HEALTH AND FAMILY WELFARE DEPARTMENT

Programme for prevention and control of diseases

National Blindness Control Programme

National Blindness Control Programme (NBCP) a Centrally Sponsored Scheme was launched in Assam in 1978 to prevent and reduce the incidence of blindness amongst visually impaired and other vulnerable groups of population. A review of the programme through test-check of records indicated that funds were diverted for payment of salary and other purposes and had not been utilised for the earmarked programme activities. Low performance of cataract operations, lack of infrastructure in PHCs/CHCs/Hospitals, non-imparting of training, absence of motivation, counselling and spread of information, lack of proper planning and monitoring and poor financial discipline were the other main reasons for which the programme could not achieve any significant reduction of blindness.

Highlights

-- Central grant of Rs.1.57 crore out of Rs.1.59 crore remained unutilised during 1996-97 to 2000-2001 besides non-utilisation of Rs.86.57 lakh out of the grants of Rs.1.57 crore released by Government of India during 1992-93 to 1995-96.

-- Funds provided during 1996-2001 by Government of India for development of district hospitals, PHCs, Mobile Ophthalmic Units and construction of eye wards (Rs.16 lakh), operation theatres (Rs.60 lakh) in the districts, IEC (Rs.19 lakh); Renovations and Furnishing (Rs.18 lakh) were not utilised for the purpose.

-- Records showing number of cases where vision was restored/not restored after surgery, screening of patients for refractive errors, provision for spectacles and rehabilitation of incurably blind were not maintained.

Introduction

3.17 The National Blindness Control Programme, (NBCP) a 100 per cent Centrally Sponsored Scheme was launched in Assam since 1978. The objective of the scheme was to reduce the incidence of blindness from 1.4 per cent to 0.3 per cent by the end of 2000 AD. The strategy of the programme was (a) establishing permanent infrastructure of community oriented eye health care;(b) augmentation of ophthalmic services in a manner that relief can be given to the community in the shortest possible time; and (c) dissemination of information about eye care through mass communication with particular emphasis on ocular health among children and other vulnerable groups.

Organisational set up

3.18 The work of organising and monitoring the implementation of the programme is vested with the State Ophthalmic Cell under the direct supervision of Director of Health Services (DHS). He is assisted by Joint Director of Health Services (Jt. DHS), Ophthalmology as Programme Officer. The programme is implemented through 3 Medical Colleges[•*], 2 Central Mobile Ophthalmic Units, 10 District Hospitals, 3 Districts Mobile Ophthalmic Units and 190 Primary Health Centres (PHCs) under the jurisdiction of Jt. DHS of districts. The programme is also implemented by 23 District Blindness Control Societies (DBCSs) established in 1994-95 under Societies Registration Act XXI of 1860, of which Deputy Commissioner and Jt. DHS of the districts were Chairman and Vice-Chairman respectively. District Project Manager (DPM) of the DBCS functions as Member Secretary of the Society.

Audit coverage

3.19 The records of DHS (State Ophthalmic Cell), Regional Institute of Ophthalmology (RIO) attached to Guwahati Medical College, Jt. DHS and DBCSs of Kamrup, Barpeta, Nagaon, Cachar, Karbi-Anglong and Golaghat districts for the period from 1996-97 to 2000-2001 were test-checked during January 2001 to June 2001. The review covered 67 per cent of the total Programme expenditure.

Financial arrangement

3.20 As per information furnished to audit by DHS and verification of the records of Jt. DHS (Ophthalmology) position of funds and expenditure during 1996-97 to 2000-2001 was as indicated below:

(Rupees in crore)

Year	Final grants/ Appropriations			Funds released by GOI to GOA	Expenditure						Unutilised central grant
	State	Central	Total		As per Appropriation Accounts			Figures furnished by Department			
					Plan	Non-Plan	Total	Out of central grant	Out of State plan/ Non-plan	Total	
1996-97	1.02	--	1.02	0.02	0.29	--	0.29	0.02[*]	0.14	0.16	--
1997-98	0.90	0.90	1.80	0.05	0.57	0.96	1.53	--	0.65	0.65	0.05
1998-99	0.90	0.90	1.80	0.42	0.22	1.12	1.34	--	0.80	0.80	0.42
1999-2000	1.44	1.42	2.86	0.31	2.15	0.69	2.84	--	0.37	0.37	0.31
2000-2001	1.54	--	1.54	0.79	1.58	--	1.58	--	1.27	1.27	0.79
Total	**5.80**	**3.22**	**9.02**	**1.59**	**4.81**	**2.77**	**7.58**	**0.02**	**3.23**	**3.25**	**1.57**

Source: Records and statements furnished by DHS and Finance Department and Finance and Appropriation Accounts.

[•*] 1. Guwahati Medical College, 2.Assam Medical College, Dibrugrh, 3.Silchar Medical College.

[*] Exclude expenditure of Rs.10.49 lakh met out of the unspent central grant of Rs.97.06 lakh upto 1995-96.

Poor financial management and diversion of funds

3.21 Discrepancies between Appropriation Accounts and departmental figures of expenditure were due to non-reconciliation by the department during 1996-97 to 1998-99. Although the expenditure figures during 1999-2000 and 2000-2001 were reconciled by the department the discrepancies were due to non-reconciliation of corresponding district-wise figures furnished to audit by the DHS.

(i) The unutilised central grant of Rs.1.57 crore during 1996-2001 included an amount of Rs.76 lakh for development of district hospitals/PHCs/Mobile Ophthalmic Units during 1998-99 (Rs.16 lakh) and for construction of 10 bedded eye wards and operation theatres in each of the 23 districts during 2000-2001 (Rs.60 lakh). Apparently the amount was diverted for other purposes. Similar position for the year 1999-2000 was however, not ascertainable in audit as the component-wise allocation of Rs.30.50 lakh released by Government of India during that year was neither on record nor furnished to audit. The remaining Rs.50 lakh related to other items such as Health Education, Salary etc.

(ii) In 1998-99, the Jt. DHS (Ophthalmology) had reported (July 1999) to Government of Assam salary expenditure of Rs.1.43crore [*] under State Plan. The DHS had however, furnished to audit total salary expenditure of Rs.0.80 crore under State Plan during 1998-99. The reason for discrepancy of Rs.0.63 crore between the two reports and the institution-wise number of staff for which salary expenditure of Rs.1.43 crore was reported to Government of Assam by Jt. DHS could not be furnished to audit.

(iii) A sum of Rs.0.87 crore out of central grant of Rs.1.57 crore released during 1992-96 remained unspent. Further, the central grant of Rs.1.57 crore out of Rs.1.59 crore released during 1996-2001 also remained unspent. Thus, a total sum of Rs.2.44 crore (77 per cent) out of Rs.3.16 crore remained unspent during the period. Although the Government of Assam had obtained (March 1997 and May 1998) proposals from DHS for taking up with GOI for revalidation of sanction for funds lying unutilised till 1995-96, further development in the matter was awaited (June 2001). The department had neither taken any action to utilise Rs.1.57 crore during 1996-97 to 2000-2001 nor stated the reason for its non-utilisation. In view of adverse financial position of the state government the entire unutilised fund of Rs.2.44 crore appears to have been diverted for other purposes.

[*]

Name of unit	Salary expenditure (Rupees in crore)
State Ophthalmic Cell	0.05
Regional Institute of Ophthalmology	0.13
Upgraded Medical colleges	0.17
Upgraded District Hospitals/PHCs	1.08
Total:	**1.43**

(iv) The DHS could not furnish any information on central grants directly received by the DBCSs and expenditure incurred thereagainst by the societies during 1996-97 to 2000-2001.

(v) Total grants released by the Government of India directly to 23 DBCSs, grants received by 6 DBCSs and expenditure incurred thereagainst during 1996-97 to 2000-2001 were as follows:

(Rupees in lakh)

Year	Total Grants-in-aid released to DBCS	Grants received by 6 DBCS	Expenditure reported by 6 DBCS	Excess (+) Savings (-)
1996-97	12.00	7.50	11.51	(+) 4.01
1997-98	86.50	26.10	20.83	(-) 5.27
1998-99	54.50	19.90	20.94	(+) 1.04
1999-2000	59.00	23.13	26.17	(+) 3.04
2000-2001	NA	25.60	22.78	(-) 2.82
Total	**212.00**	**102.23**	**102.23**	**Nil**

Source: The information furnished by the District Blindness Control Societies.

Inadequate planning

3.22 According to the instruction of Government of India a DBCS was required to prepare the Annual Action Plan and send it to the State Programme Officer (SPO) for obtaining concurrence of the state government. If reply from the SPO was not received before March-end the Society could implement it as approved plan of action. Once the plan is approved by the Society and concurred with by the state government the cost mentioned therein became approved budget for the DBCS.

Of the 6 DBCSs, only the Annual Action Plan of DBCS, Nagaon was approved by the Society without any concurrence of state government. Remaining 5 DBCSs stated (May- June 2001) that they were not aware of any instructions about preparation and approval of Annual Action Plan. Thus the works in these societies were carried out without any approval of the state government.

Non-accountal of receipt of eye equipment and their non-maintenance

3.23 Although Government of India had allocated Rs.28.20 lakh as assistance in kind during 1996-97 (Rs.8.50 lakh) and 1997-98 (Rs.19.70 lakh), the DHS stated (June 2001) that assistance in kind had not been received from Government of India during 1996-97 to 1999-2000. The DHS had received the following eye equipment from Government of India for distribution to Jt. DHS and Principals/superintendents of medical colleges and government hospitals in the districts during 2000-2001.

Items	Quantity	Value
(i) Operating Microscope	21 nos	NA
(ii) Kerotometre	21 nos	NA
(iii) Streek Retinoscope	25 nos	NA
(iv) Ophthalmoscopes	25 nos	NA
(v) Intra Ocular Lenses	12000 nos	NA
(vi) Ophthalmic Sutures	875 dozen	NA

Source: Information furnished by Director of Health Services.

(i) The DHS stated (June 2001) that these were distributed to district level units. However, the stock books produced to audit did not contain any account of receipt and distribution of these eye equipment to district units.

(ii) The Government of Assam did not release any fund for maintenance of ophthalmic equipment against release of Rs.1 lakh by the Government of India during 1998-99 to 2000-2001. Due to non-release of funds by the state government, the visually impaired persons were denied better quality eye care services.

Shortfall in cataract surgery/non-performance of screening for refractive errors and non-provision of spectacles and rehabilitation of the blind

3.24 Cataract operations were to be carried out in permanent hospitals equipped with eye ward and operation theatre (OT) facilities, permanent or temporary camps, PHCs/CHCs and by private ophthalmic surgeons.

(i) The DHS had furnished the year-wise achievements on cataract surgery against the target set by Government of India for the period from 1996-97 to 2000-2001 as indicated below:

Year	Number of DBCS	No. of cataract surgery proposed/targeted in the year	No. of cataract surgery actually performed in the year	Percentage of shortfall
1996-97	23	50000	17813	64
1997-98	23	36000	26366	27
1998-99	23	36000	19588	46
1999-2000	23	42000	17701	58
2000-2001	23	42000	15819	62

Reasons for fixing a fluctuating target and shortfall in achievement of cataract surgery, varying between 27 per cent and 64 per cent during 1996-2001, were not stated. In the absence of records exhibiting the number of cases where vision was restored/ not restored after surgery the percentage of success could not be assessed.

(ii) Information in respect of the 7 units* collected through DHS/Jt. DHS indicated that out of the total 0.97 lakh cataract operations done by 23 DBCSs the coverage of cases by 6 DBCSs was 0.33 lakh (nearly 34 per cent) during 1996-97 to 2000-2001. Thus, performance of cataract operation done by remaining 17 DBCSs aggregated nearly 66 per cent which was very low. Additional Director General (Ophthalmology) in his report (January 2000) had also commented upon very low performance of cataract operations in the state. The department had not analysed the reason for such low performance of cataract operations by these DBCSs nor any remedial measures taken to improve their performance.

(iii) Director, RIO Guwahati stated (May 2001) that eye wards, beds, OT machinery and equipment were inadequate and not upgraded. It was also

* Kamrup, Nagaon, Barpeta, Cachar, Golaghat, Karbi Anglong , Regional Institute of Ophthalmology, Guwahati

stated that no screening of refractive errors and prescription for spectacles were made due to non-provision of dark room and short duration of camps. DBCSs Kamrup, Barpeta and Golaghat stated (April–June 2001) that OT and eye wards in district hospitals were in bad shape due to which implementation of programme suffered. DBCSs Kamrup, Barpeta and Nagaon had also stated that screening of refractive error could not be done due to non-availability of dark room facilities and equipment in PHCs/CHCs.

(iv) The DHS stated (June 2001) that required information on camps organised, screening for refractive errors, provision for spectacles and rehabilitation of incurably blind could not be furnished due to non-receipt of information from districts/DBCSs. This indicated failure of reporting system at periphery level and continued lack of initiative at the state level to enforce regular submission of reports and returns for compilation centrally.

3.25 From the foregoing, it is evident that cataract surgery, screening for refractive errors, provision of spectacles and rehabilitation of the blind had not made any significant impact in the state as of May 2001.

Non-utilisation of funds for Information, Education and Communication (IEC)

3.26 Between 1996-97 and 2000-2001 Government of India had allotted Rs.19 lakh[*] for IEC activities. However, the records of DHS did not indicate actual receipt and utilisation of this amount. Although Government of Assam had sanctioned (February 2000) Rs.5 lakh for IEC activities, the DHS could not utilise the fund due to non-release of ceiling of funds by Government of Assam. Thus, due to lackadaisical approach of the department, not only the available central grant of Rs.19 lakh remained unutilised but also the guidance, counselling and spread of information for bringing about attitudinal changes as envisaged in the programme had not been taken care of during 1996-97 to 2000-2001.

Funds for* r*enovation, furnishing of operation theatres and eye wards remained unutilised

3.27 The Government of India provided funds to Government of Assam for renovation and furnishing of operation theatres and eye wards for improvement of quality of service in medical colleges and district hospitals.

(i) Although Government of Assam had received central fund allocation of Rs.18 lakh during 1998-99 (Rs.8 lakh) and 2000-2001 (Rs.10 lakh) for furnishing and renovations, the DHS stated (June 2001) that no activities had been taken up for reasons not on record nor clarified.

(ii) Lack of interest of the department resulted in non-assessment of actual need for renovation and furnishings besides non-execution of identified renovation works at DBCS Kamrup, Barpeta, Golaghat and RIO, Guwahati.

[*] 1996-97: Rs 1 lakh; 1997-98 Rs.5 lakh; 1998-99:Rs.5 lakh; 2000-2001:Rs.8 lakh.

Training activities remained subdued

3.28 The Government of India had allocated Rs.6.50 lakh for training under NBCP to medical officers and para medical staff during 1998-99 (Rs.2.50 lakh) and 2000-2001 (Rs. 4 lakh). Government of Assam had not released the funds, which remained unutilised and apparently diverted for other purposes.

(i) Director, RIO, Guwahti stated (May 2001) that only 2 faculty members were imparted training for 2 weeks during 1996-97.

(ii) Thus, the training activities under NBCP continued to remain subdued and objective of providing trained personnel for high quality eye care services had not been realised.

Non-monitoring and evaluation

3.29 The state programme management cell/programme implementation committee under the chairmanship of Secretary, Health and Family Welfare Department with Director of Health Services as member was required to monitor the implementation of the programme. The DHS had stated (June 2001) that there was no state level society/committee for implementation of NBCP. The DHS had sent (February 2001) a proposal to Government of Assam for constitution of State Blindness Control Society. Further development was awaited as of May 2001. DHS had also stated that information on number of meetings held, number of field inspections undertaken by officers/committees/experts, position of quarterly review meetings and progress reports from districts were not available for the purpose of monitoring of the programme. The department had not also evaluated the programme to assess the extent to which the incidence of blindness was reduced to achieve the target of 0.03 per cent by 2000 AD.

Recommendations

3.30 In the light of the foregoing analysis in the review following recommendations are made:

(i) Funds meant for the programme must be utilized for the programme.

(ii) For providing improved and quality services, infrastructure facilities like eye wards and operation theatres in district hospitals/medical colleges need to be established/developed.

(iii) The implementation of the programme is to be closely monitored at the State level.