**- Irregular and excess expenditure of Rs. 14.40 lakh was incurred on purchase of medicines, non-consumables and payment to NGOs.**

*(Paragraph 3.3.2.5.1.2 and 3.3.2.7)*

## 3.3.1 National AIDS Control Programme

### 3.3.1.1 Introduction

Acquired Immuno Deficiency Syndrome (AIDS) is a fatal disease caused by a virus called the Human Immuno Deficiency Virus (HIV). It has emerged as a serious public health problem. National AIDS Control Programme (NACP) was initiated in the country in 1985 in collaboration with Indian Council of Medical Research. Subsequently, in order to contain the spread of HIV/AIDS, Government of India (GOI) launched (1992) a hundred per cent Centrally sponsored programme (Programme) with World Bank assistance. The GOI established National AIDS Control Organization (NACO) an executive body in the Ministry of Health and Family Welfare headed by Additional Secretary as Project Director. The project was implemented in two phases. The objectives of the National AIDS Control Programme Phase-I (NACP-I) were (i) to slow the spread of HIV; (ii) to decrease morbidity and mortality associated with HIV; (iii) to minimize socio economic impact resulting for HIV infection. The project consisted of following sub components:

(a) Strengthening the management capacity for HIV.

(b) Promoting public awareness and community support.

(c) Improving blood safety and rational use.

(d) Building surveillance and clinical management capacity.

(e) Controlling Sexually Transmitted Diseases.

The National AIDS Control Programme Phase-II (NACP-II) was launched in November 1999 with two key objectives namely to (1) reduce spread of HIV infection in India and (2) strengthen India's capacity to respond to HIV/AIDS on long term basis. The objectives are grouped into five sub components as given below:

i) Priority targeted intervention for Groups at high risk.

ii) Preventive intervention for the general community.

iii) Low Cost AIDS care.

iv) Institutional strengthening

v ) Intersectoral collaboration.

### 3.3.1.2 Organisational set up

At State level, the Director Health Services (DHS) Punjab assisted by State AIDS Control Cell (SACC) was responsible for implementation of the programme. From April 1998, the implementation of the programme was entrusted to Punjab State AIDS Control Society (PSACS) under the chairmanship of Principal Secretary to Government of Punjab, Health and Family Welfare. At district level, the programme is implemented through Civil Surgeons supported by medical and para medical staff.

### 3.3.1.3 Scope of audit

The implementation of the programme for the period 1996-2001 was reviewed in audit during December 2000 to April 2001 by checking the records of AIDS Control Cell in the office of DHS, Punjab State AIDS Control Society and Civil Surgeons of 10[1] districts. The results of review are embodied in the succeeding paragraphs.

### 3.3.1.4 Financial arrangement

Budget allocated by the GOI, grants received by the State Government and expenditure made there against during 1996-98 was as under:

**(A) Funds released to State Government**

***(Rupees in lakh)***

| Year | Funds released by GOI | Funds sanctioned by the State Government | Expenditure | Excess (+) Savings (-) |
|---|---|---|---|---|
| 1996-97 | 225 | 292.53* | 51.21 | (-) 241.32 ** |
| 1997-98 | 75 | 349.44 | 306.80 | (-) 42.64 *** |
| 1998-99 | -- | 42.89 | 39.57 | (-) 3.32 |

* *Includes previous balance of Rs. 67.53 lakh.*

** *The Punjab Government revalidated Rs. 274.44 instead of Rs. 241.32*

*** *The Punjab Government revalidated Rs. 42.89 instead of Rs. 42.64*

**The implementation of the programme during 1996-97 was negligible as only 18 per cent of the available funds were expended.**

(i) Against the available funds of Rs. 2.93 crore during the year 1996-97 for the programme, expenditure of Rs.51.21 lakh only (18 per cent) was

[1] Amritsar, Bathinda, Ferozepur, Fatehgarh Sahib, Jalandhar, Ludhiana, Moga, Patiala, Ropar and Sangrur.

incurred and the State Government retained balance amount of Rs.2.41 crore (82 per cent).

(ii) As the implementation of the programme was transferred to State AIDS Control Society from April 1998, the release of funds by the State Government to DHS during 1998-99 and expenditure there against by the DHS on the programme was irregular.

**(B) Funds released by GOI to Punjab State AIDS Control Society**

***(Rupees in lakh)***

| Year | Opening balance | Budget allocated by Govt. of India | Grant received | Total | Expenditure | Excess (+) Savings (-) |
|---|---|---|---|---|---|---|
| 1998-99 | 2.26* | 110.00 | 110.00 | 112.26 | 111.53 | (-) 0.73 |
| 1999-00 | 0.73 | 400.72 | 277.70** | 278.43 | 258.26 | (-) 20.17 |
| 2000-01 | 20.17 | 300.00 | 296.50 | 316.67 | 188.47 | (-) 128.20 |
| **Total** | | **810.72** | **684.20** | **707.36** | **558.26** | **-** |

* *Unspent balance transferred by DHS*

** *Includes Rs.0.31 lakh released by W.H.O.*

It would be seen that against the allocation of Rs.8.11 crore, funds amounting to Rs.6.84 crore (84 per cent) only were released by GOI to the State AIDS Control Society during the year 1998-2001. As of March 2001, funds amounting to Rs.1.28 crore remained unutilised with the Society due to decrease in expenditure during 1999-2001 mainly on the following components.

***(Rupees in lakh)***

| | | |
|---|---|---|
| **(a)** | **Priority targeted intervention against HIV/AIDS** | **108.61** |
| **(b)** | **Low cost AIDS care** | **16.05** |
| **(c)** | **Institutional strengthening** | **20.34** |
| **(d)** | **Preventive Intervention for the General Community and Inter Sectoral Collaboration** | **(-) 17.53** |
| **(e)** | **Previous balance** | **0.73** |

Reasons for savings were, however, not furnished by the Society.

## 3.3.1.5 Components/Activities covered under the programme

### 3.3.1.5.1 Priority targeted intervention for groups at high-risk.

**The activities under priority-targeted intervention for high-risk groups were negligible as only 19 per cent funds were expended during 1999-2001.**

The project aims to reduce the spread of HIV in groups with high risk by identifying target population and providing peer counseling, condom promotion and treatment of STIs and client programmes. These were to be largely delivered through NGOs, Community Based Organisations (CBOs) and the public sector. During 1999-2001, funds of Rs.1.35 crore (1999-2000:Rs.0.85 crore and 2000-01:Rs. 0.50 crore) were provided by NACO for priority intervention of targeted groups at high risk against which an expenditure of Rs. 0.26 crore (1999-2000:Rs. 0.02 crore and 2000-2001:Rs. 0.24 crore) only was made. Thus, the achievements regarding

involvement of NGOs in the task remained partial and the beneficiaries were deprived of the intended benefits of the programme.

The Project Director PACS stated (August 2001) that the targeted intervention programme was started in the year 2000. Due to lack of clear cut guidelines, the expenditure was incurred with great care as and when the guidelines were received from NACO and the expenditure was made accordingly. The reply of the department was not beyond doubt as the documents in support of reply were not produced to audit.

Audit scrutiny (April 2001) further revealed that funds of Rs. 15.72 lakh were spent by 4[2] NGOs to identify high risk behavior groups i.e. truck drivers, industrial workers, migrant labourers, non-brothel based commercial sex workers etc. The position of funds received from GOI and disbursed to NGOs along with achievements made there against were as under:

***(Rupees in lakh)***

| Sr. No | Group | Funds released | Actual expenditure | Targets | Persons to be covered | Achievements | Persons covered |
|---|---|---|---|---|---|---|---|
| 1. | Commercial sex workers | 11.12 | 5.56 | Survey & collection of baseline data | 1000 | Survey & baseline data collection | 1000 |
| 2. | Truck drivers | 8.87 | 4.44 | -do- | 10000 | -do- | 10000 |
| 3. | Industrial workers | 5.74 | 2.87 | -do- | 2500 | -do- | 2500 |
| 4. | Migrant labourers | 5.70 | 2.85 | -do- | 2500 | -do- | 2500 |
| | **Total** | **31.43** | **15.72** | | **16000** | | **16000** |

Despite an expenditure of Rs.15.72 lakh made by the NGOs, no arrangements were made for providing integrated peer counseling, treatment of STIs, training of representatives of groups at high risk except survey and collection of base line data in 4[3] places. Besides, no action was taken to identify Injecting Drug Users (IDU) and Men having Sex with Men (MSM).

The Project Director PACS stated (August 2001) that two NGOs are having only their head offices at Chandigarh but their operational area covered whole of Punjab State. Regarding IDU and MSM these two projects were not started as these were not on top priority group in Punjab. The reply was not tenable as State based NGO having connectivity with the Community should be involved and IDU and MSM were also covered under the priority groups.

**Condom delivery system failed to take off due to defective condom vending machines and non-purchase of condoms.**

### 3.3.1.5.1.1 Condom delivery system

Condom promotion in the groups at high risk is one of the main objectives of intervention group at high risk. The channels through which the

[2] Khanna sports and youth welfare club, Mohali, Indian Society for youth development Chandigarh, AIDS prevention Society, Ludhiana and Society for services to voluntary agencies, Chandigarh.

[3] Mohali, Pathankot, Ludhiana and Jallandhar.

condoms to be distributed were free distribution, social marketing and commercial sales.

Test check of records (January 2001) of the Society revealed that during 1996-2001, 81,000 condoms were purchased under free distribution, of which 69834 condoms could not be used due to defective condom vending machines. Further, against the target purchase of 2 lakh condoms for sale through social marketing during 2000-2001, no purchase was made by the Society as against the total cost of Rs. 51,200 of these condoms only Rs. 25,600 were deposited by the Society.

### 3.3.1.5.1.2. Wasteful expenditure on defective condom vending machines

For procuring condom vending machines, the technical specifications were prepared by the DHS which inter alia laid down that the maintenance of the machines will be done by the firm free of cost upto warranty period and the firm should quote comprehensive Annual Maintenance Contract afterward. Accordingly, tenders were invited (March 1997) and contract for supply of the machines was given to M/s. R.P.M. High Tech. Machines Pvt. Ltd.Punchkula on the following terms and conditions:

a) The supply will be accepted by the consignee only after the due inspection of the stores to be arranged by the DHS after the receipt of bank guarantee.

b) The installation will be done by the firm free of cost and the equipment will be repaired by the firm free of cost for one year.

c) 90 per cent payment shall be released against physical delivery duly supported by inspection note and vouchers duly verified by the consignee and the balance 10 per cent payment shall be released within 30 days after the installation and satisfactory performance of the equipment.

The department had not made any condition in the supply order for comprehensive maintenance contract after warranty period.

**Expenditure of Rs. 22.61 lakh was rendered wasteful on purchase of defective condom vending machines.**

The DHS Punjab issued supply order (March and November 1997) to the firm for supply of 85 and 300 single condom vending machines. 85 machines were supplied by the firm in October 1997 at the cost of Rs. 4.99 lakh. The machines were received without proper inspection and delivered to the Indian Red Cross Society for installation at various places through its branches in the State. The DHS instead of making 90 per cent payment, released 100 per cent cost of the machines (November 1997). Out of these 85 machines, 55 were installed upto February 1998. The machines reportedly went out of order immediately after installation. Working of the machines was also not found satisfactory by the representatives of NACO nominated for the inspection which directed (February 1998) the DHS to get the evaluation of the design/fabrication of the machines done from Government agency like IIT before taking the delivery of the remaining 300 machines. Despite this, DHS obtained the delivery of remaining 300 machines in March 1998 and released (March 1998) Rs. 17.62 lakh representing their 100 per cent value. These machines were delivered directly by the firm to the Indian Red Cross Society Punjab,

Chandigarh for installation at various places through its branches in the State. Test check of records of the Punjab SACS and information collected from District Red Cross Societies revealed that out of 385 machines only 107* (including 55 already installed) were installed between November 1997 and August 1998 in 7[*] districts and all the machines were lying out of order. The remaining 278 machines were lying uninstalled with Indian Red Cross Society (230) and District Red Cross Societies (48)[$].

Thus, non observance of tender conditions regarding the payment of only 90 per cent, purchase of defective machines and failure on the part of the department to get these repaired resulted in wasteful expenditure of Rs. 22.61 lakh. Besides, 69834 condoms purchased under the programme could not be used which adversely affected the programme to check HIV infections in high-risk groups. The above facts were admitted by the Asstt. Director Punjab State AIDS Control Society, Chandigarh (December 2000).

### 3.3.1.5.2. Preventive intervention for the general community

The preventive intervention for general community includes (i) IEC and awareness campaigns, (ii) Providing voluntary testing and counseling, and (iii) reduce transmission by blood transfusion and occupational exposure.

#### (i) IEC and awareness campaigns

Activities under the IEC and awareness campaigns include conducting mass media campaign at State and municipal levels, conducting local IEC campaign, use traditional media such as folk arts and street theatre, promoting advocacy campaigns, conducting awareness programme geared towards youth and college students and organizing Family Health Awareness Campaigns for control of STI and RTI infections etc.

(a) Test check of records (December 2000) revealed that no targets were fixed for the IEC awareness campaign. However, to raise awareness in the public, AIDS awareness camps were organized in all districts through Government agencies. The campaign was mainly taken up through hoardings, balloons and distribution of posters and scooter stepny covers etc. Effective mass media campaign such as Doordarshan (DD), Cable Television, Conferences to mobilize social and community leaders were not used. One TV, VCR, Telefilm and a Camera procured during 1997-98 at the cost of Rs. 7.11 lakh for IEC purposes were lying with DHS, Punjab, Chandigarh and not transferred to Society affecting the awareness campaign adversely.

**Non-transfer of IEC material worth Rs. 7.11 lakh to Society affected the awareness campaign**

(b) Audit scrutiny (December 2000) further revealed that funds of Rs. 28.08 lakh were provided (November 1999) under the Family and Health Awareness Campaign to 9 Civil Surgeons to raise the level of awareness in rural areas and slum dwellers' families but feed back data regarding population covered, tests conducted, patients identified and drugs distributed during the campaign was not furnished by the Civil Surgeons, besides 5 out of 9 Civil Surgeons had not submitted the details of

[*] Bhatinda (10), Faridkot (15), Hoshiarpur (10), Moga (30), Mansa (22), Patiala (14), Ropar (6)
[$] Bhatinda (5), Jalandhar (15), Mansa (8), Patiala (1), Ropar (19)

expenditure (Rs. 14.80 lakh) alongwith supporting vouchers/ bills etc to the Society. Thus, achievement in promoting public awareness about HIV/AIDS was not satisfactory although funds were not a constraint.

**(ii) Providing voluntary testing and counseling**

The programme envisaged (a) increasing availability of and demand for voluntary testing, especially joint testing of couples (b) training of grass root level health care workers in HIV/AIDS counseling; (c) providing counseling services through blood banks and STI clinics. It was envisaged that one voluntary testing centre would be established in each district. Test check of records (April 2001) of the Society revealed that out of 17 districts only one voluntary counseling and testing centre was functioning in the State (Department of Microbiology, Government Medical College Amritsar). Two more voluntary counseling and testing centres (Govt. Medical College Faridkot and Patiala) though sanctioned by NACO had not started functioning (November 2001).

**Despite availability of funds, only one counseling centre was established in the State and no counsellor was appointed by the Society.**

Further, for testing of HIV on voluntary basis on one time grant Rs.1.20 lakh for equipment and annual recurring grant was provided by NACO for salary of two counsellors (Rs.96,000) and miscellaneous expenses (Rs.24,000). Test check of records (December 2000) revealed that even though grants for the purpose was released by NACO, Society could not appoint any counsellor as of March 2001 as the post carries a meager salary of Rs. 4000 (fixed) per month. It was further seen that neither NACO has revised the rate of salary nor Society has taken any steps to get it enhanced from NACO. This resulted into non-providing of benefits of counseling to the intended beneficiaries.

**(iii) Reduce transmission by blood transfusion and occupational exposure**

As per blood safety policy, testing of every unit of blood is mandatory for detecting infections. In order to carry out such tests, blood-testing centres will provide blood samples for detecting clinically suspected HIV/AIDS cases

As per NACO instructions, Zonal Blood Testing Centres (ZBTC) are required to be established in each city with a population of above 5 lakh and two laboratory technicians were required to be appointed in each ZBTC. Test check (June 2001) of records revealed that ZBTCs were established in 3 cities (Amritsar, Patiala and Ludhiana) by the Government whereas no ZBTC was established at Jalandhar having population exceeding 5 lakh. Laboratory technicians were also not provided to these ZBTCs (December 2000).

Society stated (August 2001) that ZBTCs were started by NACO all over India as per their guidelines and only in big cities like Amritsar, Ludhiana and Patiala in Punjab. However, no reason for non-appointment of laboratory technicians was given.

**3.3.1.5.3 Low Cost AIDS Care**

The activities under the programme was to improve the quality and cost effectiveness of interventions offered by existing procedures and to

**No care was provided to AIDS infected persons and no community centre and drop in care centres were established.**

establish new support services for care for persons with AIDS in partnership with NGOs and CBOs by establishing small community based hospitals, hospice programmes, drop in centres and home based care centres.

Test check of records (December 2000) of Punjab State AIDS Control Society revealed that though funds of Rs. 16.05 lakh (1999-2001) were provided by NACO, yet no expenditure was incurred under this component. Further no NGO, CBO and public sector organization was established in the State to improve the quality and cost effectiveness of care provided for persons with AIDS. As per information supplied to audit, there were 128 infected persons as of March 2001 in the State, but the Society failed to provide necessary care to these infected persons as neither any community care centre was established nor drugs for their treatment were provided. It was further noticed that no proposal for establishing the care centres was forwarded by the Society to NACO. Consequently, the funds received for the purpose remained unutilized resulting in denial of benefit to intended beneficiaries.

#### 3.3.1.5.4 Programme implementation

Programme implementation was done by State AIDS Control Cell and grants were released by NACO through State Finance Department upto March 1998. From April 1998, the programme implementation was entrusted to State AIDS Control Society and NACO released the funds to this Society. On transfer of implementation of the project from SACC to SACS, the funds issued by GOI and assets purchased out of such funds were to be transferred to the Society which was responsible for implementation of the programme. Test check of records of DHS (December 2000) however, revealed that unutilised balance of Rs. 3.32 lakh as on March 1999 with the State Government were not released to the Society. In addition, the material like camera, video cassette recorder, telefilm, fax machines, air conditioners etc. worth Rs. 11.47 lakh purchased by DHS out of funds received from GOI under the programme during the year 1996-98 was also not transferred to the Society as of May 2001. Test check of records further revealed that the funds released by GOI during the years 1996-98 were utilized by AIDS Cell under the charge of DHS largely for the purchase of material. Neither budget provision was made for imparting training to the NGOs nor for the purchase of critical equipment, provision of staff and no NGO was involved for creating awareness about AIDS to reduce the spread of HIV in groups at high risk which affected the programme implementation adversely.

#### 3.3.1.5.5 STI/HIV/AIDS sentinel surveillance

Surveillance of STD constitutes an important component of prevention and control of HIV/ AIDS. The objective of this activity is to develop an effective system by generating a set of reliable data. Two approaches have been identified (i) aetiological based information will be collected through existing STD clinics having laboratory support and (ii) syndrome based information will be collected through peripheral health institutions under the primary health care system in the district. The activities under this

component include (a) Sentinel surveillance in every State (b) STI surveillance through specific survey (c) Behaviour surveillance surveys; and (d) AIDS cases surveillance.

As of March 2001, 7 surveillance centres were functioning in the STD clinics in the State since April 1998. Though 3 more proposed to be opened by the end of March 2001, these have not been opened so far due to non-receipt of approval from NACO. However, no target for conducting survey was fixed by the Society. The survey was conducted by the skin and STD department, Amritsar for high risk group of patients infected with sexually transmitted diseases only. No low risk case had been surveyed.

#### 3.3.1.5.6 Training

Training is an important function of programme management. During 1999-2000, all the training of the trainers at various levels as well as induction training was to be completed. The remaining period of the project was to be devoted to refresher training and some induction training.

The programme envisaged imparting training to trainers and health staff. Expenditure on training was to be incurred by making separate budget provision under each component. Test check of records revealed that during 1999-2001, neither separate provision for training under each component was made nor the number of persons to be trained was fixed. As per informations provided (April 2001) to audit, 30 doctors of State Core Team were trained for imparting training to doctors of district level core teams, which trained only 170 doctors in the State. It was further noticed that only one district (Ropar) was covered where 143 field doctors were imparted training by the district level core team. No other district was covered and also no training was given to health workers and nurses at ground level medical institutions. The utilisation of trained manpower in strengthening the management capacity under various components of the programme was not furnished.

**No training was provided to medical and para medical staff in the field.**

### 3.3.1.6 Procurement of equipment and other stores

#### 3.3.1.6.1 Irregular purchase of equipment

As per guidelines, the procurement arrangement to be undertaken in the Project would be the responsibility of the implementing agency, the National AIDS Control Organisation (NACO) of the Ministry of Health and Family Welfare, Government of India and the State and Municipal Societies. Computer equipment, laboratory support equipment and furniture would be procured under local shopping procedures by the Society. Larger blood bank equipment, needle shredders, needle crushers and HIV, HCV and Western Blot kits would be procured through NACO.

**Rs. 12.39 lakh were spent on purchase of equipment not provided under guidelines**

Test check of records (December 2000) of DHS revealed that instead of purchasing blood bank equipment, 17 Air Conditioners, 3 TV with V.C.Rs, 1 Laminating Machine and 25 Fax Machines amounting to Rs.12.39 lakh were purchased by the DHS from different firms during

March 1997 and March 1998. The purchases were in contravention of the guidelines issued by GOI and thus, irregular.

On being pointed out (December 2000), the Punjab AIDS Control Society stated (December 2000) that there were no specified guidelines to purchase the air conditioners but these were purchased keeping in view the urgency of work to protect perishable test kits sera, blood samples etc. However, no reply was given in respect of other equipments. The reply of the Society was not tenable as the purchases made in contravention of the guidelines of GOI.

#### 3.3.1.6.2 Irregular payment for purchase of hoarding

As per guidelines, purchases should be made by inviting quotations from at least three suppliers to ensure competitive prices. Test check of records (April 2001) of SACC revealed that payment of Rs. 2.50 lakh was made to a firm (M/s Twenty first Century; New Delhi) through cheque dated 18th November 1997 on the basis of invoice dated 18th November 1997 received from the firm for Main Pavilion Hoardings (Level - I) (20' x 2.5') at Punjab Cricket Stadium, Mohali. Audit scrutiny further revealed that the payment was made for the material for which neither the quotations were invited nor the purchases were approved by the Purchase Committee. The third party cheque was handed over to the firm through IEC officer of the Society for which the actual payee receipt was also not available in the records. The facts were admitted (April 2001) by the Additional Project Director of Punjab AIDS Control Society, but no reasons were given for not following the codal provision and non-maintenance of records.

### 3.3.1.7 Monitoring & evaluation

**Lack of monitoring and evaluation of the programme as envisaged.**

For complete appraisal of the programme, the SACC was to monitor effective implementation of the programme. However, except for compiling progress reports of financial and physical achievements, no monitoring and evaluation system was evolved and no mid-term/final evaluation of NACP-I was done. Further, NACP-II envisaged that monitoring and evaluation would be conducted by an outside agency at base line, interim and final years. Reports of performance and expenditure would be sent to NACO periodically as prescribed. But, except for preparing and sending the prescribed reports, no monitoring of the activities was ever conducted as envisaged to evaluate the performance of the programme and its impact on the people. Thus, the overall impact of the programme for reducing and controlling incidence of AIDS remained un-assessed.

### 3.3.1.8 Conclusion

The programme was not effectively managed and implemented. The achievements under sub-components were not substantial and in most of the cases targets were not fixed. The activities particularly under priority

targeted intervention for groups at high risk and low cost AIDS care components were negligible and whatever the achievements were there under other components remained dormant due to lack of effective management, implementation and monitoring and evaluation of the programme at State level. The counsellors were neither appointed by the Society due to less salary nor any steps were taken with the NACO to increase the salary of the counsellors which deprived the benefits of counseling to the intended beneficiaries. The Society had sufficient balance in its account as on March, 2001 due to less expenditure on all the components. No expenditure was incurred for training of NGOs. The condom vending machines purchased for awareness of AIDS programme were defective which defeated the purpose for which these were purchased.

### 3.3.2 National programme for Control of Blindness

#### 3.3.2.1 Introduction

The National programme for control of blindness, a cent per cent Centrally sponsored programme, was launched in 1976 to achieve the goal of reducing the prevalence of blindness upto 3 per thousand of population by the year ending 2000. The various activities of the programme included establishment of Regional Institutes of Ophthalmology, upgradation of medical colleges, district hospitals, development of mobile eye units, deployment of required manpower and provisions of various opthalmic services.

#### 3.3.2.2 Organisational set up

At State level, Director Health Services (DHS) assisted by State Programme Officer (SPO) was responsible for implementation, monitoring and evaluation of the programme. At the district level, the programme was implemented by District Blindness Control Society (DBCS) under the chairmanship of Deputy Commissioner (DC) assisted by Civil Surgeon, District Programme Manager (DPM) and other medical/para-medical staff. Though SPO has been appointed at State level but the funds were provided by the GOI directly to the DBCSs without involving the SPO. The expenditure made by the Societies duly audited by the chartered accountants were also sent direct to the GOI.