	400000	300000	245474	375887
1974-75	250000	250000	354916	656159
1975-76	200000	200000	191757	496089
1976-77	400000	400000	163582	472336
1977-78	600000	600000		

III. *Scheme for Prophylaxis against Blindness due to Vitamin ' A ' Deficiency in Children*

Year 1	Target 2	Achievement 3
1972-73	3,00,000	8,057
1973-74	6,75,000	18,90,86
1974-75	3,00,000	4,33,774
1975-76	8,00,000	3,45,452
1976-77	10,00,000	5,81,573
1977-78	20,00,000	...