HEALTH AND FAMILY WELFARE DEPARTMENT

3.2 Prevention and Control of Diseases

Highlights

Funds were being released to the state from the Government of India to prevent and control AIDS, Leprosy, Tuberculosis and Blindness. A review in Audit of the implementation of the programmes in the state during 1996-97 to 2000-2001, revealed that the coverage of various components under the programmes were incomplete/inadequate and as a result the prevention/control of the diseases was yet to be achieved.

Although formation of state level societies (SLS) with corresponding District level Societies (DLS) was envisaged for effective implementation of the programmes in the state, SLSs/DLSs were yet to be formed other than SLS on prevention of AIDS and DLSs for control of Leprosy and Blindness.

(Paragraph 3.2.3)

Of the unutilised Central assistance of Rs.1.94 crore against Rs.5.58 crore received during 1996-2001, the share of unutilised funds pertained to AIDS control programme (Rs.91.34 lakh) was mainly due to non-involvement of Non-Governmental Organisations in the implementation of the programme. The unutilised balance of Rs.29.42 lakh under Leprosy Control Programme was mainly due to continued release of funds for voluntary beds though such beds had never been maintained.

(Paragraphs 3.2.6 to 3.2.8)

During 1996-2001, Rs.64.49 lakh only was spent on the activities directly linked to the prevention of AIDS against the allotment of Rs.337.25 lakh resulting in lopsided implementation of the programme.

(Paragraph 3.2.10)

Lepers released after treatment instead of being rehabilitated continued to be provided with free ration for which the District Leprosy Officer, Tura irregularly spent Rs.15.48 lakh during 1996-2001 out of the fund meant for diet of Leprosy Hospital.

(Paragraph 3.2.26)

5.40 lakh population of 3 districts (East and South Garo Hills and Ri-Bhoi) had not yet covered by regular eye care treatment due to non-posting of eye specialist in these districts. There was reversal of trend in cataract surgery during 1999-2000 and 2000-2001 compared to the surgeries carried out in 1998-99. The problem of Vitamin 'A' deficiency in school children had not been addressed.

(Paragraphs 3.2.27 to 3.2.30)

The districts of Ri-Bhoi and South Garo Hills had not provided treatment facility of TB as no TB centres were established. Facilities for detection and treatment of TB remained out of reach of the bulk of rural population due to non-establishement of sub-divisional level TB centre and short establishment of miscroscopic centres for detection of TB in all the established Public Health centres and Community Health centres.

(Paragraph 3.2.34)

While there was decrease in new TB case detection due to lower sputum examination than targeted, the persistent rise of old TB cases, the high incidence of relapse cases (1191) and mortality (287) during 1996-2001 had not been investigated to take corrective measures.

(Paragraphs 3.2.35 & 36)

Training programme of medical staff and campaigns to generate health education to the masses had not received due importance in the implementation of the programmes.

(Paragraph 3.2.39)

Impact of the implementation of the programmes had not been evaluated.

(Paragraph 3.2.41)

Introduction

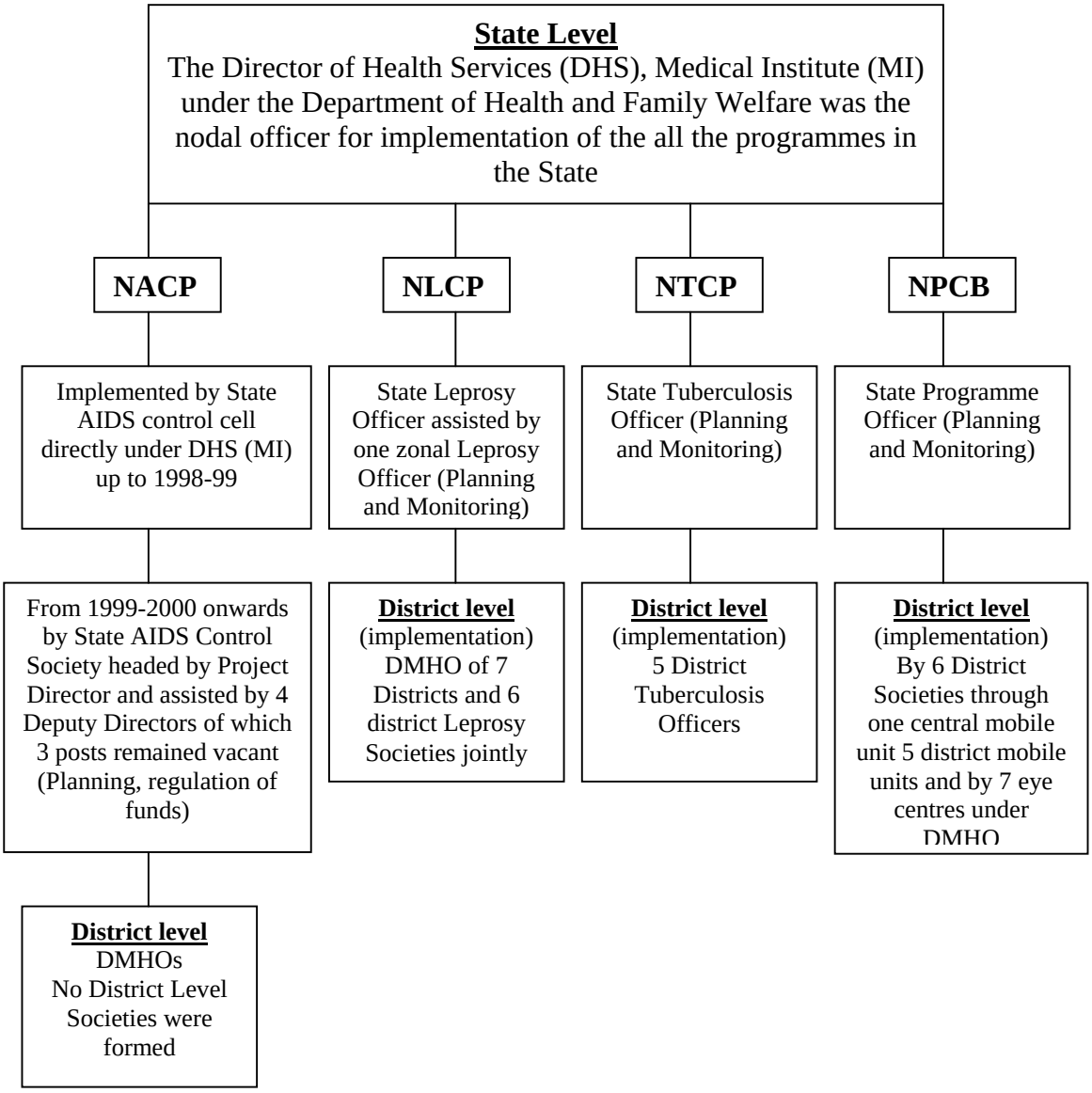
3.2.1 Of many public health hazards encountered by the country the 4 diseases, viz. Acquired Immuno Deficiency Syndrome (AIDS), Leprosy, Tuberculosis (TB) and Blindness have caused tremendous socio-economic problem to the country. The objective of National AIDS Control Programme (NACP) introduced by the Government of India in 1992, was mainly to combat spread of HIV infection. The thrust of the National Leprosy Control Programme (NLCP) launched in 1954-55, 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 National TB Control Programme (NTCP) had been implemented in the state since 1975 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 1976 with the aim to reduce incidence of blindness from 1.4 to 0.3 **per cent** of the population by 2000 AD by providing eye care services to the community.

Organisational set up

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

Chart 3.2



DMHO – District Medical and Health Officer

3.2.3 In the state so far one state Society under NACP made operational. The state Society under NTCP and NPCB though registered had not started functioning. District Societies are yet to be formed in respect of NTCP and NACP.

Audit coverage

3.2.4 Implementation of the programmes during 1996-01 was reviewed in Audit between February – May 2001 through test check of the records of the Secretariat, DHS(MI) in connection with all the programmes covering 55 **per cent** of the total expenditure during the period. Besides, records of State AIDS Control Societies (SACS), surveillance centre in Civil Hospital, Shillong, 3 STD clinics[(1)], zonal Blood testing centres and Blood Bank at Pasteur Institute, Shillong in connection with implemention of NACP, records of SLO, ZLO, 3[(2)] District Leprosy Officers/District Leprosy Societies, urban Leprosy Unit at Tura, temporary Hospitalisation ward at Umden in respect of NLCP, records of STO, 2[(3)] district TB centres and one TB hospital at Shillong in respect of NTCP and records of SPO, central mobile unit and 3[(4)] district mobile units in respect of NPCB were test checked for the purpose of review.

Finance

3.2.5 Implementation of NACP in the state was financed entirely by the Government of India (GOI) while for the remaining 3 programmes viz. NLCP, NTCP and NPCB 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 the Appendix XIV.

The following points were noticed:-

Unutilised Central assistance

3.2.6 It would be seen from Appendix XIV that unutilised Central assistance at the end of 2000-2001[(5)] was to the tune of Rs.1.94 crore against a cash grant of Rs.5.58 crore received during the 5 years period ended March 2001[(5)]

[(1)]Aattached to Civil Hospital at Shillong, Tura and Community Health Centres at Nongpoh.
[(2)] East Khasi Hills, Ri-Bhoi and West Garo Hills.
[(3)] Shillong, Nongpoh.
[(4)] East Khasi Hills, West Garo Hills, Ri-Bhoi.
[(5)] In respect of Societies under NPCB, the position is up to 1999-2000.

{NAPC: Rs.91.34 lakh (Society only), NLCP: Rs.43.83 lakh (State: Rs.29.42 lakh; Societies: Rs. 14.41 lakh) NTCP : Rs.0.88 lakh (state only) and NPCB: Rs.58.15 lakh (State: Rs.47.40 lakh; Societies: Rs.10.75 lakh up to 1999-2000).

3.2.7 The PD SACS stated (April 2001) that under utilisation of fund was due to non-involvement of NGOs for targeted intervention for prevention of disease among high risk groups[(6)], non filling up of 3 posts of Deputy Director and non-setting up of low-cost AIDS centres.

3.2.8 In respect of NLCP unutilised Central assistance of Rs.29.42 lakh with the Government was mainly due to non-maintenance of voluntary leprosy beds although GOI had released assistance for maintenance of 20 such beds continuously during 1996-97 to 2000-2001. Reasons for not being able to maintain such beds despite receipts of funds from GOI were neither on records nor stated. Besides, the societies had earned interest totalling Rs.6.51 lakh on the unutilised funds of Rs.14.41 lakh as appeared from the accounts of the societies up to 2000-2001. The total accumulated funds available with the societies at the end of March 2001 stood at Rs.20.92 lakh, but the reasons for such huge funds remaining unutilised were not available on record.

3.2.9 The unutilised Central assistance of Rs.47.40 lakh with Government under NPCB included Rs.20 lakh, released during 2000-2001, pertained to construction of an eye hospital which had not been taken up till March 2001. Reasons for non-utilisation of the remaining balance of Rs.27.40 lakh out of the recurring grants meant for salaries of state Programme Cell, Information, Education and Communication, Training had not been stated. Of the 6 District Blindness Control Societies (DBCS), 4 societies had rendered accounts up to 1999-2000, 1 (West Khasi Hills) Society up to 1998-99 (No accounts of DBCS, Jaintia Hills) while no accounts had been prepared by any of the societies for the year 2000-2001. The reasons for underutilisation of Central assistance by the societies had not been ascertained by the state Programme Officer.

National AIDS Control Programme (NACP)

Disproportionate expenditure on establishment

3.2.10 Thrust of the programme was to prevent occurrence of HIV/AIDS by (i) promoting public awareness and community support, (ii) improving blood safety and rational use of blood, (iii) building surveillance and clinical management capacity, (iv) controlling sexually transmitted disease (STD) and (v) building low cost AIDS Care centres for those who already affected by HIV/AIDS. To operationalise these activities the strengthening of management capacity viz. institutional strengthening by recruitment of staff/ maintenance of office of the societies was envisaged. During 1996-2001 while the expenditure (Rs.97.47 lakh) towards strengthening of programme

(6) Sexual workers, Truck drivers, immigrant labourers and injecting drug users.

management component was 62 **per cent** of the fund allotted for the purpose (Rs.158.12 lakh), the expenditure (Rs.64.49 lakh) on the activities directly relating to the prevention of disease was only 19 **per cent** against the allotment of fund (Rs.337.25 lakh) during the said period. Thus, expenditure towards strengthening of management had surpassed the expenditure on activities directly connected to control of the disease. In spite of major chunk of the AIDS funds being spent on strengthening of management, 3 posts of Deputy Director sanctioned by NACO to look after STD, surveillance activities and awareness programme had not been filled up till April 2001. The society could not adduce any reasons for keeping the posts vacant.

Under-performance of the activities directly linked to prevention of HIV/AIDS

3.2.11 Implementation of the NACP in the state was reviewed in audit previously and the audit observations featured in paragraph 3.13 of the Report of the Comptroller and Auditor General of India for the year 1995-96. The major deficiencies noticed included incomplete awareness campaign, blood safety and rational use of blood was not to the projected extent, non-strengthening of clinics to control STD and failure to involve Non-Governmental Organisations (NGO) in the implementation of the programme despite availability of sufficient funds.

3.2.12 A further review on the implementation of the programme during 1996-97 to 2000-2001, revealed that activities directly linked to prevention of the disease was yet to gather momentum as discussed below:-

Table 3.3

Sl. No	Activity with objective	Projected action plan	Financial allotment during 1996-01	Actual expendi-ture incurred during 1996-01	Audit observations
			(Rupees in lakh)		
1.	Information Education Communication (IEC) aimed at aware people of the preventive measure against the disease through mass media campaign and free distribution of condom	Use of electronic media for airing./tele-casting, installing hoardings and distribution of poster/pamphlets in local languages about AIDS prevention measures, etc. besides formation of group for intervention among the targeted population of identified locations for counselling and promotion of condom use.	167.40 (including Sl.No. 1 + 2) besides additional funds for Rs.27.69 lakh for blood component separation equipment to be provided by NACO separately.	46.28	Neither any targets were fixed for the projected activities nor the reports furnished to GOI indicated the activities undertaken. The reports to GOI showed the financial achievement. There was no group formation for intervention with high risk people with counselling in condom use because the department could not involve (NGO) for the activity.
2.	"Blood safety and rational use of blood" was aimed at to upgrade blood banking system and expansion of HIV screening coverage of blood donated for transfusion.	Establishment of one blood bank at the Headquarters of the 7 districts, 3 blood testing centres at Shillong, Jowai and Tura and modernisation of existing blood bank at Pasteur Institute, Shillong by providing blood component separation equipment.			No blood banks/testing centres as projected were established excepting one blood testing centre at Civil Hospital, Shillong till March 2001. Modernisation of lone Government blood bank in the state was still awaited (March 2001). The entire process of blood safety in the state rested with one blood bank at Pasteur Institute, Shillong and one blood testing centre attached to Civil Hospital Shillong. However, 2 refrigerators valued at Rs.1.94 lakh provided by NACO for establishment of new blood banks at Mairang and Nongstoin had been distributed one each to blood bank at Pasteur Institute and Civil Hospital, Shillong where there was no blood bank.

Sl. No	Activity with objective	Projected action plan	Financial allotment during 1996-01	Actual expendi-ture incurred during 1996-01	Audit observations
			(Rupees in lakh)		
3.	Strengthening of Clinics to provide treatment to STD patient and also to ensure their protection from AIDS.	All the STD clinics in the district Head-quarters were to be strengthened by providing equipment and medicines from NACP fund.	82.70	9.08	Under the programme STD clinics are not only to provide treatment to STD patients but also to ensure their protection from AIDS. The records of test-checked STD clinics as produced to Audit did not reflect a comprehensive picture about the nature and extent of treatment provided to the STD patients. STD clinics attached to Civil Hospital, Tura and Community Health Centres, Nongpoh registered cases of blood sample for testing only from 1999-2000 and 2000-2001 respectively and STD clinics at Nongpoh did no testing on any of 51 samples received during 2000-2001. During 1996-97 the Shillong STD centres tested 55 blood samples against 156 samples received during the year and thereafter no testing done although 116 samples were registered during 1997-98.Reasons for not testing of the collected blood samples had not been stated. Existence of clinics in papers has no meaning unless the clinics serve the purpose for which these were established. Cross checking of the records of SACS and that of the STD clinics revealed that medicines valued at Rs.1.08 lakh were not accounted for by the STD clinics Nongpoh (Rs.0.47 lakh) and Tura (Rs.0.61 lakh) although these medicines were shown in the books of the SACS as issued to the said two clinics.

3.2.13 Under the sentinel surveillance, no blood samples were tested during 1996-97, reason for which had not been stated. During 1997-98 to 2000-2001, against a yearly target of 600 sample testing each year, the achievement ranged between 452 and 780. It was noticed that testing was done drawing blood samples from fixed locations in each year viz. Anti-natal Centre (ANC) of Ganesh Das Hospital, Shillong and CHC, Khliehriat. Reasons for not extending the coverage throughout the state had not been stated. The profile of HIV/AIDS status as disclosed from testing under different sectors are as follows :-

Table 3.4

Sector	Number of blood samples tested	Period	Number of confirmed HIV positive cases
Sentinel surveillance	2501	1997-98 to 2000-2001	4
ZBTC attached to Blood Bank	6266	1996-97 to 1999-2000	12
Blood donation cases	4208	1996-97 to 2000-2001	12

Source : Reports on Sentinel Surveillance, ZBTC and blood donation camp.

3.2.14 The prevalence of HIV infection in the state necessitating strengthening of the activities directly related to the prevention of the disease. However, testing of blood samples identifying locations throughout the state had not been intensified. The implementation of AIDS control programme, thus, remained lopsided.

National Leprosy Control Programme

Unsteady achievements

3.2.15 The goal of the programme was to reduce the incidence of Leprosy to less than one per ten thousand population by the year 2000 AD. The Multi-Drug Treatment (MDT) introduced in 1983 to achieve the goal envisaged early detection and regular treatment, preventing deformities, educating patients and their families not to fear the diseases but to avail treatment and to render service for rehabilitation of people deformed by leprosy. The MDT services were extended through one Mobile Leprosy Treatment Unit (MLTU) in each district along with the existing infrastructure for rendering health care. District Leprosy Societies were also established to oversee effective implementation of the scheme.

3.2.16 During 1996-97 to 2000-2001, the prevalence of leprosy per ten thousand population varied between 0.62 and 3.90 as detailed below:-

Table 3.5

Year	Estimated population[1] (in lakh)	Number of new cases detected during the year (in number) (Rates)[2]	Number of cases given treatment	Number of patients discharged after completion of treatment	Prevalence of leprosy cases per 10000 population[3]
1996-97	21.35	64 (0.03)	833	328	3.90
1997-98	21.76	92 (0.04)	597	183	2.74
1998-99	22.19	275 (0.12)	689	196	3.10
1999-2000	22.62	81 (0.04)	574	492	2.53
2000-2001	23.06	45 (0.02)	143	82	0.62

Source : Statement furnished by the department and annual report.

3.2.17 A reduction in prevalence from year to year indicates a favourable impact of the measure taken. Similarly, a reduction in new case detection rate indicated a reduction in transmission.

Inadequate development of infrastructure

3.2.18 In addition to the infrastructure like Temporary Hospitalisation Wards, Leprosy Training Centres, District Leprosy Units, Sample Survey cum Assessment Units, Reconstructive Surgery Units, Maintenance of voluntary Leprosy Beds, Regional Leprosy Training and Referral Institute and Leprosy Rehabilitation cum Promotion units, one Leprosy Control Unit (LCU) for a population of every 4-5 lakh, one Urban Leprosy Centre (ULC) for a population of every 50,000 and one Survey, Education and Treatment Centre (SETC) for a population of 25,000 are to be established under Leprosy Control Programme.

3.2.19 Against the requirement of 4 LCU, 46 ULC and 92 SETC respectively on the basis of 23.04 lakh population in the state, only 2 LCU, 4 ULC and 20 SETC had been established. The Leprosy Training Centre, District Leprosy Unit, Sample Survey and Assessment unit, Reconstructive Surgery unit, Regional Leprosy Training and Referral Institute, Leprosy Rehabilitation cum promotion unit had not been established in the state. Reasons for non-establishment/shortfall in the establishment of infrastructure had neither been

[1] Calculated taking Annual Natural Growth rate in State as 1.95 **per cent** and population as per census of 2001 viz. 23.06 lakh.

[2] $\frac{\text{No. of new cases detected in a year}}{\text{Estimated population of area}} \times 1000$

[3] Prevalence Rate = $\frac{\text{No. of active cases in community} \times 10{,}000}{\text{Estimated population}} = 833 \times 10000 = 3.90$

stated nor the impact of non-establishment towards implementation of the programme had been analysed by the implementing agency.

Issue of time expired drugs

3.2.20 During the period 1996-2001 Government of India supplied Anti Leprosy Drugs valued at Rs.18.68 lakh to the Zonal Leprosy Officer for distribution to the District implementing agencies.

3.2.21 Test-check of the records of Zonal Officer revealed that expired drugs valued at Rs.0.76 lakh were received on 12 February 1998 from the Government Medical Store Depot, Karnal and Drugs valued at Rs.2.03 lakh received in March 1998 could not be distributed before the expiry date (between October 1998 and May 2000). Reasons for not distributing the medicines to the PHC/CHC immediately after receipt had not been stated. Till the date of audit (May 2001) the expired drugs were not replaced by the Medical Store Depot although the matter was taken up with GOI in February 1998. Besides, 25 Blisters of Pauci Bacillary (PB) medicines for children, were issued to 2 PHCs during April and October 1999 although the drugs had expired shelf life in March 1999.

3.2.22 Issue of expired medicines is a serious lapse as consumption of the same might adversely affect the condition of the patients. No responsibility had been fixed for the lapses.

Diversion of fund

3.2.23 District Leprosy Societies are authorised to incur expenditure out of the funds received from GOI towards cost of POL and maintenance of vehicles provided by GOI to each DLO besides other activities of the programme.

3.2.24 Test check of accounts of the District Leprosy Society, East and West Garo Hills revealed that in 1999-2000, and 2000-2001 an expenditure of Rs.4.62 lakh was incurred to make advance payment for purchase of 2 Maruti Car although one Van and one Jeep had already been provided to both East and West Garo Hills DLOs for implementing the Leprosy programme in the districts. Thus, expenditure incurred for purchase of vehicles despite availability of vehicle in each district was improper as such diversion had reduced the availability of fund for other activities of the programme. Besides, the expenditure was unauthorised since the requirement of vehicles for the society is met by GOI.

Lepers released after treatment not rehabilitated

3.2.25 As per guideline of the NLEP, the patients who had been cured but became invalid or deformed were to be rehabilitated. As per minutes of the meeting held in April 2000 presided by Deputy Commissioner and Chairman of the District Leprosy Society, East Khasi Hills, there were 17 lepers in the state who required to be rehabilitated, but no effective steps had been taken to rehabilitate them till the date of audit.

Unauthorised expenditure of Rs.15.48 lakh

3.2.26 Test check of records of Urban Leprosy Unit, West Garo Hills, Tura, showed that during the period from 1996-97 to 2000-2001, 96 to 109 cured patients[(a)] continued to stay at Leprosy Colony Hospital and no action had been taken to rehabilitate them. Instead the District Medical and Health Officer, Tura provided free ration in the form of diet and incurred a total expenditure of Rs.15.48 lakh on these lepers during the period from 1 April 1996 to 31 March 2001 from the state fund without any specific order from the Government. Thus, the expenditure of Rs.15.48 lakh was unauthorised and irregular.

National Programme for Control of Blindness (NPCB)

Inadequate measures to prevent avoidable causes of blindness

3.2.27 There was no periodic assessment of the magnitude of eye problems in the state. 1.11 lakh school children were screened during the period 1996-97 to 2000-2001, to ascertain the nature of eye problems. The screening reports submitted to GOI by the SPO did not reflect the avoidable causes of blindness such as Vitamin 'A' deficiency and infections in most of the reports. It would be seen from the Appendix XV that out of 91503 children screened between 1997-98 and 2000-2001, 5814 suffered from refractory errors and 3473 children out of 66012 checked during 1997-98 to 1999-2000 were suffering from Vitamin 'A' deficiency. Mention was made in paragraph 3.7.5.5 of the Report of the Comptroller and Auditor General of India for the year ended 31 March 1999 about negligible coverage in the administration of Vitamin 'A' solution to the children under Integrated Child Development Scheme. Remedial measures taken to redress the Vitamin 'A' deficiency in school children under the Blindness programme had not been mentioned in the reports submitted to GOI. Besides, against 5814 children having refractory errors only 344 were provided with spectacles. How the refractory errors of

[(a)] 1996-97 -109
1997-98 -106
1998-99 -102
1999-2000 -101
2000-2001 - 96

the remaining children were redressed had not been mentioned in the reports to the GOI. Thus, the avoidable causes of blindness were largely remained unattended to.

Absence of regular eye treatment facilities

3.2.28 Scrutiny of incumbency register of the SPO revealed irrational utilisation of manpower. While in the East Khasi Hills 6 eye specialists had been entertained against 4 sanctioned posts, there were no eye specialists in 3 districts, viz., East and South Garo Hills and Ri-Bhoi. No opthalmic surgeon had also been posted to these 3 districts. Reasons for excess entertainment of eye specialist and their non-posting to the 3 deficient districts were neither on records nor stated. Thus, 5.40 lakh population of these 3 districts were not covered by regular eye treatment facilities.

Shortfall in cataract surgery

3.2.29 Cataract Surgery was done in the District Hospitals, diagnostic camps conducted by the Mobile units. Although the basis for fixation of targets for cataract operation to be done were not available in the records of the SPO, the achievements in cataract surgery during the period from 1996-97 to 2000-2001 were as follows:-

Table 3.6

Year	Target for cataract surgery	Achievement	Shortfall (percentage)
1996-97	1500	939	561
1997-98	1680	897	783
1998-99	1800	1053	747
1999-2000	2000	617	1383
2000-2001	2000	915	1085
Total	**8980**	**4421**	**4559 (51)**

Source: As reported to Audit by the SPO.

3.2.30 From the position shown above, it would be seen that during the period from 1996-97 to 2000-2001, there was an overall shortfall in achievement by 51 **per cent** and no reasons had been furnished. Compared to cataract surgeries carried out during 1998-99 there was a decreasing trend in 1999-2000 and 2000-2001. The huge backlog in cataract surgery indicated that coverage could not be expanded to keep pace with the magnitude of the problem despite availability of funds (Paragraph 3.2.6).

Incurable blind not rehabilitated

3.2.31 According to the Annual Report submitted by SPO to GOI there were 387 blindness cases of which 267 were blind in one eye and 120 blind in both eyes which was detected in the Diagnostic Camps organised by the SPO between 1998-99 and 2000-2001. The rehabilitation of the incurable blind in the state was being looked after by a local NGO with full assistance from the state government. Besides 2 Blind Schools were in existence, one at Shillong and the other at Tura. According to NPCB, DBCS are to formulate action plan each year for rehabilitation of incurable blind, but neither action plan formulated nor any expenditure incurred by the DBCs for such rehabilitation.

3.2.32 No Eye Bank was established in the state. It was stated in the Report of 1997-98 by SPO that the traditional customs and beliefs were very much against eye donation. No motivational exercises had been undertaken to get a more positive response from the people regarding eye donation. NGOs had not been involved in the awareness campaign in this regard.

National Tuberculosis Control Programme

3.2.33 There was no authoritative assessment of the magnitude of the incidence of Tuberculosis in the state. In the state, TB was detected through Public Health Centres (PHC) of the concerned district and by the private practitioners. However, treatment of the patients were being provided by the District TB Centre (DTC) which acted as referral centres. Highly infectious and serious TB patients were given treatment through 2 TB Hospitals (Shillong, Tura). The position regarding detection and treatment of TB patient during the period 1996-97 to 2000-2001 are given in the Appendix XVI.

The following points were noticed:-

Rural population remained out of reach of the facilities

3.2.34 Against a norm of one district TB centre (DTC) in each district to act as referral centre for treatment of TB only 5 DTCs had so far been established in the 7 (seven) districts of the state and no TB Units had been set up in any of the sub-divisions for treatment of TB patients as envisaged in the guideline for implementation of the programme. The TB problems of Ri-Bhoi and South Garo Hills districts were looked after by the District TB Officers of East Khasi Hills and East Garo Hills up to 1999-2000 and thereafter by Community Health Centres (CHC), Nongpoh and Baghmara respectively as the Government's approval for creation of DTC in the districts, moved by DHS (January 2001), was awaited. However, no TB officer were on roll in these CHCs. Besides, though a DTC had been established in West Khasi Hills, no TB officer had been posted there. No TB health visitors were on roll for East Garo Hills. TB cases are first detected in the microscopic centre attached to

each PHC/CHC but only 42 microscopic centres had so far been established against 16 CHCs and 80 PHCs in position as on 31 March 2000. Thus, facility for detection of TB and treatment remained out of reach to a large number of rural population due to lack of providing the necessary infrastructure facilities.

Persistent rise in old tuberculosis case while decline in new case detection

3.2.35 TB is detected through sputum examination for which the department had fixed target without any basis during 1996-97 to 1999-2000. However, no targets for treatment of TB patient had been fixed even though such fixation would have been more realistic with reference to case detection and also was of primary importance. The status report on detection and treatment of TB cases (Appendix XVI) revealed the following:

(a) During 1996-97 to 1999-2000, sputum examination was done in 0.25 lakh cases against a target of 0.37 lakh. The shortfall increased from 18 **per cent** in 1997-98 to 59 **per cent** in 1999-2000, reasons for which were not on record nor stated. During 2000-2001, sputum examination was done in 0.03 lakh cases without fixing any targets. The detection of new cases of TB decreased to 1832 in 2000-2001 from 3042 in 1997-98 but the Department had not ascertained whether the decrease in new cases detection was due to lesser sputum examination or decrease in the incidence of TB in the state.

(b) Against 0.10 lakh new cases of TB detected during 1996-97 to 1999-2000, the number of TB patient under treatment at the end of March 2000 stood at 0.41 lakh. This unusual situation viz. more patients under treatment than new case detection was due to persistent rise in the number of old TB cases and high incidence of relapse cases. It would be seen from the Appendix XVI that old cases of TB under treatment increased from 0.06 lakh in 1996-97 to 0.13 lakh in 2000-2001.

3.2.36 The increasing number of "under treatment" patients, showed that the cases of TB were on the increase in the state. No investigation to find out the cause for the resurgence of TB had been carried out under the programme. Reports to the GOI on the implementation of the programme were being sent without any evaluation of the magnitude of the problem and the extent by which the problem had been tackled.

Shortfall in Immunisation against Tuberculosis

3.2.37 To prevent mortality and morbidity against Tuberculosis, BCG vaccination is provided to the children of the age 3 to 9 months in the health care centres or through Integrated Child Development Programme (ICDP). Shortfall in BCG vaccinations against targets was commented upon in paragraphs 3.13 and 3.7 of the Reports of the Comptroller and Auditor General of India for the years ended 31 March 1997 and 31 March 1999 respectively on the working of Medical Department and implementation of

Integrated Child Development Services Scheme in the state. Though the discussions and recommendations of the Public Accounts Committee on these paragraphs were still awaited, no improvement in immunisation against tuberculosis was noticed. As against a target of 2.27 lakh children to be administered BCG injection during 1996-97 to 1999-2000, 1.32 lakh had been vaccinated registering a shortfall ranging between 28 and 57 **per cent** during the 5 years period as detailed below:-

Table 3.7

Year	Targets (in number)	Achievement	Percentage of shortfall
1996-97	56807	30971	46
1997-98	56887	41078	28
1998-99	56887	35488	38
1999-2000	56887	24248	57
2000-2001	NA	NA	
Total	**227468**	**131785**	

Source: Annual Action Plan.

3.2.38 Reasons for shortfall were not on records nor stated. The low coverage of vaccinations was a major failure in the fight to control Tuberculosis in the state.

Training programme had not given due importance

3.2.39 Training of medical, para-medical staff, community leaders for management and control of the diseases was a component of all the programmes. It was, however, seen that this component had not received attention at all or activity was partial as would be evident from the following details:-

Table 3.8

Name of the programme	Projected/expected training to be imparted	Training actually imparted	Audit observations
NACP	During the 5 years period ended March 2001, annual action plan including training programme had not been formulated for 3 years. For 1999-2000 training of 115 Medical Officer and para medical staff for 42 days and 70 numbers of community/ women/youth were to be trained for 3 to 30 days. In 2000-2001, 30 doctors and 25 technical staff/nurses were to be provided training.	During the period from 1996-97 to 2000-2001 1 day training was imparted to 227 medical and para-medical staff. No training was imparted other than one day training to 227 medical and para medical staff.	Of Rs.36.02 lakh provided for training during 1996-97 to 1998-99, Rs.34.83 lakh remained unutilised. Reasons for poor coverage on training had not been stated.

Name of the programme	Projected/expected training to be imparted	Training actually imparted	Audit observations
NLPC	All the 35 Medical and para-medical staff of the 7 MLTU were required to provide training on case detection, delay of MDT post treatment surveillance	13 Medical officers and 10 para medical staffs were only imparted training on detection and treatment of Leprosy.	The shortfall in training apart from being a deterent in rendering excellence in treatment also led to non-utilisation of funds received from GOI.
NTBCP	The programme envisaged training of Medical Officers at National Institutes of T.B. But, no targets for training were fixed during 1996-01.	During 1996-97 to 2000-2001 14 MO and 37 para-medical staff imparted short training course conducted by District TB Centres.	
NPCB	For effective implementation of the programme training of trainees and doctors for eye surgery was envisaged through the courses organised by Director General of Health Services. However, no targets for training were fixed during 1996-01.	During 1996-97 to 2000-2001, 120 Medical Officers 52 para medical and 270 school teachers imparted training without fixing any targets. No training of trainers and Doctors for the course organised by DGHS had been arranged.	

Source : Position furnished by the department.

Inadequate awareness campaign

3.2.40 All the programmes for control of diseases were to emphasis on Information, Education, Communication (IEC) to make people aware of the preventive measures to be taken against the diseases, to keep people informed about the facilities available for detection and treatment of disease and most important their right to receive these facilities. Insignificant awareness campaign against prevention of AIDS had already been discussed in paragraphs 3.2.11 & 3.2.12 above. The NLCP attached special significance on IEC so as to help the leprosy patients became acceptable to society. The scheme also envisaged participation of Non-Governmental Organisations (NGO) in the survey, education and treatment activities. No NGOs were engaged in the implementation NLCP in the state nor were their help undertaken to generate awareness among the masses. According to SPO during 1996-97 to 2000-2001 film shows (35), Radio talks (20), advertisement in Television (on 18 occasions) and cultural programmes (2) were reported to have been organised under NPCB though no targets had been framed. While the reported group meetings at village level exceeded the targets (1050) by 24 meetings, there was shortfall by 12, 25, 57 and 10 meetings at state level, District level, Block level and sub-centre level against the targets of 20, 60, 250 and 320 meetings respectively scheduled to be held under NPCB. In the implementation of National tuberculosis programme no IEC activities were

carried out at all during 1997-2001. Awareness campaign in the state was, thus, inadequate and ineffective.

Monitoring and evaluation

3.2.41 Prescribed reports/returns for all the programmes were being sent to the Government of India on a routine basis without any evaluation and impact analysis. As a result, the implementation of the programmes remained unassessed. Further, the activities of the district societies in respect of NPCB were not monitored by the SPO resulting in arrears in the rendition of accounts by DBCS, Jaintia Hills since 1996-97, DBCS, West Khasi Hills since 1999-2000 and remaining 4 DBCS for 2000-2001.

3.2.42 The matter was reported to Government in July and August 2001; reply had not been received (December 2001).

Recommendations

3.2.43 The audit recommendations are as follows:-

- Greater awareness needs to be instilled in the population of the state to allow for better health in the society.

- Training programme needs to be given due importance so that medical staff could equip themselves with the latest development in the frontier of medical science to allow for excellence in treatment of patients.

- More original scientific medical research needs to be carried out by the personnel of the Medical Department while implementing these programmes.

- Holding more frequent workshops between the medical personnel of the states in the region to help exchange findings of the implementation of the programmes.

APPENDIX – XIV

Statement showing the actual expenditure on NACP, NLCP, NTPC and NPCB during 1996-97 to 2000-01

(Reference : Paragraphs 3.2.5 & 3.2.6 ; Page 48)

(Rupees in lakh)

Year	State Non-plan expenditure on the programme	State plan expenditure on the programme	Amount of Central assistance received for the programme by		Actual expenditure in cash out of Central assistance by		Total expenditure including assistance received in kind	Unutilised Central assistance with	
			State Government (in kind)	Societies (in kind)	State	Societies		State	Societies
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) (2+3+6+7)	(9)	(10)
National AIDS Control Programme									
1996-97	--	--	36.00	--	15.52	--	15.52	58.04[1]	--
1997-98	--	--	25.00	--	34.75	--	34.75	48.29	--
1998-99	--	--	--	--	17.29	--	17.29	31.00	--
1999-2000	--	--	--	100.24	--	43.88	43.88	--	87.36[2]
2000-01	--	--	--	54.50	--	50.52	50.52	--	91.34 (Provi-sional)[3]
Total			**61.00**	**154.74**	**67.56**	**94.40**	**161.96**		
National Leprosy Control Programme									
1996-97	58.86	--	8.00 (3.56)	28.50	1.65	11.23	75.30	20.49[4]	60.35[5]
1997-98	68.56	--	9.00 (3.56)	27.50	1.90	46.15	120.17	27.59	41.70
1998-99	77.50	--	3.50 (3.56)	58.23	2.77	59.39	143.22	28.32	40.54
1999-2000	83.95	--	1.74 (4.00)	57.11	2.41	72.07	162.43	27.65	25.58
2000-01	69.98	--	2.00 (4.00)	15.00	0.23	26.17	100.38	29.42	14.41
Total	**358.85**		**24.24 (18.68)**	**186.34**	**8.96**	**215.01**	**601.50**		
National Tuberculosis Control Programme									
1996-97	30.91	19.13	-- (9.75)	--	--	--	59.79	--	--
1997-98	33.64	20.58	4.88	--	4.8	--	59.02	0.08	--
1998-99	38.15	29.76	5.63 (0.28)	--	5.3	--	73.52	0.38	--
1999-2000	46.01	37.14	8.07 (19.74)	--	7.5	--	110.46	0.88	--
2000-01	43.08	24.60	-- (9.61)	--	--	--	77.29	0.88	--
Total	**191.79**	**131.21**	**18.58 (39.38)**		**17.7**		**380.08**		

[1] Including opening balance of Rs.37.56 lakh.
[2] Including the balance of Rs.31.00 lakh transferred to society by State cell.
[3] Audited accounts not received. Figure based on statement of receipt and expenditure furnished by the Society.
[4] Including opening balance of Rs.14.14 lakh.
[5] Including opening balance of Rs.43.08 lakh.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) (2+3+6+7)	(9)	(10)
National Programme for Control of Blindness									
1996-97	24.40	--	-- (1.00)	6.00	1.76	7.93	35.19	6.82[6]	5.63[7]
1997-98	28.23	--	1.77 (7.30)	14.50	1.43	9.44	46.40	7.16	10.69
1998-99	33.29	--	16.76	12.15	7.66	16.05	57.00	16.26	6.79
1999-2000	30.97	--	9.00	14.00	8.96	10.04	49.97	16.30	10.75
2000-01	24.47	--	39.10	Accounts not available	8.00	Accounts not available	32.47	47.40	Status not known because of non-rendition of accounts.
Total	**141.36**		**66.63 (8.30)**	**46.65**	**27.81**	**43.46**	**221.03**		

Source: As furnished by the department and as appearing in the annual accounts of the Societies.

[6] Including opening balance of Rs.8.58 lakh.
[7] Including opening balance of Rs.7.56 lakh.

APPENDIX - XV

Statement showing the position of eye problem of children in the State following eye check up in schools

(Reference: Paragraph 3.2.27; Page 56)

(In number)

Year	Children checked	Refractory errors (errors rectified)	Vitamin 'A' deficiency	Infection
1996-97	19,923	NR	NR	NR
1997-98	25,161	1,097	165	271
1998-99	22,224	2,988	3,178	NR
1999-2000	18,627	754	130	NR
2000-2001	25,491	975	NR	NR
Total	**1,11,426**	**5,814**	**3,473**	**271**

NR = Not reported

Source: Annual reports on NPCB.

APPENDIX – XVI

(Reference : Paragraphs 3.2.33 & 3.2.35; Pages 58 & 59)

Statement showing the detection and treatment of TB patients

			Cases detected			Cases treated						
Year	**Target**	**Sputum examined (Shortfall in percen-tage)**	**Relapsed/ Re-treatment**	**New Cases**	**Total**	**Old cases under treatment**	**Relapsed/ Retreat-ment**	**New Cases**	**Total including old cases**	**Cases dischar-ged after treatment**	**Died**	**Balance of patient under treatment at the end of the year**
1996-97	7600	5521 (27)	268	2410	2678	5507	268	2410	8185		58	7183
1997-98	7600	6246 (18)	335	3042	3377	7183	335	3042	10560	1100	74	9386
1998-99	10700	9288 (13)	280	2558	2838	9386	280	2558	12224	599	75	11550
1999-2000	10700	4376 (59)	105	2211	2316	11550	105	2211	13866	759	80	13027
2000-2001	Not fixed	3406	203	1832	2035	13027	203	1832	15062	NA	NA	
Total		**28837**	**1191**	**12053**	**13244**		**1191**	**12053**		**3402**	**287**	

Source: As furnished by the STO.