CHAPTER – III : CIVIL DEPARTMENTS
SECTION – A - REVIEW

HEALTH AND FAMILY WELFARE DEPARTMENT

3.1 Prevention and Control of Diseases

Highlights

The review highlights failure of the State Government to utilise Central assistance of Rs.1.44 crore (National TB Control Programme – Rs.0.20 crore, National Programme for Control of Blindness – Rs.0.40 crore and National Aids Control Programme – Rs.0.84 crore), non-implementation of Revised strategy for National Tuberculosis Control Programme (RNTCP), non-establishment of eye bank, unnecessary blockade of fund, shortfall in achievement of targets fixed for different components of these programme and lack of proper monitoring of implementation of these programmes.

Against total releases of Rs.5.03 crore (Rs.0.27 crore RNTCP, Rs.0.58 crore NPCB and Rs.4.18 crore NACP) by the Government of India, Rs.3.59 crore were utilised during 1996-2001 leaving Rs.1.44 crore (29 *per cent*) unspent.

(Paragraph 3.1.4 to 3.1.10)

Under RNTCP, none of the 4 DTCs could start functioning due to delay in formation of societies.

(Paragraph 3.1.6)

Under NTCP, in 7 out of 13 districts in the State, no DTCs were established. Even the 6 functional DTCs were not provided with all the essential equipment.

(Paragraph 3.1.17 to 3.1.19)

Unproductive expenditure of Rs.8.71 lakh due to non-functioning of the State TB Training Demonstration Centre at Naharlagun.

(Paragraph 3.1.21 & 3.1.22)

Nine districts with a population of 5.45 lakh were deprived of the benefit of district mobile eye units (DMUs) due to non-appointment of eye specialist etc. for 4 districts and non-sanctioning of the DMUs for 5 districts.

(Paragraph 3.1.27)

Shortfall in achievement in cataract surgery during 1996-2001 varied from 35 to 73 *per cent*.

(Paragraph 3.1.32)

No eye bank was established either in the Government sector nor by NGOs.

(Paragraph 3.1.39)

Unnecessary locking up of fund of Rs.13.00 lakh for purchase of 6500 wall clocks for distribution/display to different hostels/schools prior to selection of NGO.

(Paragraph 3.1.57)

Doubtful expenditure of Rs.7.19 lakh for procurement of consumables, reagents etc.

(Paragraph 3.1.64 & 3.1.65)

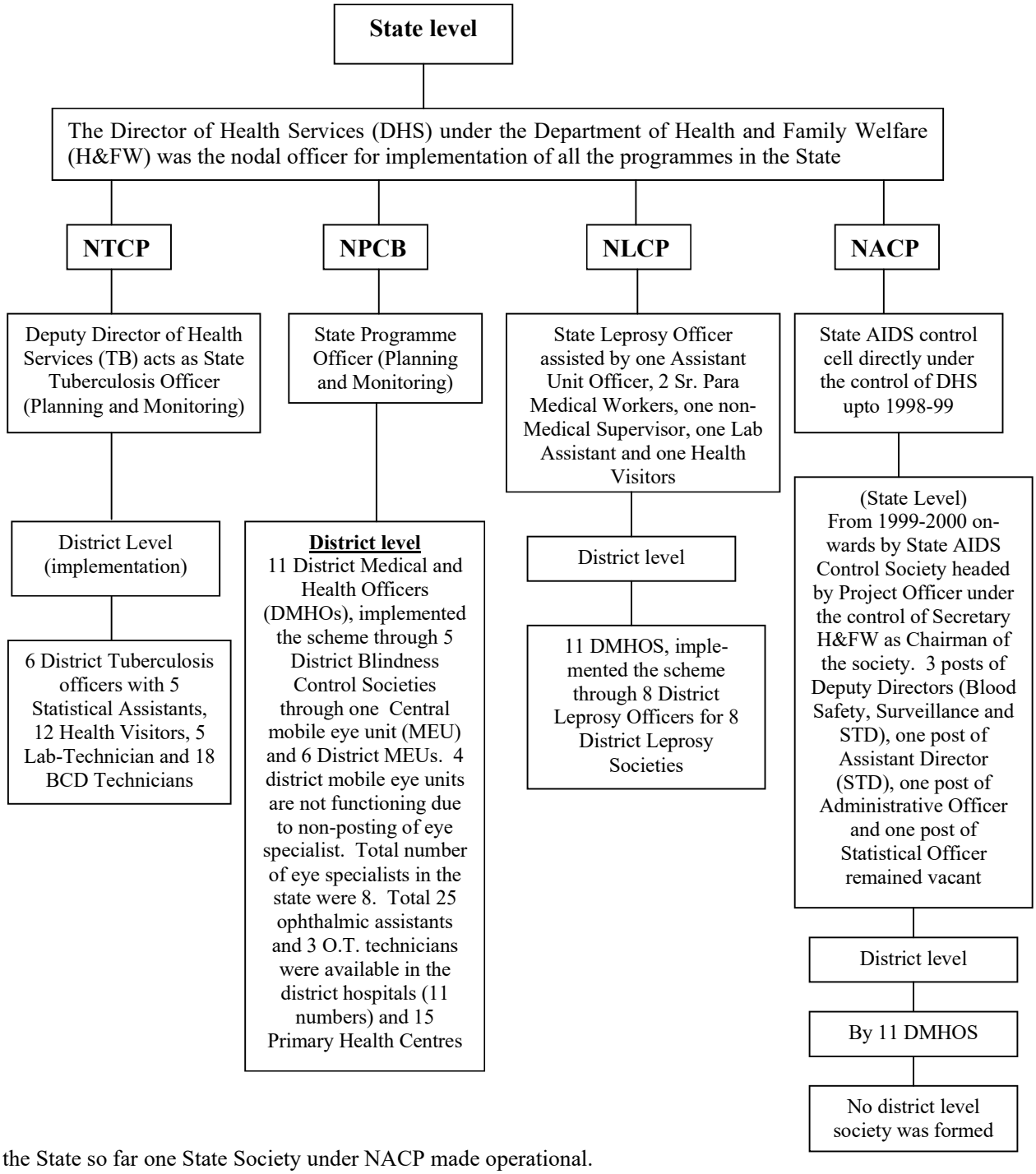
Introduction

3.1.1 Of many public health hazards encountered by the country the 4 diseases, viz. Tuberculosis (TB), Blindness, Leprosy and Acquired Immune Deficiency Syndrome (AIDS) have caused tremendous socio-economic problem to the country. The objective of the National TB Control Programme (NTCP) had been implemented in the state since 1996-97 with the aim to detect the disease amongst the population and to treat them for the remedy. The National Programme for Control of Blindness (NPCB) was launched in the state in 1981-82 with the aim to reduce incidence of blindness from 1.4 *per cent* to 0.3 *per cent* of the population by 2000 AD by providing eye care service to the community. The thrust of the National Leprosy Control Programme (NLCP) launched in the state in the middle part of 1981, was to reduce the cases to less than one per 10,000 population by the year 2000 AD, by way of early detection and prompt treatment. The objective of National AIDS Control Programme (NACP) introduced by the Government of India in 1992, was mainly to combat spread of HIV infection. The programme was implemented in the state from 1992.

Organisational set up

3.1.2 The organisational structure for implementation of the programmes is detailed below:-

Chart – 3.1



In the State so far one State Society under NACP made operational.
The State Society under RNTCP has not yet started functioning.

Audit Coverage

3.1.3 The implementation of the Prevention and Control of Diseases Programmes (National TB Control Programme, NPCB, NLEP and NACP) during 1996-97 to 2000-2001 were reviewed during February-April 2001 based on test-check of records of the DDHS(TB), Naharlagun, 3 out of 6 DTOs (East Siang, West Kameng and West Siang), 3 DTCs (Bomdila, Along and Pasighat) and ISTCS (Naharlagun), SPO, Naharlagun and 3 DBCS at Pasighat, Along and Bomdila, SLO, Naharlagun and 4 DLS (Naharlagun, Pasighat, Bomdila and Along), SPO-SACC and Project Director-APSACS, 2 STD clinics and blood banks attached to two general hospitals at Naharlagun and Pasighat and covered 66 *per cent* (Rs.565.73 lakh) of total expenditure (Rs.862.41 lakh) under 4 programme during 1996-2001. Important points noticed are discussed in succeeding paragraphs.

Finance

3.1.4 Implementation of NACP in the state was financed entirely by the Government of India (GOI) while for the remaining 3 programmes viz. NTCP, NPCB and NLCP the state efforts were supplemented by assistance rendered in cash or kind by the GOI. With the formation of societies under the four programmes, central cash assistance was released directly to the societies for implementation of specified activities while central assistance in kind or cash for development of infrastructure continued to be released to the state government. The actual expenditure under the programmes from state side and out of the central assistance as furnished by the department and as appeared in the annual accounts prepared by the societies during the period 1996-97 to 2000-2001 are given in **Appendix-XVI**. The following points were noticed:-

Central assistance remained unutilised

3.1.5 It would be seen from **Appendix-XVI** that unutilised Central assistance at the end of 2000-01 was to the tune of Rs.1.44 crore {RNTCP – Rs.0.20 crore (4 societies), NPCB – Rs.0.40 crore and NACP – Rs.0.84 crore}against a cash grant of Rs.5.03 crore received during the 5 years period ended March 2001.

3.1.6 In respect of RNTCP unutilised balance of Rs.20.43 lakh Central assistance: Rs.19.78 lakh and interest earned on bank deposit (Rs.0.65 lakh) by the 4 test checked societies (STCS, Naharlagun and 3 DTCs at Pasighat, Along and Bomdila) during the period from 1998-99 to 2000-01 was mainly due to non-encashment of bank drafts (Rs.13.55 lakh) by the DTCs at Along and Bomdila and the balance of Rs.6.88 lakh was retained by the STCS, Naharlagun for utilisation for payment of salaries of contractual staff. These 4 DTCs also could not start functioning due to delay in formation of societies and non-encashment of bank drafts.

3.1.7 The unutilised central assistance of Rs.40.60 lakh (Rs.58.35 lakh – Rs.17.75 lakh) with Government under NPCB during 1996-2000 ranged

between 27 and 65 *per cent* of the total fund released. The state government, however, had not assigned any reason for non-release of central assistance amounting to Rs.12.10 lakh to the State Project Officer (SPO) for implementation of the programme. Out of Rs.12.10 lakh, Rs.8.22 lakh remained unutilised under sub head "State Ophthalmic Cell" alone during 1996-2000.

3.1.8 In respect of NACP it was seen that at the end of operational period of the programme under phase-I (upto 31.3.1999), a total amount of Rs.32.39 lakh out of Central assistance of Rs.1.59 crore provided during 1996-97 to 1998-99 remained unutilised with the state government due to non-release of the amount to the State AIDS Control Cell (SACC). It was also noticed that in addition to Rs.32.39 lakh, the state government also retained another amount of Rs.16.49 lakh, being the unutilised balance of Central assistance pertaining to earlier periods from 1992-93 to 1995-96 and which has already been pointed out in paragraph 3.4 of the Audit Report of the Comptroller and Auditor General of India for the year ended 31st March 1996. Further, as per guidelines under Phase-II of the programme, unutilised balance of Central assistance which remained with the SPO/state government was to be transferred to the PD-APSACS for utilisation under Phase-II. The state government, however, had not transferred Rs.48.88 lakh as of April 2001. The reasons for under utilisation of Central assistance by the societies had not been ascertained by the State programme officer.

Expenditure not regularised

3.1.9 The position of Central assistance received along with additional fund mobilised by interest earned on bank deposit, Public donations etc. and expenditure incurred against 3 test checked DBCS (Pasighat, Along and Bomdila) out of 5* DBCS in the state during 1996-2001 appear in **Appendix-XVI**.

3.1.10 It can be seen from **Appendix-XVI** that no Central assistance was provided to any of the three test checked societies during 2000-2001 and the reason thereof was not on record. The annual quantum of Central assistance of Rs.3.00 lakh for societies was determined (January 1993) by Government of India such as (i) For Contractual remuneration for DBCS-Rs.0.60 lakh (ii) For Consumables for cataract surgery-Rs.1.50 lakh (iii) For Secretariat assistance and POL – Rs.0.40 lakh and (iv) Contingencies – Rs.0.50 lakh.

3.1.11 From the details of actual expenditure (as given below) in respect of two societies (Pasighat and Along) it was, noticed that the expenditure was not regulated as per prescribed norm.

* Pasighat, Along, Bomdila, Khonsa and Tawang.

Table – 3.1

Society	Year	Contractual remunera-tion	Consuma-bles for cataract surgery	Secretariat assistance and POL	Contin-gency	IEC	Total
		(Rupees in lakh)					
Pasighat	1997-98	Nil	1.69	0.34	0.72	0.17	2.92
	1998-99	0.12	3.19	0.28	0.06	0.07	3.72
Along	1998-99	Nil	2.64	0.07	0.28	...	2.99
	1999-2000	Nil	2.10	0.37	...	0.94	3.41

Source :- From the Department

3.1.12 The reasons for short release of Central assistance to Pasighat society during 1997-98 and Along society during 1998-99 was neither available on record nor stated (March 2001). However, in all cases, expenditure under the component "Consumable for cataract surgery" exceeded the amount fixed under the norm to the extent of 13 to 113 *per cent.* The excess expenditure was mainly met from savings available under other components. The reasons for deviation were not on record.

Diversion of fund for construction of buildings/barracks etc.

3.1.13 In respect of NLCP, the percentage of unutilised balances at the end of each year during 1996-97 to 2000-2001 varied from 14 to 54 *per cent*. The Assistant Unit Officer (AUO), Leprosy stated (March 2001) that savings occurred due to late release of fund by GOI.

3.1.14 As per guidelines issued by the Director General of Health and Services (DGHS) Ministry of Family Welfare – New Delhi during 1994, there was no provision for incurring expenditure on construction/minor works out of the Central assistance provided to the societies. Test check (March 2001) of annual accounts of the societies revealed that 4 societies viz, Bomdila (Rs.0.40 lakh), Tezu (Rs. 3.72 lakh), Naharlagun (Rs.3.40 lakh) and Along (Rs.0.56 lakh) had irregularly spent a sum of Rs.8.08 lakh on construction of buildings/Barracks, etc. during 1996-97 to 1999-2000 without obtaining the approval of the GOI. The unauthorised expenditure led to diversion of funds.

Implementation

(a) National Tuberculosis Control Programme

3.1.15 Under the NTCP, a District TB Centre (DTC) in every district and a TB unit at sub district level in association with all the existing medical and health institution is to be established.

3.1.16 The programme is being implemented in the state by only 6 DTCs (Bomdila, Tezu, Deomali, Ziro, Pasighat and Along) under the control of 6 DTOs with the help of Peripheral Health Institutions (PHI) including PHCs and CHCs at sub-district (rural) level. The service of PHIs was utilised as Microscopic Centre (MC), X-ray Centre (XC) and Referral Centre (RC). No separate TB unit as contemplated under the programme was established at sub-district (rural) level.

In seven out of thirteen districts in the State, no separate DTCs were established and the functional DTCs were not provided with the essential equipment

3.1.17 In 7 out of 13 districts in the state, separate DTCs as per provision of the programme guidelines have neither been established and no reason had been assigned thereof. As a result, people/TB patients of these districts were deprived of the facility of District TB centre. Even the existing 6 DTCs (Bomdila, Tezu, Pasighat, Ziro, Deomali and Along) were not provided with essential equipment though the DTC wise requirement of equipment and vehicles were one X-ray unit, 2 Microscope, 1 vehicle (Maruti Gypsy) and 1 Odelca Camera with X-ray film (1 with 10 rolls) for each district.

3.1.18 The newly established DTC at Along (1996) was not yet provided with a vehicle while the existing vehicles of the other 5 DTCs supplied during the year from 1980 to 1994, were not in good condition. 2 vehicles of DTCs Pasighat and Deomali were beyond economic repair and were withdrawn from road from January 1996.

3.1.19 The Director General of Health Services, New Delhi was therefore requested (January 1996) by the DHS-AP to supply the required equipment and vehicles to 6 DTCs. The equipment and vehicles, however, had not been supplied by the DGHS till April 2001 despite reminder in June 1997.

Twenty eight centres were not functioning for want of microscope, MOs and Lab. Technicians etc.

3.1.20 From the records of the three test checked DTCs (Bomdila, Pasighat and Along) it was seen that out of 53 centres {Bomdila-21 (MC**-5, XC-4, RC-12), Pasighat-18 (MC-10, XC-3, RC-5) and Along-14 (MC-3, XC-4 and RC-7)}, 28 centres {Bomdila-8 (MC-3, RC-5) Pasighat-12 (MC-7, RC-5) and Along-8 (MC-1, RC-5 and XC-2)} were not functioning from 1996-97 due to non-availability of microscopes, non-posting of MOs and laboratory technicians etc. These 28 centres therefore had not carried out any activities under NTCP. The exact number of total population affected due to non-functioning of the centres was not available on record but under 10 non-functional MCs (3 under DTC, Bomdila and 7 under DTC, Pasighat) total population involved was 52,603. The State Programme Officer (SPO) had not

** MC=Microscopic Centres
XC=X-Ray Centres
RC=Referral Centres

taken up the matter with the Government to make the 28 centres functional and the reason thereof was not furnished.

Unproductive expenditure due to non-functioning of State TB Training and Demonstration Centre

3.1.21 In terms of provision of NTCP guidelines, one State TB centre otherwise known as State TB Training and Demonstration Centre (STBTDC) was to be established in each state for imparting training and re-orientation to the personal engaged in the TB Control Programme, organising seminars and re-orientation training courses for general health services personal, private practitioners etc. and for conducting epidemiological and laboratory studies essential for the TB programme.

3.1.22 Accordingly, one STBTDC was established at Naharlagun in November 1997 at a cost of Rs.8.71 lakh through funds provided by the state government. It was, however, noticed that except holding 2 days refresher training course on two occasions in October 1997 and October 2000 for training 40 TB health staff of different disciplines, the building was not put to use and remained idle. The DDHS (TB) (March 2001) informed that the centre could not be put to use for want of equipment such as X-ray units, Odelca Camera with X-ray films, microscope, vehicle and staff. As the centre was near non-functional, the investment of Rs.8.71 lakh remained unproductive.

Performance

Detection of new TB cases by sputum examination

3.1.23 Achievements vis-à-vis targets in respect of detection of new TB cases by sputum examination in TB clinics under DTCs and different Peripheral Health Institution (PHIS) including PHCs/CHCs were indicated in **Appendix-XVII**.

3.1.24 For detection of new TB cases, it was found that the achievements were far higher than the targets set and there were no reasons on record, nor could be stated by the SPO. The setting of the target were not realistic. The reason for abrupt reduction of targets for new sputum examination during the year 1999-2000 and 2000-01 was attributable to non-functioning of 28 centres for want of equipment and staff. However, it was seen that the percentage of annual rate of new sputum examination with reference to population covered during the period from 1996-97 to 2000-01 were in the decreasing trend and it varied from 1.18 to 0.40 and the percentage of annual rate of patient cure with reference to TB cases detected was also in the lower side and it ranged from 8.32 to 20.21 only. The annual prevalence rates of TB per 100 population in the state with reference to new sputum examination and Sputum+ve detected were in the increasing trend and it varied from 4.85 to 7.24 during the period from 1996-97 to 2000-01 which indicates an unfavourable impact of the measure taken. Similarly, a reduction in new case detection rate indicated a reduction in coverage of case detection.

Treatment

3.1.25 As per information made available to audit by the SPO, the number of TB cases brought under treatment and number of TB cases discharged after completion of treatment were indicated in **Appendix-XVIII**.

3.1.26 The percentage of old and new cases and number of patients discharged each year could not be assessed as the information in respect of the number of old cases brought under treatment each year was not available on the records of the SPO.

(b) National Programme for Control of Blindness (NPCB)

Nine districts with a population of 5.45 lakh were deprived of the benefit of mobile eye service

3.1.27 According to 1991 census, the total population in the 13 districts of the state stood at 8.65 lakh. To provide eye care services to the people of 13 districts in the state, one Central Mobile Unit (CMU) at Naharlagun under Papumpare district and 6 District Mobile Eye Units (DMUs) were created between 1985-86 and 1999-2000. The details of expenditure on creation of these units were not available on records, but only 2 DMUs in respect of Tirap and West Siang districts were functioning. The remaining four DMUs in the districts of East Kameng, Upper Subansiri, Dibang Valley and Changlang remained non-functional due to non-appointment of eye specialists and Para-Medical Opthalmic Assistants (PMOAs) by the state government. The DMUs for the other five districts viz. West Kameng, Tawang, Lower Subansiri, Lohit and Upper Siang have not yet been sanctioned and the reasons thereof were not stated (April 2001). As a result, benefit of mobile eye service could not be extended to a large section of the population numbering 5.45 lakh under nine districts as on date (March 2001). Similarly, against 2 general hospitals and 11 districts hospitals, eye specialists are available only in 2 general hospitals and 4 districts hospitals.

Implementation

Plan of Action

3.1.28 On scrutiny of records of three test checked DBCS (Pasighat, Along and Bomdila), it was noticed that no plan of action for all the activities (cataract surgery, screening for refractive errors and provision of spectacles, eye Health Education including Ocular injuries and Rehabilitation of incurably blind) was prepared annually. None of the DBCS had furnished any reasons for this omission. Thus, in the absence of proper plan of action there was no scope to assess how far the objectives of the programme were achieved by each society per year.

3.1.29 The details of activities connected with the 4 components carried out by the societies and shortcoming noticed therein were as under :

Cataract Surgery

3.1.30 As per strategies adopted under NPCB, cataract operations were performed mainly in permanent hospitals i.e. two general hospitals and four district hospitals (Along, Khonsa, Yingkiong and Tawang) equipped with ward and theatre facilities and partly by holding camps either in well equipped PHCs/CHCs or through improvised wards/theatre at camp sites. Under three test checked districts only two CHCs at Basar and Likabali in the district of West Siang were used as camp sites.

3.1.31 The details of cataract operations done at permanent hospitals and at camps during 1996-97 to 2000-2001 appear in **Appendix-XIX**.

Shortfall in achievement in cataract surgery during 1996-2001 ranged from 35 to 73 per cent at Permanent Hospitals

3.1.32 It was seen from **Appendix-XIX** that the shortfall in achievement of target of cataract operations during 1996-97 to 2000-2001 ranged from 35 to 73 *per cent*. The SPO in his reply on shortfall stated (April 2001) that the annual target for cataract operation for the state as fixed by Government of India was too high considering limitations of inaccessible terrain, lack of communications, shortage of ophthalmic manpower, lack of motivation of backward tribal people etc. The SPO however, had not furnished any reason for downward trend of performance of operation during the last two years as compared to the earlier three years. The basis on which targets were fixed by Government of India was not available on record nor could be furnished by the SPO. The SPO also stated that the matter regarding reduction of annual target for cataract operation was already taken up with Government of India at the level of state government (April 1998) but the reaction of Government of India was not yet made known.

Only 12 eye camps were held during 1996-2001 and 9706 patients were checked

3.1.33 No target for holding eye camps was fixed either by Government of India or by the state government. Achievement in respect of eye camps held, patients checked etc. are shown in the **Appendix-XIX**.

3.1.34 During the period of five years from 1996-97 to 2000-2001, 12 eye camps were held in the state and 9706 patients were checked which constitutes only 1.12 *per cent* of the total population (8,64,558) of the state. The reasons for poor performance in holding eye camps and patients checked were attributed by the SPO, NPCB due to poor infrastructure and inadequate provision of funds.

Spectacles were not provided to 141 confirmed cases of refractive errors for want of fund under screening for refractive errors and provision of spectacles

3.1.35 The records relating to information of the number of cases of vision screening done by the DBCS for the state as a whole for the period from 1996-97 to 2000-2001 were not maintained. Records of three test checked DBCSs also showed that this activity was undertaken in limited cases, confined mainly to school children without making the activity a regular item of the annual plan of DBCSs.

3.1.36 The details of activities carried out by three DBCSs during 1996-97 to 2000-01 appear in **Appendix-XX**.

3.1.37 Three DBCS carried out 2809 nos of screening for refractive errors during 1996-97 to 2000-01 which constituted a testing of only 0.96 *per cent* of the population in the three districts. It was further noticed that in respect of 219 confirmed cases of refractive errors spectacles could be provided to only 78 school children. Performance of the three societies in respect of screening for refractive errors and provision of free spectacles was poor.

Services of 80 trained teachers were not utilised under Eye Health Education/Information, Education and Communication (IEC)

3.1.38 IEC activities include identification and motivation of potential beneficiaries through educating voluntary groups, teachers and other relevant persons. Scrutiny of records showed that 80 teachers (Along-53, Bomdila-27) out of 2282 teachers available in the three test checked districts were trained in matters of eye screening during the last five years from 1996-97 to 2000-01. No indication was however, available on record to show that the trained teachers had rendered any service in the matter of identification and motivation of potential beneficiaries and no reasons had been furnished (December 2001).

Other Connected Activities

No eye bank was developed either at Government sector or at the level of NGO

3.1.39 There is no eye bank in the state. The SPO stated that due to fund constraints and non-receipt of any response from NGOs, an eye bank could not be developed as yet. In the absence of any eye bank in the state, the observance of National Fortnight on Eye Donation and holding of radio talks on the subject year after year did not generate the response required.

(c) National Leprosy Eradication Programme

Non-preparation of Annual Action Plan (AAP)

3.1.40 On scrutiny of records of 4 test-checked* District Leprosy Societies (DLS), it was seen that none of these societies had prepared any AAP for the years from 1996-97 to 1999-2000. It was stated by the Assistant Unit Officer (AUO) Leprosy of DLS Naharlagun that AAP could not be prepared for want of expert person while the other 3 DLS had not furnished any reason for non-preparation of AAPs. In the absence of the AAPs, shortfall if any, in respect of training imparted, IEC activity etc., during 1996-2000 could not be verified in audit.

Target and achievement of case detection/survey, examination etc.

3.1.41 The targets of new case detection, cases brought under treatment and cases to be discharged were fixed by the GOI. Details of cases actually detected, treated and discharged and population covered by enumeration and examination each year during 1996-97 to 2000-2001 are shown in **Appendix-XXI**.

Objective of the programme was not achieved

3.1.42 On the basis of annual prevalence rate of Leprosy per 10,000 population in Arunachal Pradesh as furnished by State Leprosy Officer (March 2001), the target for new case detection should have been fixed by GOI. But the targets for new case detection and new cases brought under treatment as fixed by the Ministry of Health and Family Welfare Department, (Leprosy Division) New Delhi remained more or less static in all the years during 1996-97 to 2000-2001 and was far below achievements reported. The basis of target fixation by GOI were not on record but the achievements clearly represented that the targets set were unrealistic.

3.1.43 Hence, the objective of the programme to eradicate leprosy by 2000 AD by reducing case load to less than 1 per 10,000 population was not achieved by the state as the prevalence rate even at the end of March 2001 remained 2.05 per 10,000 population.

Mobile Leprosy Treatment Units (MLTU)

Performance of MLTUs in the 4 societies could not be verified in Audit for non-maintenance of record

3.1.44 As per guidelines, each MLTU will remain in the field for 10-12 days in a month at a stretch making night halt at different pre-identified places. The MLTU will diagnose new patients and provide Multi-Drug Therapy (MDT) Service to them and also to the defaulters (those who had not taken complete treatment).

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* Naharlagun, West Siang, West Kameng and East Kameng

3.1.45 It was noticed that out of 13 districts, only 4 districts (East Siang, West Siang, West Kameng and East Kameng) were tested as moderately endemic districts while the remaining 9 districts were classified as low endemic districts. As per norms laid down, 2 MLTUs were permitted for each moderately endemic districts and one MLTU for each low endemic district. There are 8 MLTUs functioning at the District Headquarters at Khonsa, Pasighat, Along, Tawang, Changlang, Tezu, Naharlagun and Bomdila which cater to the need of the whole state. Of these, Pasighat, Along and Bomdila though falls under category of moderately endemic, no second MLTU was created for these districts so far.

3.1.46 On scrutiny (March-April 2001) of records of 4 societies test checked, it was found that none of the societies had maintained any record showing the pre-identified places to be visited by MLTU, quantity of medicines distributed in each visit, number of patients treated and defaulters searched out. In the absence of records, performance of MLTUs in the 4 societies could not be verified in audit.

3.1.47 However, test-check of log books of the vehicles used for MLTU services in respect of DLO Bomdila and DLO Along revealed that none of the vehicle was utilised by the respective DLOs to perform the required 120 days of duty in a year and the shortfall in respect of MLTU services in the two districts (Bomdila – 89 to 209 days and Along – 75 to 336 days) ranged between 63 and 95 *per cent*. The societies had not stated the reasons for shortfall.

Misutilisation of GOI fund due to non-maintenance of records

3.1.48 As per guidelines, incentives were payable to the MLTU staff engaged under the programme while attending additional duties under multi-drug regimen. Scrutiny of annual accounts of the 4 test checked societies*** revealed that an amount of Rs.5.69 lakh was paid as incentive to the staff during 1996-2001, but none of the Society could however, justify these payments as no records in support of additional duties performed by the MLTUs staff were available. The payment of incentive of Rs.5.69 lakh was irregular and GOI funds were misutilised.

(d) National Aids Control Programme

3.1.49 Implementation of NACP under its different operational components is discussed below:-

*** (i) Divisional Leprosy Society Subansiri, Naharlagun (Rs.1.88 lakh), (ii) District Leprosy Society, West Siang, Along (Rs.2.37 lakh), (iii) District Leprosy Society East and West Kameng, Bomdila (Rs.0.76 lakh), (iv) District Leprosy Society, East Siang, Pasighat (Rs.0.68 lakh).

Programme Management

3.1.50 As per information made available to audit, out of 18 posts of different categories sanctioned by GOI under the NACP, only 7 posts (4 posts under SAAC and 3 posts under APSACS) were filled up till April 2001 leaving 11 posts vacant (**Appendix – XXII**). It was also noticed that the vacant posts were advertised in newspapers only as recently in February 2001 and no further progress in the matter of selection and appointment of staff against these vacant posts was made till April 2001. Thus delay in appointment of required staff had affected the activities connected with IEC, VCT, blood bank, blood testing and monitoring/evaluation of the programme in particular.

Priority Targeted Intervention (PTI) for groups at high risk

3.1.51 The project aims to reduce the spread of HIV in groups at high risk by introducing target population and providing counselling, condom promotion, treatment of STIS* and client programme. The identification of Commercial Sex Workers (CSWs), Truck Drivers (TDs), Injecting Drug Users (IDUs) etc. has not been made in the state either by the SAAC or APSACS during 1996-2001 and no specific allotment of fund for the component was made by NACO.

Condom delivery system

3.1.52 During the period from 1996-97 to 1999-2000, only 40,000 Nirodhs (condoms) valued Rs.0.10 lakh were received by the Society from NACO for distribution to the population at subsidised rate of Rs.2/- for a packet of 5 pieces of condoms through NGOs under social marketing. Till date (April 2001) the entire condoms received are in stock and the reasons for their non-distribution has not been stated (December 2001).

Preventive Intervention for the general community

3.1.53 Activities under this component are carried out under three separate sub-components as detailed below :-

Six Districts with a population of 3.28 lakh remained uncovered under FHACs programme

3.1.54 Against the Central assistance of Rs.99.68 lakh released during 1999-2000 to 2000-2001 for IEC activities, Rs.71.44 lakh was incurred on advertisement in newspapers/distribution of flags/banners and display of hoardings on the occasion of World's AIDS day (WAD), procurement of materials etc. and the balance of Rs.28.24 lakh remained unutilised.

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* STIS : Sexually transmitted infections

3.1.55 The main IEC activity was done by holding two Family Health Awareness Campaigns (FHACs) – one in December 1999 at a cost of Rs.27.25 lakh by covering 7 districts (East Siang, West Siang, Lohit, West and East Kameng, Papumpare and Tirap districts) out of 13 districts of the state. As a result, 6 districts (Dibang Valley, Changlang, Tawang, Lower and Upper Subansiri and Upper Siang districts) with a population of 3.28 lakh remained uncovered by this programme. Though there was no fund constraint, the reasons for not covering the remaining 6 districts under FHAC were not furnished by the Society.

3.1.56 Again, 12 districts (except Dibang Valley) were covered in June 2000 under second FHAC and a total amount of Rs.27.28 lakh was spent but Dibang Valley was not covered even under this FHAC. Out of 12 DMOs, 6 DMOs had not submitted to the Society utilisation certificates in respect of cash grant of Rs.12.20 lakh till December 2001.

Unnecessary locking up of fund of Rs.13 lakh due to procurement of 6,500 Wall Clocks far in advance of requirement

3.1.57 Scrutiny of records of the society revealed that 6,500 wall clocks being a part of IEC material were procured (April 2000) from a Guwahati based firm at a cost of Rs.13.00 lakh for distribution/display/in different hotels/schools through NGOs. It was, however, noticed from the stock register that the materials were lying with the Society undistributed due to non-fulfilment of terms and conditions stipulated in the guidelines by the 4 NGOs selected (November 2000) by the Society for the purpose. The procurement of IEC materials was not justified and resulted in unnecessary blockade of Rs.13.00 lakh for the last one year.

3.1.58 In another case, it was also noticed that 12 sets* of Public Announcement Systems were procured (September 2000) by the Society from a local firm at a cost of Rs.3.91 lakh for distribution to 12 DMOs. Out of 12 sets only 2 sets were issued (December 2000) to 2 DMOs (Seppa and Pasighat) while the remaining 10 sets valued Rs.3.25 lakh were lying undistributed without any recorded reason. On cross check of records of DMO-Pasighat, it was noticed that the PA system could not be used for IEC activities due to non-supply of cables for the system by the Society. Non-distribution of 10 sets immediately after receipt also indicated that there was inflated projection of needs.

Providing Voluntary Testing and Counselling (VTC)

3.1.59 On scrutiny of records (March – April 2001) of the Society, it was seen that during the period from 1996-97 to 2000-2001, no specific fund for the purpose was allotted by NACO and consequently activities contemplated under VTC were not undertaken in the state.

* Each set consist of Amplifier with Tape Deck, Microphone stand, Microphone tiepin, Speaker and Cable speaker

Reduce transmission of AIDS by blood transfusion and occupational exposure

Functional status of the BBs

3.1.60 Under Government Sector, in Arunachal Pradesh there are two Blood Banks (BBs) attached to the two General Hospitals (GH) at Naharlagun and Pasighat. The Society, however, had not taken any action for their upgradation and modernisation.

3.1.61 Test-check of records revealed that the BB at Naharlagun General Hospital was not functioning since June 1996 as out of two refrigerators, one was received in a defective condition from NACO in 1995 and the other went out of order from June 1996. Repair and replacement of the same was not undertaken as of April 2001. Besides, two Elisa Readers supplied to it by NACO in July 1992 for conducting Human Immune Deficiency Virus (HIV) tests were installed after lapse of 4 years in July 1996 due to non-deployment of service engineer in time by NACO. BB at General Hospital, Pasighat though established in 1998, actually started functioning from February 2001. The specific reason for delay in making the BB functional was not on record.

3.1.62 In the absence of any target, shortfall if any, regarding blood tests conducted by the two BBs could not be ascertained in audit. It was, however, noticed from the records of General Hospital, Pasighat that during 1996-99, 3 types of Blood tests (HIV Rapid, VDRL and HBSAG) were not carried out for a period ranging from 3 to 12 months due to shortage/inadequate supply of test kits. The details are indicated in **Appendix-XXIII**.

Non accountal/ shortage of eight test kits due to incorrect maintenance of stock book by the Society

3.1.63 The SACC/APSACS received 68 Rapid test and 18 Elisa test kits from NACO during the period from 1996-97 to 2000-01. It was also noticed that out of 68, 53 test kits and all the 18 Elisa test kits were issued by the APSACS to different District Hospitals during the aforesaid period. Number of test kits issued to BB-Naharlagun and BB-Pasighat were 33 (Rapid-28 and Elisa-5) and 22 (Rapid-15 and Elisa-7) respectively. Against the undistributed 15 Rapid test kits which should have been available in the stock of APSACS, only 7 test kits were reflected in the stock book. The reason for non-accountal/shortage of remaining 8 test kits could not be explained by the APSACS. Further it was noticed from the stock register that 2 out of the 22 Rapid test kits received on 13-04-1998 had lost their shelf life on the date of receipt and thus 200 tests could not be conducted (each kit contains 100 test tubes).

Doubtful utilisation of consumables, reagents and chemicals for want of proper maintenance of records

3.1.64 As per norms fixed under modernisation of BBs by NACO, major BBs and District BBs were to be provided with consumable, reagents and chemicals etc. valued at Rs.2.00 lakh and Rs.1.25 lakh respectively each year.

3.1.65 As per information available on record (**Appendix-XXIV**) consumables etc. valued at Rs.8.80 lakh, out of Rs.16.40 lakh procured by APSACS during August 1999 to September 2000, were shown as issued to GH-Naharlagun (Rs.4.43 lakh), BB-Pasighat (Rs.4.22 lakh) and District Hospitals Tezu (Rs.0.15 lakh) and the balance material of Rs.7.60 lakh (Rs.16.40 lakh – Rs.8.80 lakh) were still lying with the Society (April 2001). A cross check of records of GH-Naharlagun and GH-Pasighat, however, revealed that materials valued at Rs.1.61 lakh (BB-Naharlagun – Rs.0.88 lakh and BB-Pasighat – Rs.0.73 lakh) only were received and utilised by them. On a query, Medical Officers in charge of these two hospitals had also confirmed the non-receipt of balance materials valued Rs.7.04 lakh (Rs.3.55 lakh + Rs.3.49 lakh). The position of consumables etc. in respect of DH-Tezu, however, could not be ascertained as the Society could not produce any receipt/issue voucher acknowledging the receipt of materials worth Rs.0.15 lakh. Thus, the utilisation of consumables, reagents and chemicals valued at Rs.7.19 lakh (Rs.7.04 lakh + Rs.0.15 lakh) remained doubtful. The matter was neither investigated by the Society nor any action taken.

STI/HIV/AIDS Sentinel Surveillance

3.1.66 Sentinel Surveillance was conducted in two surveillance centre established at General Hospital, Naharlagun and Pasighat during the period from August 1999 to October 1999 and from August 2000 to October 2000 by screening 482 Anti Natal cases (GH-Naharlagun-258 cases, GH-Pasighat-224 cases) and 524 STD clinics attenders (GH-Naharlagun-276 cases, GH-Pasighat-248 cases) and 1 case of HIV positive was detected but there was nothing on record to ascertain the fate of the case and the reason thereof had not been furnished. In the absence of any target, shortfall, if any, in sentinel surveillance could not be ascertained in audit. STI surveillance through specific survey and behaviour surveillance survey were not conducted during 1996-2001. AIDS case surveillance was done during the period January-October 2000 in the two GHs at Naharlagun and Pasighat but there was no report of any AIDS case or AIDS death during this period. The SACC however, had not initiated any action for collection of Syndromic based information from the peripheral health institutions for reasons not on record. There was, therefore, no co-ordination between the AIDS society and the District medical authority regarding collection of samples in respect of suspected AIDS cases from the CHC/PHC in the districts.

Three STD clinics remained non-functional for want of medicines

3.1.67 As per Annual Action Plan (AAP), for the year 1999-2000, 4 STD clinics at DH-Along, GH-Pasighat, DH-Tezu and DH-Khonsa were to be constructed and for this purpose Rs.2.00 lakh was provided to each DMO during March 2000. STD clinics at GH-Pasighat, Tezu and Along were completed between May 2000 and November 2000 at a cost of Rs.6.00 lakh but the same could not be made functional due to non-supply of medicines. The construction of the STD clinic at Khonsa is yet to be completed.

Fictitious payment due to non-receipt of STD medicines

3.1.68 Scrutiny of stock and issue register of medicines of the APSACS revealed that sexually transmitted diseases (STD) medicines (**Appendix-XXV**) valued at Rs.7.40 lakh were procured from a Guwahati based supplier during September 1999 and March 2000 and the entire quantity was shown as issued to two STD clinics at General Hospital-Naharlagun (Rs.3.76 lakh) and DH-Tawang (Rs.3.64 lakh). But in support of issue, no issue or receipt vouchers could be produced to Audit. On cross verification of records of STD clinics at GH-Naharlagun which was located in the same station and from the FAX message (April 2000) from DMO, Tawang it was confirmed that no STD medicines were received by these hospitals. The expenditure of Rs.7.40 lakh was thus fictitious.

3.1.69 It was stated by the Project Director, APSACS that medicines were procured at the approved rate of the state government during 1999-2000. On scrutiny of rates paid to the suppliers (M/s Top P'Cols-Guwahati) along with the rate fixed by the Government, it was noticed that in 8 cases, the rates paid were higher than the approved rates which resulted in an excess payment of Rs.0.97 lakh as shown in **Appendix-XXV**. No action has been initiated by the Society to recover the overpaid amount from the supplier.

Training

3.1.70 Five training courses on AIDS programme were held at Naharlagun during the period from February 2000 to July 2000 at a cost of Rs.1.77 lakh. In connection with procurement of training materials the following irregularities were noticed.

Irregular procurement of training materials and idle outlay of materials

3.1.71 On scrutiny of sanctions accorded by the PD/SAPO it was seen that training modules such as Books etc. valued at Rs.7.99 lakh were procured in February 2000 but payment was made by obtaining 4 separate bills of Rs.1,99,836 each from the supplier. Splitting up of orders was deliberately resorted by the PD/SAPO to avoid sanction from Chairman of EC, as the financial power of PD/SAPO in the matter of purchases was Rs.2 lakh at a time for number of works in the same time. The irregular procurement of training modules has not yet been regularised.

3.1.72 Besides, there was no urgency of training materials as the time schedule for training of Paramedical staff was neither fixed nor organised as of April 2001. Consequently these training modules were lying unused in stock. Thus the amount of Rs.7.99 lakh was unnecessarily blocked for a period of more than 14 months from February 2000 to April 2001.

Non-submission of utilisation certificate by the Non-Government Voluntary Organisation (NGO)

3.1.73 It was seen that grants amounting to Rs.10.83 lakh were paid to 6 NGOs (Dony Polo Mission, Naharlagun – Rs.4.98 lakh; Garo Welfare Association-Rs.4.90 lakh; Arunachal Medical Student Association-Rs.0.40 lakh; Gramin Bikash Kendra, Itanagar-Rs.0.15 lakh; Arunachal Pradesh Doctors Association, Naharlagun-Rs.0.10 lakh and Arunachal Medical Student Association, Naharlagun-Rs.0.30 lakh) by the then SACC during the period from 1996-97 to 1998-99 and by the society from 1999-2000 to 2000-2001. The necessary utilisation certificates for the amount had not yet been received from 6 NGOs. The Society had not initiated any action to get the UCs from the NGOs and the actual utilisation of the grant thus remained unassessed.

Other Topics

Doubtful Expenditure due to non-maintenance of proper records

3.1.74 Test-check of records (March-April 2001) of the APSACS, showed that under opportunistic infection, 19 items of medicines valued at Rs.5.13 lakh (as detailed in **Appendix-XXVI** were procured (March 2000) from a Guwahati based firm. As per entries in the stock book the entire procured quantities of medicines were shown as issued to the 5 DTOs (Along, Bomdila, Zero, Pasighat and Tezu) in March 2000 though there was no indent/demand from them. The details of receipt and issues appear in **Appendix-XXVI**. A cross verification of the stock book of 3 test checked DTOs (Along, Bomdila & Pasighat) and from information furnished from the other two DTOs, showed that no such medicines were received by them. Moreover, no record acknowledging receipt of the medicines by the concerned DTOs could be made available to audit by the Society. In the absence of any record in support of receipt of medicines by any of the DTOs, the genuineness of procurement and supply to DTOs of medicines worth Rs.5.13 lakh was doubtful.

Monitoring and Evaluation

3.1.75 Successful implementation of the programmes depend upon proper monitoring and inspection. No state level monitoring cell had been created either in the Directorate of Health Services or in the State Aids Control Society and no state level monitoring and supervision of the 4 programmes had ever been carried out. Similarly, at the district level no proper monitoring and supervision had been done. The function of the DHS and State AIDS Control Society remained limited to collection and compilation of reports and returns only, for onward submission to the GOI under the 4 programmes. Reports of AIDS cases prior to January 2000 and for the month from

November 2000 to March 2001 and sentinel surveillance reports for the period from December 2000 to March 2001 were not submitted to NACO (April 2001). The reasons for non-reporting of AIDS cases prior to January 2000 and delay in reporting for 6 months had not been stated by the Society. No evaluation of the programmes was conducted at any level to assess the overall impact on control of diseases.

3.1.76 The Programmes on NPCB and NTBCP failed to create any significant impact in the state due to numerous system deficiencies such as non-creation of adequate treatment facilities in all the districts, inadequate infrastructure facilities including technical man power, non-maintenance of data of blind people, non-creation of eye bank, incomplete treatment due to shortage of medicine and inadequate IEC activities etc.

3.1.77 The foregoing points were reported to the Government (July 2001); their reply has not been received (December 2001).

Recommendations

3.1.78 Unspent balance of funds under various programmes (RNTCP, NPCB and NACP) should be utilised immediately.

- State TB training and Demonstration Centre at Naharlagun and 4 DTCs under RNTCP may be made functional immediately.
- Eye Bank under NPCB may be established as early as possible.
- Each MLTU should perform the minimum days of field duty for 10 days in a month to reduce the case load to less than 1 per 10,000 population.
- The State Aids Control Society has to strengthen its monitoring and supervision activities by working in closer co-ordination with the district medical authorities.

APPENDIX-XVI

Statement showing funding position under NTPC, RNTPC, NPCB, NLEP & NACP

(Reference : Paragraph 3.1.4, 3.1.5, 3.1.9 & 3.1.10 at pages 32 & 33)

(Rupees in lakh)

Year	Opening balance	Budget allotment made by the State Govern-ment	Fund released by			Interest earned on bank deposit and other* / misc. receipts	Total fund available in cash	Expenditure	Excess(+)/Saving(-)	Closing balance	Central assistance short released (its percen-tage)	Value of kind received (Anti Leprosy Drug) and percentage of unutilised balance
			Central (GOI		State							
			In Cash	In kind								
1	2	3	4	5	6	7	8	9	10	11	12	13
National Tuberculosis Control Programme												
1996-97	-	-	-	9.25	13.00	-	13.00	13.00	-	-	-	-
1997-98	-	-	1.45	NA	11.00	-	12.45	12.45	-	-	-	-
1998-99	-	-	1.66	NA	11.00	-	12.66	12.66	-	-	-	-
1999-2000	-	-	2.38	NA	10.00	-	12.38	12.38	-	-	-	-
2000-2001	-	-	36.48	NA	10.00	-	46.48	46.48	-	-	-	-
Revised National Tuberculosis Programme												
1998-99	-	-	6.63	-	-	0.11	6.74	3.42	(-) 3.32	-	-	-
1999-2000	-	-	6.92	-	-	0.26	7.18	3.50	(-) 3.68	-	-	-
2000-2001	-	-	13.55	-	-	0.28	13.83	0.40	(-)13.43	-	-	-
Total	**-**	**-**	**27.10**	**-**	**-**	**0.65**	**27.75**	**7.32**	**(-)20.43**	**-**	**-**	**-**
National Programme for Control of Blindness (I)												
1996-97	-	11.18	15.31	-	-	-	-	11.18	-	-	4.13 (27)	-
1997-98	-	1.41	4.04	-	-	-	-	1.41	-	-	2.63 (65)	-
1998-99	-	2.50	4.50	-	-	-	-	2.50	-	-	2.00 (44)	-
1999-2000	-	2.66	6.00	-	-	-	-	2.66	-	-	3.34 (56)	-
2000-2001	-	NA	28.50	-	-	-	-	NA	-	-	NA	-
Total			**58.35**					**17.75**			**12.10 (21)**	

* Other/Miscellaneous receipts includes sale proceeds of condemned vehicle, sale proceeds of spare parts (obsolete), recovery of advances paid earlier year etc.

Source :- By the Department

(Rupees in lakh)

National Programme for Control of Blindness (II)												
1996-97	Nil	-	3.00	-	-	0.03	3.03	0.01	-	-	-	-
1997-98	3.02	-	-	-	-	0.10	3.12	2.90	-	-	-	-
1998-99	0.22	-	6.00	-	-	2.91	9.13	7.61	-	-	-	-
1999-2000	1.52	-	6.00	-	-	0.03	7.55	3.74	-	-	-	-
2000-2001	3.81	-	Nil	-	-	0.12	3.93	2.20	-	-	-	-
Total	**-**	**-**	**15.00**	**-**	**-**	**3.19**	**-**	**16.46**	**-**	**-**	**-**	**-**
National Leprosy Eradication Programme												
1996-97	39.60	-	89.93	-	-	1.80	131.33	89.86	41.47	-	-	21.00 (32)
1997-98	41.47	-	110.91	-	-	3.73	156.11	87.90	68.21	-	-	6.95 (44)
1998-99	68.21	-	142.28	-	-	3.86	214.35	115.84	98.51	-	-	7.00 (46)
1999-2000	98.51	-	33.00	-	-	4.14	135.65	116.86	18.79	-	-	4.50 (14)
2000-2001 (Decem-ber 2000)	18.79	-	81.78	-	-	0.22	100.79	46.70	54.09	-	-	2.25 (54)
Total			**457.90**	**-**	**-**	**13.75**	**-**	**457.16**	**-**	**-**	**-**	**41.70**
National Aids Control Programme												
1996-97	-	NA	80.00	-	-	-	-	63.72	(-) 16.28	-	-	-
1997-98	-	65.51	65.51	-	-	-	-	52.37	(-) 13.14	-	-	-
1998-99	-	13.14	13.14	-	-	-	-	10.17	(-) 2.97	-	-	-
Total	**-**	**78.65**	**158.65**	**-**	**-**	**-**	**-**	**126.26**	**(-) 32.39**	**-**	**-**	**-**
1999-2000	-	381.23	189.00	-	-	-	-	101.40	(-) 87.60	-	-	-
2000-2001	-	103.00	70.00	-	-	-	-	106.04	(+) 36.04	-	-	-
Total	**-**	**484.23**	**259.00**	**-**	**-**	**-**	**-**	**207.44**	**(-) 51.56**	**-**	**-**	**-**
Grand Total		**562.88**	**417.65**	**-**	**-**	**-**	**-**	**333.70**	**(-) 83.95**	**-**	**-**	**-**

Source :- From the Department

APPENDIX – XVII

Statement showing detection of new TB cases by sputum examination
(Reference: Paragraph 3.1.23 at page 36)

Year	Estimated Population (in lakh)	Detection of New TB cases			New Sputum Examination			Sputum + ve		Prevalance rate per 100 population
		Target	Achiev-ement	Rate %	Target	Achiev-ement	Perce ntage	Target	Achie-vemnt	
(Case in Number)										
1996-97	8.00	1500	3885	0.49	9000	9481	1.18	450	460	4.85
1997-98	8.50	1800	4675	0.55	10,000	9125	1.07	450	532	5.83
1998-99	9.00	1397	3963	0.41	15,525	7575	0.84	515	414	5.46
1999-2000	10.00	Target not fixed	2820	0.28	5240	7836	0.78	520	414	5.28
2000-2001 (upto Dec'2000)	11.00	-do-	2210	0.20	5960	4352	0.40	600	315	7.24

Source:- From the Department

APPENDIX– XVIII

Statement showing the number of TB cases brought under treatment and number of TB cases discharged

(Reference: Paragraph 3.1.25 at page 37)

Year	Number of cases brought under treatment		Number of cases discharged	Percentage with reference to new case detected
	Old cases	New cases		
1996-97	Not available with SPO	3885	437	11.24
1997-98	--do--	4675	389	8.32
1998-99	--do--	3963	418	10.55
1999-2000	--do--	2820	570	20.21
2000-2001 (up to December 2000)	--do--	2210	318	14.38

Source:- From the Department

APPENDIX – XIX

Statement showing cataract operations done at Permanent Hospitals (Reference: Paragraph 3.1.31, 3.1.32 & 3.1.33 at page 38)

Year	Target	Achievement	Shortfall and its Percentage
(Patients in number)			
1996-97	600	360	240(40)
1997-98	672	437	235(35)
1998-99	750	475	275(37)
1999-00	900	239	661(73)
2000-01	950	277	673(71)

(ii) At Eye Camps

Year	Number of eye camps held	Number of patients checked	Number of patients operated upon
1996-97	5	3824	160
1997-98	2	1334	43
1998-99	1	1250	38
1999-2000	2	1195	41
2000-2001	2	2103	74
Total	**12**	**9706**	**356**

Source:- From the Department

APPENDIX – XX

Statement showing the activities carried out by the three DBCS during 1996-2001

(Reference: Paragraph 3.1.36 at page 39)

DBCS	Year	Total population of the district as per 1991 census	Total school children of the district in respective year	Screenings done on		Refractive errors confirmed to		Free spectacles provided to	
(Figures in number)				People	School children (percen-tage to total children)	People	School children	People	School Children
Pasighat	1997-98 1998-99	71,864 --do--	21,288 --	43 25	35 (Negligible) --	-- --	19 --	-- --	11
Along	2000-01	89,936	10,652	--	1238 (12)	--	59	--	--
Bomdila	2000-01	56,421	10,960	--	1468 (13)	--	141	--	67
		2,90,085		**68**	**2741**		**219**		**78 (36%)**

Source:- From the Department

APPENDIX – XXI
Statement showing the target and achievement of case detection/survey, examination etc.

(Reference: Paragraph 3.1.41 at page 40)

Year	New Case detection		New cases brought under treatment		Cases discharged		Population enumerated/ surveyed		Population examined	
	Target	Achieve-ment	Target	Achieve-ment	Target	Achieve-ment	Target	Achieve-ment	Target	Achieve-ment
1996-97	100	151	100	151	100	187	Not fixed	149966	Not fixed	99802
1997-98	100	151	100	151	100	355	--do--	80738	--do--	72532
1998-99	100	322	100	322	100	232	--do--	783103	--do--	656513
1999-2000	100	191	100	191	350	339	--do--	129771	--do--	117829
2000-01 upto December 2000	80	94	80	94	250	107	--do--	1143578 11.44 lakh	--do--	946676 9.47 lakh

Source:- From the Department

APPENDIX - XXII

Statement showing details of staff position of State AIDS Control Society (Reference: Paragraph 3.1.50 at page 42)

Sl. No.	Post	Post prescribed by GOI	Post filled up	Date of filling up of Post
1.	Project Director	1	1	March 1999
2.	Dy. Director (STD)	1	Nil	
3.	Dy. Director (Safety)	1	Nil	
4.	Dy. Director (Surveillance)	1	Nil	
5.	Asstt. Director (STD)	1	Nil	
6.	Statistical Officer	1	Nil	
7.	Drug Inspector	1	1	January 1994
8.	Admn. Officer	1	Nil	
9.	Store Officer	1	Nil	
10.	Admn. Assistant	1	Nil	
11.	Personal Officer	1	Nil	
12.	Tech. Asstt. (BS)(GH)	1	1	1998
13.	Office Assistant (LDC)	1	1	1996
14.	Driver	1	1	January 1999
15.	Messenger	1	Nil	
16.	Finance Officer	1	1	February 2000
17.	Accountant	1	Nil	
18.	NGO Adviser	1	1	April 1999

Source:- From the Department

APPENDIX-XXIII

Statement showing details Blood tests could not be conducted by the General Hospital, Pasighat

(Reference: Paragraph 3.1.62 at page 44)

Year	Nature of test	Specific period during which test was not conducted
1996	HIV-Rapid	January to March and August to November (7 months)
	VDRL	February to April and October (4 months)
	HBSAG	January to December (12 months)
1997	HIV-Rapid	May to July (3 months)
	VDRL	March to December (10 months)
	HBSAG	January to December (12 months)
1998	VDRL	May to August and December (5 months)
	HBSAG	January to August (8 months)
1999	VDRL	January to June (6 months)
	HBSAG	March to July (5 months)

Source:- From the Department

APPENDIX – XXIV

Statement showing the details of procurement of consumables, Reagents, Chemicals etc. by the AIDS Society, A.P. and materials issued and quantities actually received by the 3 Hospitals during 1999-2000 to 2000-2001.

(Reference: Paragraph 3.1.65 at page 45)

Name of Consumables	Quantity procured	Rate (Rs.)	Value (Rs.)	Quantity shown as issued (Date of issue not shown in the stock book)						Total quantity issued	Total value (Rs.)	Quantity actually received as per Stock Book of the Hospital					
				GH-NLG		GH-PSG		Tezu				GH-NLG		GH-PSG		Tezu	
				Quantity	Value (Rs)	Quantity	Value (Rs)	Quantity	Value (Rs)			Quan-tity	Value(Rs)	Quan-tity	Value(Rs)	Quan-tity	Value(Rs)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Cotton Rolls	173 Rolls	70.20	12,145.00	61 Rolls	4282.00	61 Rolls	4282.00	1 Roll	70.20	123 Rolls	8635.00	10 Rolls	702.00	10 Rolls	702.00	1 Roll	70.20
Sodium Hydrochloride	50 litres	487/- pl	24350.00	22L	10714.00	18L	8766.00	10L	4870.00	50L	24350.00	Nil	Nil	Nil	Nil	Nil	4870.00
Leno Plast Adhesive Bandage	42 Nos	100/-	4200.00	10 Nos.	1000.00	10 Nos	1000.00	-	-	20	2000.00	10	1000.00	Nil	Nil	-	-
Normal Salime Bottle	150 Nos	17.15	2573.00	50 Nos	858.00	50 Nos	858.00	-	-	100	1715.00	50	858.00	Nil	Nil	-	-
Disposal Syringe 10 ml	31,000 Nos	5.75	178250.00	10,000	57500.00	10,000	57500.00	-	-	20,000	115000.00	Nil	Nil	Nil	Nil	-	-
VDRL Kits	59 kits	662.48	39086.00	36	23849.00	20	13250.00	3	1987.00	59	39086.00	15	9937.00	Nil	Nil	3	1987.00
Blood Grouping Arigen	50 kits	795.60	39780.00	30	23868.00	20	15912.00	Nil	Nil	50	39780.00	16	12730.00	10	7956.00	-	-
Blood Bags	1000 Nos	70.72	70720.00	500	35360.00	500	35360.00	-	-	1000	70720.00	600	42432.00	300	21216.00	-	-
Disposable Syringes 5 ml	101960 Nos	5/-	509800.00	23280	116400.00	23280	1,16,400	400	2000.00	46960	234800.00	3000	15000.00	2400	12000.00	400	2000.00
Disposable Syringes 2 ml	95000 Nos	4.30	408500.00	20000	86000.00	20000	86000.00	-	-	40000	172000.00	Not received	Nil	No received	Nil	-	-
Disposable Gloves 6”	12020 pairs	9/-	108180.00	2510	22590.00	2510	22590.00	500	4500	5520	49680.00	30 pairs	270.00	Nil	Nil	500	4500.00
Disposable Gloves 6½”	10520 pairs	9/-	94680.00	2010	18090.00	2010	18090.00	-	-	4020	36180.00	Nil	Nil	Nil	Nil	-	-
Disposable Gloves 7”	10520pairs	9/-	94680.00	2010	18090.00	2010	18090.00	-	-	4020	36180.00	Nil	Nil	10	90.00	-	-
Test tubes	880 Nos	4.50	3960.00	344	1548.00	344	1548.00	200	900.00	888	3996.00	Nil	Nil	Nil	Nil	200	900.00
Test Tube Stand	14 Nos	450/- each	6300.00	6	2700.00	6	2700.00	2	900.00	14	6300.00	Nil	Nil	NII	NII	2	900.00
Spirit 450 ml	10 bottles	80 per bottle	800.00	5	400.00	2	160.00	-	-	7	560.00	5	400.00	Nil	NII	-	-
-do-	153 bottles	60.45	9249.00	51 philes	3083.00	51 philes	3083.00	1	6045	103	6226.00	Nil	Nil	Nil	Nil	1	60.45
Anti Hepatitis-B Test Kits	10 kits	2917.20	29172.00	5	14586	5	14586	-	-	10	29172.00	1 kit	2917.20	10 kits	29172.00	-	-
Marking Pen	12 Nos	25/-	300.00	6	150.00	6	150.00	-	-	12	300.00	6	150.00	5	125.00	-	-
Steel bucket for solution dissolving	4 Nos	775/-	3100.00	2	1550.00	2	1550.00	-	-	4	3100.00	2	1550.00	2	1550.00	-	-
Pasteur Peffette	60 Nos	Not indicated	-	20	-	20	-	20	-	60	-	-	-	-	-	20	-
Filter paper	3 Pkt.	-do-	-	1	-	1	-	1	-	3	-	-	-	-	-	1	-
Total			1639825.00		442618.00		421875.00		15287.00		879780.00		87946.00		72811.00		15287.00

G.H = General Hospital
NLG = Naharlagun
PSG = Pasighat
Source:-From the Department

APPENDIX –XXV

Statement showing fictitious procurement/issue of medicines to STD clinic and hospital-Naharlagun and Tawang (1999-2000)

(Reference: Paragraph 3.1.68 & 3.1.69 at page 46)

Name of Medicines	When supplied	Quantity procured and shown as issued but not received by		Rate paid per tablets/vials etc. (Rs.)	Value (Rs.)	Rate was to be* paid (Rs.)	Excess payment made (Rs.)
		GH-Naharlagun	GH-Tawang				
Ciprofloxacin 250 mg	STD	2000 tablets	2000 tablets	5.94	23,760	2.87	12,280
	Hospital	5000 tablets	5000 tablets	5.57	55,700		27,000
Norfloxacine 88 mg	STD	2000 tablets	2000 tablets	9.60	38,400	1.73	31,480
	Hospital	10,000 tablets	10,000 tablets	1.73	34,600		--
Doxycline 100 mg	STD	1000 tablets	1000 tablets	5.20	10,400	2.19	6020
	Hospital	5000 tablets	5000 tablets	2.19	21,900		
Tetracycline 500 mg	STD	1198 tablets	1198 tablets	2.80	6,708	0.88	4600
	Hospital	10,000 tablets	10,000 tablets	0.88	17,600		
Metronidazole 400 mg	STD	2000 tablets	2000 tablets	0.96	3,840	0.67	1160
	Hospital	10,000 tablets	10,000 tablets	0.51	10,200		
Inj. Kanamycine 200 mg	STD	500 Vials	500 Vials	29.12	29,120	--	--
	Hospital	1250 Vials	1250 Vials	29.12	72,800		
Erythromycine 500 mg	STD	2000 Vials	2000 Vials	4.50	18,000	--	--
	Hospital	10,000 Vials	10,000 Vials	2.49	49,800		
Inj. Benzyyol Penicillin 24 lees.	STD	500 Vials	500 Vials	21.74	21,740	15.60	6140
	Hospital	2500 Vials	2500 Vials	17.41	87,050	17.10	
Trimenthroprium tablets	STD	1000 tablets	1000 tablets	3.80	7,600	1.20	5200
	Hospital	10,000 tablets	10,000 tablets	1.20	24,000		
Cotrimazole vez tablets	STD	500 tablets	500 tablets	5.42	5,420	2.66	2760
	Hospital	2500 tablets	2500 tablets	2.66	13,300		
Cotrimazole skin oint.	STD	300 tablets	300 tablets	18.00	10,800	--	--
	Hospital	750 tablets	750 tablets	22.75	34,125		
Flucolozole 150 mg (Singcedose)	STD	300 tablets	300 tablets	32.00	19,200		
	Hospital	1000 tablets	1000 tablets	20.48	40,960		
Gamma Bwgethomocloride 1%	STD	100 Philes	100 Philes	13.28	2,656		
	Hospital	--	--	--	--	--	--
B.B. Lotion 25%	STD	188 Philes	168 Philes	7.00	2,492		
	Hospital	750 Philes	750 Philes	9.64	14,460		
Needle destroyer with Syrings	STD	--	--	--	--		
	Hospital	6	4	6375	63,750		
				Total	**7,40,381**		**96,640**

Value of medicines and needle destroyer shown as supplied to STD/Hospital Naharlagun Rs.3,76 lakh
STD Clinic/hospital Tawang Rs.3.64 lakh
Total Rs.7.40 lakh

*As per approved rate of the Government of Arunachal Pradesh – H & F.W. Itanagar
Source:- From the Department

APPENDIX – XXVI

Statement showing procurement of medicines shown as issued to District TB Officers (DTO) and non receipt of the drugs by DTOs under opportunistic Infections

(Reference : Paragraph 3.1.74 at page 47)

Name of Medicine	Name of suppliers	Supply order no. and date	Rate paid Rs.	Quantity	Amount paid Rs.	Shown as issued in stock register shown Nil balance				
						DTO Along	DTO Bomdila	DTO Ziro	DTO Pasighat	DTO Tezu
Ethambutal 200 mg Tablets	M/s Yamini drugs Distributor	YDD/25/A 29-3-2000	0.59	10,000	5,900	2000	2000	2000	2000	2000
Ethambutal 400 mg Tablets	-do-	-do-	1.23	10,000	12,300	2000	2000	2000	2000	2000
Ethambutal 800 mg tablets	-do-	-do-	2.34	10,000	23,400	2000	2000	2000	2000	2000
1 NH 100 mg Tablets	-do-	-do-	153.50 per 100 tab	50,000	76,750	10,000	10,000	10,000	10,000	10,000
I NH 200 mg	-do-	-do-	426.70 per 1000 tab	50,000	21,335	10,000	10,000	10,000	10,000	10,000
Pyrazonomide tab 300 mg	-do-	-do-	2.20	10,000	22,000	2000	2000	2000	2000	2000
Pyrazonomide 750 mg	-do-	-do-	3.55	10,000	35,500	2000	2000	2000	2000	2000
Rifampicin 300 mg Cap)	-do-	-do-	3.45	20,000	69,000	4000	4000	4000	4000	4000
Rifampicin 450 mg (Cap)	-do-	-do-	4.87	10,000	48,700	2000	2000	2000	2000	2000
Inj. Streptomycin 750 mg	-do-	-do-	4.73	10,000 Vials	47,300	2000	2000	2000	2000	2000
Nalidixic Acid IP 500 mg Tab.	-do-	-do-	3.06	4000	12,240	800	800	800	800	800
Nalidixic Acid 30 nul suspension	-do-	-do-	13.64	2,500 ph	34,100	500	500	500	500	500
Metronidazole 400 mg tab.	-do-	-do-	0.30	20,000	6,000	4000	4000	4000	4000	4000
Inj. Metronidazole 150 mg 100 ml	-do-	-do-	0.51	20,000	10,200	4000	4000	4000	4000	4000
Furazolodine 100 mg	-do-	-do-	12.15	2000	24,300	400	400	400	400	400
Suspension Furazolodine 60 ml	-do-	-do-	0.20	20,000	4,000	4000	4000	4000	4000	4000
Vitamin $B_1 + B_6 + B_{12}$ tab	-do-	-do-	5.64	10,000	56,400	2000	2000	2000	2000	2000
	-do-	-do-	0.18	20,000	3,600	4000	4000	4000	4000	4000

Total Rs.5,13,025.00

Source:- From the Department