CHAPTER III

CIVIL DEPARTMENTS

SECTION-A : REVIEWS

HEALTH DEPARTMENT

National Programme for Prevention and Control of Diseases

3.1 National Tuberculosis Control Programme (NTCP)

National Tuberculosis Control Programme (NTCP) introduced in Goa since 1963 is implemented as a 100 percent centrally sponsored scheme. The State had not spent Rs.66.34 lakh received as grants during 1996-97 - 2000-01. The targets prescribed were unrealistic and not based on survey/prevalence of disease. On an average about 70 beds per month in TB Hospital, Margao were utilized against availability of 160 bed strength during 1996-2001. The percentage of TB defaulter patients was 55 during 1996-2001 and infructuous expenditure on partial treatment of defaulters was Rs.3.82 crore (approx.). Evaluation of the programme was not carried out to ensure effective implementation.

Highlights

- Revised NTCP was not implemented in the State of Goa.

  (Paragraph 3.1.4)

- There was unspent grant of Rs. 66.34 lakh during 1996-97-2000-01.

  (Paragraph 3.1.5 – 3.1.9)

- About 70 beds were utilized in the T B Hospital, Margao out of 160 bed strength during 1996-2001.

  (Paragraph 3.1.10)

- Targets fixed were unrealistic and not based on survey/prevalence of disease.

  (Paragraph 3.1.11 – 3.1.13)

- Evaluation of the programme was not carried out to ensure effective implementation.

  (Paragraph 3.1.14, 3.1.15)

Introduction

3.1.1 The National Tuberculosis Control Programme (NTCP) was launched by Government of India in the year 1962. In 1992 it was reviewed by a committee of experts. Based on the findings of this review committee, a revised strategy for National Tuberculosis Control Programme was evolved with emphasis on cure of infectious cases through short course of chemotherapy to achieve a cure rate over 85 per cent. Emphasis was also laid on the augmentation of case finding activities to detect 75 per cent of estimated cases only after having a desired cure rate. The NTPC was introduced in the state of Goa in the year 1963 as a centrally sponsored scheme with 100 per cent finance from the Government of India.

Organizational set up

3.1.2 The Chief Medical Officer (CMO) is in charge of implementation for NTCP in the State of Goa under the overall supervision of the Director of Health Services, Panaji. The Chief Medical Officer is assisted by one Health Officer at State Headquarters, Panaji. The implementation of the programme is done in six hospitals, including two T B Hospitals located in North and South Goa, four Community Health Centres and twenty one Primary Health Centres in the State which are divided into ten x-ray centers and 21 microscopic centres. The technical monitoring of these centres is done by the Chief Medical Officer at the District Tuberculosis Centre, Panaji. Goa being a small state District Tuberculosis Officer (DTO) and Programme Officer (CMO) is one and the same.

Audit Coverage

3.1.3 A review of the implementation of the programme in the state was conducted during April to June 2001 with test check of records maintained at the Directorate of Health Services, Panaji, Chief Medical Officer, National Tuberculosis Control Programme, State Headquarters at Panaji, T B Hospital and Urban Health Centre, Margao, Community Health Centre, Ponda and six Primary Health Centres at Chinchinim, Cortalim, Betki, Corlim, Candolim and Bicholim with coverage of 33 per cent expenditure under the programme in the state.

Implementation of the programme

3.1.4 As per the National Tuberculosis Control Programme, each district should have one District Tuberculosis Centre (DTC) which acts as a referral centre and also as the headquarters. At the Sub-District level a T B unit (TU) should be created for about 5 lakh population. Each TU comprises of one Medical Officer, one Senior T B Laboratory Supervisor (STLS) and a Senior Treatment Supervisor (STS) both with formal training and orientation of the

revised NTCP. As Goa's population as per 1991 census is 11.69 lakh and the State has two districts, and as such at least two T B Units with above staff in each district were required. However there were no T B Units in Goa. It was stated that the proposal for another DTC in South Goa was submitted by the CMO, NTCP to the higher authorities in March 2001. As regards to non-establishment of T B Units it was further stated (March 2001) that the revised NTCP had been introduced by Government of India in the state of Goa only in August 2001.

Financial performance

3.1.5 The budget provision and expenditure incurred under Plan and Non-Plan schemes during 1996-97 to 2000-01 was as under♣:

TABLE 3.1

Year	Plan			Non-Plan			Total		
	Budget provision	Expe-diture	Excess(+) Savings (-)	Budget provision	Expen-diture	Excess(+) Savings(-)	Budget provision	Expen-diture	Excess(+) Savings(-)
	(Rupees in lakh)								
1996-97	1.00	0.98	(-) 0.02	20.76	21.41	(+) 0.65	21.76	22.39	(+) 0.63
1997-98	7.19	6.87	(-) 0.32	24.70	22.55	(-) 2.15	31.89	29.42	(-) 2.47
1998-99	2.90	2.86	(-) 0.04	34.96	31.14	(-) 3.82	37.86	34.00	(-) 3.86
1999-00	3.12	3.07	(-) 0.05	32.80	24.06	(-) 8.74	35.92	27.12	(-) 8.79
2000-01	1.10	--	(-) 1.10	35.04	29.77	(-) 5.27	36.14	29.77	(-) 6.37
Total	**15.31**	**13.78**	**(-) 1.53**	**148.26**	**128.93**	**(-) 19.33**	**163.57**	**142.71**	**(-)20.86**

3.1.6 The plan provision was mainly for the implementation of the scheme and fully funded by Government of India and Non-Plan provision was for pay and allowances, contingencies etc. to be met from State finances.

3.1.7 Out of the total grants of Rs.1.64 crore provided by the Central and State Government from 1996-97 to 2000-01 the department had spent Rs.1.43 crore during the above period and leaving unutilized grant of Rs.20.86 lakh (Central Grant Rs. 1.53 lakh and State Grant Rs.19.33 lakh) till March 2001. It was stated (June 2001) that the unutilized grants were due to transfer of surplus B C G Technicians to Anti-Malaria Section of Directorate of Health Services, Panaji in April 1998. Further one post of Health Officer attached to this programme was shifted to Primary Health Centre, Sanquelim in the year 2001.

3.1.8 The state Government is having a T B Hospital at Margao under the control of the Director of Health Services, Panaji. The entire expenditure of

♣ The figures in the above table were taken from Detailed Appropriation Account of the Government of Goa

the hospital was met from the State funds. The budget provision and expenditure incurred by the above hospital during 1996-97 to 2000-01 was as under:

TABLE 3.2

Year	Plan Expenditure			Non-Plan expenditure			Total expenditure		
	Budget provision	Expen-diture	Excess(+) Savings (-)	Budget provision	Expen-diture	Excess(+) Savings(-)	Budget provision	Expen-diture	Excess(+) Savings(-)
	(Rupees in lakh)								
1996-97	9.87	9.20	(-) 0.67	82.12	82.86	(+) 0.74	91.99	92.06	(+) 0.07
1997-98	12.05	11.22	(-) 0.83	88.30	85.91	(-) 2.39	100.35	97.13	(-) 3.22
1998-99	15.80	14.11	(-) 1.69	116.11	115.13	(-) 0.98	131.91	129.24	(-) 2.67
1999-00	15.70	13.52	(-) 2.18	115.40	115.10	(-) 0.30	131.10	128.62	(-) 2.48
2000-01	17.15	11.54	(-) 5.61	125.49	93.92	(-) 31.57	142.64	105.46	(-) 37.18
Total	70.57	59.59	(-) 10.98	527.42	492.92	(-) 34.50	597.99	552.51	(-) 45.48

3.1.9 It was noticed that out of Rs.5.27 crore provided by the State Government during 1996-97 to 2000-01, the department had spent Rs.4.93 crore during the above period leaving unspent grant of Rs.34.50 lakh as on 31 March 2001. It was stated in June 2001 that savings were due to vacancies of various posts.

Under-utilization of bed strength of T B Hospital, Margao

3.1.10 T B Hospital, Margao is functioning since pre liberation days (i.e. 1961) with bed strength of 160 patients. Subsequently (May 2001) 30 beds were earmarked exclusively for Drug Detoxification Centre Ward (DDC). The actual occupancy of bed strength was 60 to 70 patients per month on an average. This had resulted in under-utilization of hospital infrastructure. It was stated by the Medical Superintendent of the T B Hospital (June 2001) that patients preferred to be treated under domiciliary treatment rather than hospitalization. Secondly due to short course chemotherapy there were fewer complicated cases of empyema, hydropneumo thorax etc. and 30 beds were given (May 2001) for Drug Detoxification Centre (DDC) ward. Despite transfer of 30 beds for DDC ward still there remained 130 beds and occupancies thereof ranged between 46 to 54 per cent only.

Targets and achievements of the programme

3.1.11 The tuberculosis patients (T B) are detected either originally or after reference from referral centers with the help of sputum examination and x-rays. Once the patient is identified as positive, treatment is given immediately.

The treatment renders the patients non-infectious within 3 months and the minimum period of treatment is one year.

3.1.12 The targets and achievements under case detection, case treatment and cases discharge during 1996-97 to 2000-01 were as under:

TABLE 3.3

Year	Case detection		Case treatment		Case discharged	
	Target	Achie-vement	Target	Achie-vement♣	Target	Achie-vement♣
	(In numbers)					
1996-97	2000	2867	2000	3222	2000	1475
1997-98	1844	2866	1844	2321	1844	1199
1998-99	1874	2649	1874	2822	1874	1620
1999-00	1874	2306	1874	2498	1874	1448
2000-01	1874	2443	1874	2647	1874	1453

3.1.13 Audit scrutiny revealed that the average detection of T B cases during 1996-97 to 2000-01 was for 2626 cases per year, against which target prescribed was for 1893 T B cases. Accordingly the target prescribed is on lower side and has no relevance to actual detection of T B cases. The targets are required to be prescribed on the basis of survey and on realistic basis considering actual achievements and prevalence of disease. The prescription of lower targets for detection and treatment has resulted in exhibition of higher achievements viz. 123 per cent to 161 per cent. However the percentage of achievement of target under cases discharged is very less during 1996-97 to 2000-01 and is ranging from 65 per cent to 86 per cent.

Defaulters

3.1.14 The position of defaulter T B patients during 1996-97 to 2000-01 was as under:

TABLE 3.4

Year	No. of patients treated	No. of defaulters	Percentage of defaulters
	(In numbers)		
1996-97	3222	1756	55
1997-98	2321	1409	61
1998-99	2822	1916	68
1999-00	2498	1165	47
2000-01	2447	1117	46
Total	13310	7363	

3.1.15 The audit scrutiny of Primary Health Centres and hospitals revealed that there were average 55 per cent defaulters as compared to number of patients treated who have not availed of continuous treatment. Further their

♣ Covers backlog of patients uncured.

addresses were not properly noted in the treatment cards. As a result defaulters could not be contacted for continuation of treatment. It was noticed that the percentage of patients discontinuing regular treatment was extremely high. This is a very serous matter because all the patients discontinuing T B treatment become potential carriers of the disease and it will only spread the disease further rather than controlling effectively the spread of disease. All the expenditure on the medicines supplied to the discontinuing patients and other laboratory expenditure on them has become infructuous. Roughly calculated, the expenditure on these patients is Rs.382.37 lakh. It is therefore recommended that the State Government should take extreme care while registering the patients in recording full details of the patients including the address, telephone number etc. so that they could be traced out and persuaded to complete the treatment without which the society will be further endangered.

Monitoring and evaluation

3.1.16 The programme is monitored by monthly and quarterly progress reports. The National Tuberculosis Institute, Bangalore had observed from the quarterly reports of the programme that improvement in sputum examination and establishment of District Tuberculosis Centre in South Goa District were required. Evaluation of the programme is yet to be carried out to assess its impact.

3.2 National Programme for the Control of Blindness

The National Programme for Control of Blindness (NPCB) was launched by the Government of India in 1976. NPCB is introduced in the State of Goa in 1981 as a 100 percent centrally sponsored scheme. The targets prescribed were not realistic and based on assessment/survey during 1996-2001. The unspent grant of Rs.6.16 lakh was not refunded or adjusted from the release of grants. Further evaluation of the programme was not carried out to ensure effective implementation.

Highlights

- **Unspent grant of Rs.6.16 lakh was not refunded or adjusted from the release of grants.**

  (Paragraph 3.2.7)

- **Targets prescribed were not realistic and based on assessment/survey.**

  (Paragraph 3.2.8, 3.2.9)

- **NPCB programme did not cover population of 1.63 lakh out of 11.69 population of Goa State due to shortage of staff.**

  (Paragraph 3.2.10)

- **Mobile unit was not functioning during 1996-97 to 2000-2001 depriving door treatment to the needy and poor.**

  (Paragraph 3.2.11)

- **NPCB training was not given to the ophthalmic staff during 1996-97 to 2000-01.**

  (Paragraph 3.2.12)

- **Evaluation of the programme was not carried out to ensure effective implementation.**

  (Paragraph 3.2.14)

Introduction

3.2.1 The National Programme for Control of Blindness (NPCB) was launched by the Government of India in the year 1976 as a 100 per cent Centrally Sponsored Programme with the aim to reduce blindness from 1.4 per

cent to 0.3 per cent population by 2000 AD by providing eye-care facilities at Primary Health Centres (Primary Level), District Hospitals (Secondary Level), mobile unit and teaching institutions like Goa Medical College. The programme was introduced in the State in 1981.

Organizational set up

3.2.2 The programme is implemented under the overall supervision of the Director of Health Services, Panaji. The Chief Medical Officer is the Programme Officer and is assisted by three ophthalmic surgeons at two District Hospitals and one Community Health Centre and one District Blindness Control Society (DBCS) and 16 ophthalmic Assistants attached to 14 Primary Health Centres. Further Goa Medical College (GMC) with operation theatre facilities carrying out all cataract and other eye surgeries.

Audit Coverage

3.2.3 A review of the implementation of the programme in the State was conducted during April to June 2001 with the test check of records maintained at the Directorate of Health Services, Panaji, Chief Medical Officer, Ophthalmic Cell (NPCB), Panaji, 2 District Hospitals at Margao and Mapusa, 1 Community Health Centre at Ponda and Six Primary Health Centres at Chinchinim, Cortalim, Betki, Corlim, Candolim and Bicholim, covering 33 per cent expenditure under the programme in the state.

Financial performance

3.2.4 The budget provision and expenditure incurred under Plan and Non-Plan schemes of NPCB during 1996-97 to 2000-01 was as under:

TABLE 3.5

Year	Plan			Non-Plan			Total		
	Budget Provision	Expenditure	Excess(+) Savings(-)	Budget Provision	Expenditure	Excess(+) Savings(-)	Budget Provision	Expenditure	Excess(+) Savings(-)
	(Rupees in lakh)								
1996-97	6.11	5.76	(-) 0.35	16.24	16.00	(-) 0.24	22.35	21.76	(-) 0.59
1997-98	8.11	7.34	(-) 0.77	20.42	20.01	(-) 0.41	28.53	27.35	(-) 1.18
1998-99	7.45	7.02	(-) 0.43	21.10	18.82	(-) 2.28	28.55	25.84	(-) 2.71
1999-00	9.15	8.58	(-) 0.57	21.30	21.75	(+) 0.45	30.45	30.33	(-) 0.12
2000-01	8.07	4.61	(-) 3.46	26.13	19.54	(-) 6.59	34.20	24.15	(-) 10.05
Total	38.89	33.31	(-) 5.58	105.19	96.12	(-) 9.07	144.08	129.43	(-) 14.65

(Source: ***Appropriation Accounts of Government of Goa***)

3.2.5 The expenditure against plan to be financed by Government of India was mainly for the implementation of the programme and non-plan was for pay and allowances, contingencies etc. to be met out of State's own resources.

3.2.6 It was noticed that during the year 1996-97 to 2000-01 the department received total grants of Rs.1.44 crore from the State Government, out of which it spent Rs.1.29 crore and balance of Rs.14.65 lakh were not utilized till 31 March 2001. It was stated in May 2001 that grants were not utilized due to retirement of 3 ophthalmic assistants and one statistical assistant.

3.2.7 There was budget grant of Rs.1.44 crore during 1996-97 to 2000-01. This amount included a central assistance of Rs.0.39 crore in cash against which an amount of Rs.0.33 crore was spent leaving adjusted balance of Rs.0.06 crore. The department stated that unspent balance would be adjusted in future grants.

Target and Achievement – Cataract Surgery

3.2.8 The main aim of the programme was to reduce the blindness from 1.4 per cent to 0.3 per cent population by 2000 AD. The number of cataract operations proposed and actually performed during 1996-97 to 2001-01 were as under:

TABLE 3.6

Year	No. of DBCS in the state	No. of cataract surgery proposed/targeted in the year	No. of cataract surgery actually performed in the year	Percentage of achievement
(In numbers)				
1996-97	1	5000	4093	82
1997-98	1	5600	4767	85
1998-99	1	5600	4472	80
1999-00	1	6500	4743	73
2000-01	1	6750	5000	74
Total		**29450**	**23075**	

3.2.9 It was noticed that as against 29450 cataract surgeries targeted during 1996-97 to 2000-01, 23075 surgeries were actually performed during the above period. The percentage of achievement ranged from 73 per cent in the year 1999-2000 to 85 per cent in 1997-98. The targets prescribed were not based on the assessment/survey. The same was required to be fixed on actual conditions. Further there was no follow up of cataract operations to ensure success of operations done. It was stated (June 2001) that there was no gross shortfall in achievement of the target during the above period. The departmental contention cannot be accepted in audit as targets were required to be fixed on prevailing health situations and follow up action was felt necessary to ensure satisfactory results of operations already done to assess whether the objectives of reduction in blindness from 1.4 per cent to 0.3 per

cent was achieved. The department stated that survey would be conducted to find out blindness cases in future.

Non-coverage of population for programme

3.2.10 It was noticed that the Primary Health Centre, Corlim was not sending progress reports of NPCB to the Chief Medical Office, NPCB, Panaji since November 1999 on the grounds of non-availability of required staff. This had resulted in not providing benefits of the programme to 0.73 lakh population of Corlim Primary Health Centre during November 1999 to June 2001. Further population of 0.90 lakh was also not covered due to shortage of 3 Ophthalmic Assistants at Pernem, Valpoi and Bicholim.

Non-functioning of Mobile Unit

3.2.11 The Ophthalmic Cell was having one mobile unit since 1981 under its control. This unit was entrusted with the work of conducting cataract surgery and treatment at camps in Goa. The mobile unit consisted of one Ophthalmic Surgeon, one Ophthalmic Assistant, one Nurse and one Driver. It was noticed in audit that this mobile unit was not functioning since 1996. The department stated that cost effectiveness in cataract surgery was better in base hospitals than in field hospital and people of Goa are fully aware of intra-ocular lens implantation for cataract surgery and prefer this to the previous techniques. It was further stated that services of mobile unit were utilized for mini camps held at various Primary Health Centres to cater to the needy public patients. The reply furnished was not tenable as only 25 mini camps were held during 1998-99 as verified from the log book of mobile van. Further two mega camps at Community Health Centre and District Hospitals and one at Goa Medical College were held during 1997-98 and 1998-99. Thus the mobile van and staff concerned were not fully utilized for purpose for which they were intended.

Training under National Programme for Control of Blindness

3.2.12 As per the National Programme for Control of Blindness, the training to eye surgeons in Intra-ocular lens surgency (IOL) was given by Director General of Health Services, Ministry of Health and Family Welfare. Similarly at District level training was to be given to health workers, ophthalmic assistants, operation theatre assistants etc. It was noticed that three surgeons attached to the District Hospitals, one Jr. Surgeon attached to Community Health Centre at Canacona and 19 Ophthalmic Assistants, Health workers, Nurses, Operation Theatre Assistants attached to Primary Health Centres were not trained.

Non-utilization of grants of District Blindness Control Socieity

3.2.13 The District Blindness Control Society (DBCS) had received central grants of Rs.12.53 lakh (including unspent balance of Rs.2.88 lakh brought over from earlier year) from Ministry of Health and Family Welfare, New Delhi during 1996-97 to 2000-01 for utilization in eye camps, purchase of medicines, intra-ocular lens transplantation, spectacles and for routine cataract surgery done at Goa Medical College for needy patients. The DBCS had spent an amount of Rs.8.47 lakh leaving a balance of Rs.4.06 lakh to be spent as on March 2001. It was stated in July 2001 that balance amount could not be utilized in 2001-02.

Evaluation

3.2.14 Monitoring of the programme was done by sending monthly, quarterly returns to the Director General of Health Services, New Delhi. However, it was noticed in audit that the monitoring of the programme was however restricted to the performance of cataract operations only. Further no evaluation was undertaken to ensure effective implementation of the programme and the results thereof for remedial action. The department stated that no evaluation was done at any time between the period 1996-97 to 2001 by the State Government or any agency appointed by State. The department however not furnished any reasons (June 2001) for not having done the evaluation.

3.2.15 The matter was reported to Government in July 2001 and their reply has not been received (January 2002).