HEALTH AND FAMILY WELFARE DEPARTMENT

3.2 Prevention and Control of Diseases

Highlights

The review highlights failure of the state government to obtain and utilise the full amount of sanctioned grant of Rs.712.41 lakh from the Government of India during the years 1996-1997 to 2000-2001 under the National AIDS Control Programme, lack of proper monitoring in respect of National Leprosy Eradication Programme (NLEP), National Programme for Control of Blindness and National TB Control Programme for effective implementation of these programmes and shortfall in achievement of targets fixed for different components of these programmes.

To avoid the lapse of budget grants, Rs.11.58 lakh and Rs.7.38 lakh were drawn in advance of requirement and retained in Civil Deposit during March – September 1996 and March - June 1998 respectively.

(Paragraph 3.2.9)

Under NLEP, the state government incurred excess expenditure of Rs.12.00 lakh during 1996-1997 to 2000-2001, over the Central grant of Rs.1.28 crore received during the period.

(Paragraph 3.2.11)

Department incurred an unauthorised expenditure of Rs.11.27 lakh between 1996-1997 and 1999-2000 towards procurement and supply of consumables and equipment to Hospitals, Public Health Centres and Sub-Centres, without having blood bank facilities.

(Paragraphs 3.2.16 & 3.2.18)

The DHS (AIDS Cell) incurred a total expenditure of Rs.14.54 lakh for conducting training on AIDS programme in 39 locations during 1996-1997 and 1997-1998. But, no records/returns *etc*., had ever been obtained from any field level officers in support of conducting such training.

(Paragraph 3.2.21)

Introduction

3.2.1 The Programme of Prevention and Control of Diseases comprises of four Centrally Sponsored Schemes (CSS) *viz*., (i) National AIDS Control Programme (NACP), (ii) National Leprosy Eradication Programme (NLEP), (iii) National Programme for Control of Blindness (NPCB) and (iv) National TB Control Programme (NTBCP). The objectives of these schemes are tabulated below :

Table 3.5

National AIDS Control Programme	National Leprosy Eradication Programme	National Programme for Control of Blindness	National TB Control Programme
(1)	(2)	(3)	(4)
Phase I **(i)** To slow down the spread of HIV (Human Immuno Deficiency Virus) **(ii)** To decrease morbidity and mortality associated with HIV infection **(iii)** To minimise socio-economic impact resulting from HIV infection	To achieve elimination of Leprosy by the end of year 2000 AD by reducing the case load to less than 1 per 10,000 population	To reduce blindness from 1.4 *per cent* to 0.3 *per cent* by 2000 AD	To emphasise on cure of infections through administration of directly observed short course of chemotheraphy to achieve a cure rate of over 85 ***per cent.***
Phase II **(i)** To reduce the spread of HIV infection in India **(ii)** To strengthen India's capacity to respond to the HIV/AIDS on a long-term basis			

3.2.2 The National AIDS Control Programme came into effect in 1987 with assistance from World Bank. In the first phase, the programme was initially launched for a period of 5 years starting from September 1992 to September 1997. But due to slow utilisation of the fund in the first two years of its implementation, it was extended till March 1999. The Government of India (GOI), in March 1999, launched Phase II of the Programme for a period of another five years upto the end of October 2004; The National Leprosy Control Programme was launched in the country by GOI in 1954-55 and subsequently, it was re-designated as NLEP and came into effect in the year 1983; The NPCB was launched by GOI in the year 1976 and the NTBCP was launched by GOI in 1962. In 1992, this programme was reviewed by a Committee of experts and based on the report of the review committee, a revised strategy for NTBCP was evolved and the GOI decided to extend the programme throughout the country in a phased manner.

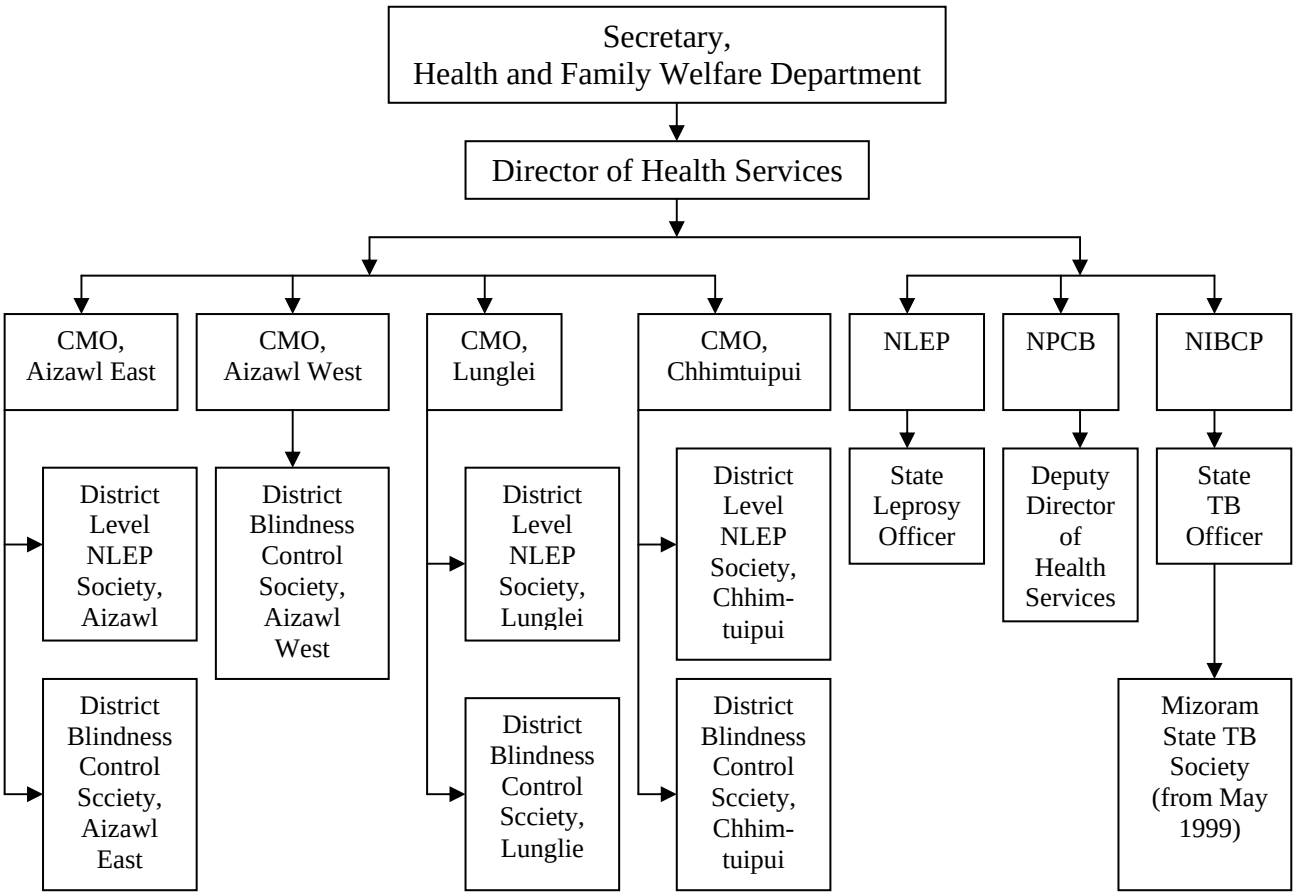
Organisational set-up

3.2.3 Phase-I of the programme (NACP) during the period from September 1992 to March 1999 was implemented by an AIDS Cell, established in Directorate of Health Services, Mizoram under the supervision of Director of Health Services (DHS) and an Empowered Committee, constituted under the chairmanship of Chief Secretary of Mizoram. Phase-II of the programme (NACP) was implemented from April 1999 onwards by the State AIDS Control Society, an autonomous body set-up by the Government of Mizoram in August 1998, headed by a Project Director, under the chairmanship of the

Commissioner of Health and Family Welfare Department of the state government. The programme was implemented with the help of Superintendent, Civil Hospital, Aizawl and four district level Chief Medical Officers (Aizawl-East, Aizawl-West, Lunglei and Chhimtuipui).

3.2.4 In respect of the schemes NLEP, NPCB and NTBCP, the agencies responsible for implementation of these schemes are shown below :

Chart 3.2



Audit Coverage

3.2.5 The implementation of the Prevention and Control of Diseases Programme (NACP, NLEP, NPCB and NTBCP) during 1996-1997 to 2000-2001 were reviewed during February-April, 2001 based on test check of records of the DHS, State AIDS Control Society, 3 (out of 4) Chief Medical Officers (Aizawl-East, Aizawl-West and Lunglei) and 1 Civil Hospital at Aizawl covering *cent per cent* of expenditure in respect of three schemes *viz.*, NACP, NPCB and NTBCP, and 77 *per cent* of expenditure in respect of remaining one scheme (NLEP). Important points noticed during review are discussed in succeeding paragraphs.

Financial outlay and expenditure

3.2.6 The year-wise budget provision, fund released by the GOI and actual expenditure incurred thereon under the four programmes during 1996-1997 to 2000-2001 were as under :

3.2.7 Unspent balance of National AIDS Control Programme

During 1996-1997 and 1997-1998, Central grants were released through the state government in accordance with the standard procedure for release of grants to the states under CSS. Subsequently, from 1998-1999 onwards, Central grants were directly released to the nodal departments of the state in the form of Bank Drafts. The details of release of fund are tabulated below :

Table 3.6

(Rupees in lakh)

				Availability of fund						
Year	**Name of implementing agency**	**Budget provi-sion**	**Amount allocated by the GOI**	**Grants received from GOI**	**Interest earned**	**Total**	**Actual expen-diture**	**Closing balance**	**Excess(+)/ Savings(-)**	**Excess (+)/ Short (-) release of grants by GOI (4-5)**
(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**	**(9)**	**(10)**	**(11)**
(A) Operation of fund through State budget										
1996-1997	AIDS Cell (under DHS)	126.00	127.09	150.00	Nil	150.00	126.98	-	(-) 23.02	(+) 22.91
1997-1998	-do-	77.79	57.12	100.00	Nil	100.00	72.46	-	(-) 27.54	(+) 42.88
1998-1999	-do-	(a) 59.81	--	Nil	Nil	Nil	51.85*	-	(+) 51.85	--
	Total (A)	**263.60**	**184.21**	**250.00**	**Nil**	**250.00**	**251.29**	**-**	**(+) 1.29**	**(+) 65.79**
	(B) Operation of fund through Bank accounts									
	-do-	(b) Does not arise	139.57	60.00	Nil	60.00	58.11	-	(-) 1.89	(-) 79.57
1999-2000	State AIDS Control Society, Mizoram	-do-	196.70	183.00	0.70	183.70	159.24	-	(-) 24.46	(-) 13.70
2000-2001	-do-	-do-	191.93	166.00	0.66	166.66	177.45		(+) 10.79	(-) 25.93
	Total (B)	**-**	**528.20**	**409.00**	**1.36**	**410.36**	**394.80**	**15.56**		**(-) 119.20**
Grand Total (A) + (B)		**263.60**	**712.41**	**659.00**	**1.36**	**660.36**	**646.09**	**-**		**(-) 53.41**

(Source : As per information furnished by the DHS and the State AIDS Control Society, Mizoram)

Unspent balance of Rs.15.56 lakh kept in bank account

3.2.8 Against the total release of Central grants of Rs.250 lakh through state government during 1996-1997 and 1997-1998, the state government incurred an expenditure of Rs.251.29 lakh during 1996-1997 to 1998-1999. There was excess expenditure of Rs.1.29 lakh over the Central grants. Although the expenditure of Rs.251.29 lakh was duly reported to the GOI from time to time the same is yet to be reimbursed (April 2001). The unspent balance of Rs.15.56 lakh, as of 31 March 2001, was lying in the bank account of the Society.

* *An Amount of Rs.50.56 lakh being the unutilised fund pertaining to the years 1996-1997 and 1997-1998 was revalidated during the year 1998-1999.*

Withdrawal of Rs.18.96 lakh to avoid lapse of fund

3.2.9 In March 1996, the DHS, Mizoram drew Rs.11.58 lakh in advance for procurement of equipment for blood banks and Sentinel Surveillance Centre, Civil Hospital, Aizawl. Again in March 1998, another amount of Rs.7.38 lakh was also drawn in advance by the DHS for organising AIDS awareness campaign. Both the amounts were shown as final expenditure in the respective financial years. In fact, these amounts were credited to Civil Deposit (Public Account) in the months and years in which these were drawn. However, the amounts were withdrawn from the Civil Deposit during the month of September 1996 and June 1998 respectively and spent for the purposes for which these were drawn earlier. Such drawal of funds in advance of requirement to avoid lapse of budget grant and temporary transfer of funds to Public Account with a view to improve the ways and means position of the state, was irregular.

3.2.10 The DHS stated (December 2001) that the Health Department (AIDS Cell) was not aware of the financial position of the state government at the time of drawal of fund. The contention of the DHS is not tenable because as per financial Rules, money should not be drawn unless it is required for immediate disbursement.

National Leprosy Eradication Programme

Table 3.7

(Rupees in lakh)

Year	Budget provision	Funds released by GOI	Actual expenditure incurred	Excess(+) Saving (-)
1996-1997	35.50	17.55	19.90	(+) 2.35
1997-1998	41.70	19.00	22.90	(+) 3.90
1998-1999	43.50	30.00	30.00	-
1999-2000	45.50	37.00	37.40	(+) 0.40
2000-2001	62.20	24.00	29.50	(+) 5.50
Total	**228.40**	**127.55**	**139.70**	**(+) 12.15**

(Source :As per information furnished by the DHS)

Excess expenditure without obtaining requisite grants

3.2.11 Against the GOI's release of grants of Rs.1.28 crore during 1996-2001 under the Programme, the state government incurred an expenditure of Rs.1.40 crore which resulted in an excess expenditure of Rs.0.12 crore over Central grants during 5 years ending on 31 March 2001. Reasons for incurring excess expenditure under the CSS without obtaining requisite Central grants were not on record.

3.2.12 The actual expenditure as against funds released in respect of NPCB and NTBCP is as under :

National Programme for Control of Blindness

Table 3.8

(Rupees in lakh)

					Position of grants received from DANIDA*	
Year	**Budget Provision**	**Grants released by GOI**	**Actual expenditure**	**Excess (+) Savings (-)**	**Grants received**	**Expenditure incurred**
1996-1997	7.92	6.21	5.18	(-) 1.03	0.50	0.50
1997-1998	4.75	4.56	4.95	(+) 0.39	0.52	0.52
1998-1999	12.62	12.62	10.71	(-) 1.91	Nil	Nil
1999-2000	12.80	12.40	12.54	(+) 0.14	Nil	Nil
2000-2001	33.60	34.40	33.53	(-) 0.87	Nil	Nil
Total	**71.69**	**70.19**	**66.91**	**(-) 3.28**	**1.02**	**1.02**

(Source:- As per information furnished by the DHS)

National TB Control Programme

Table 3.9

(Rupees in lakh)

Year	Budget provision	Funds released by GOI	Actual expenditure incurred	Excess(+) Saving (-)	Remarks
1996-1997	Nil	Nil	Nil	-	
1997-1998	1.97	1.97	Nil	(-) 1.97	
1998-1999	2.28	2.28	4.16	(+) 1.88	Unspent grants of Rs.1.97 lakh, revalidated during 1998-1999
1999-2000	3.26	3.26	3.26	-	
2000-2001	2.89	2.89	2.89	-	
Total	**10.40**	**10.40**	**10.31**	**(-) 0.09**	

(Source : As per information furnished by the DHS)

Performance under the Scheme

National AIDS Control Programme

3.2.13 Acquired Immuno-Deficiency Syndrome (AIDS) is a fatal disease caused by a virus called HIV. It has emerged as a great public health problem in many countries within a very short period after its detection in 1981.

3.2.14 The position of HIV positive cases and AIDS cases detected out of HIV positive cases in the State of Mizoram during the years 1996-1997 to 2000-2001, is shown below :

* *Danish International Development Agency.*

Table 3.10

	Number of HIV positive cases detected				
Year	**Hetero sexual`**	**Individual drug users**	**People living with AIDS**	**Total**	**No. of AIDS cases detected**
1996-1997	12	6	-	18	4
1997-1998	9	2	2	13	2
1998-1999	21	4	1	26	2
1999-2000	6	4	-	10	5
2000-2001	33	8	-	41	4
Total	**81**	**24**	**3**	**108**	**17**

(Source : As per information furnished by the State AIDS Control Society, Mizoram and the returns/reports furnished by the Society to the GOI)

3.2.15 Out of 17 AIDS cases detected during the period covered by this review, 7 patients died while remaining 10 patients were undergoing treatment as of March 2001.

Unauthorised purchase of materials

3.2.16 The state government had established six Blood Banks under the programme, during the period covered under review. The AIDS Cell and State AIDS Control Society had, from time to time, centrally procured and supplied the consumable materials, like disposable syringe with needles and disposable gloves to these blood banks and STD[*] Clinics. The consumable materials worth Rs.7.39 lakh were procured out of NACP fund and supplied to other Hospitals, PHCs and Sub-Centres, in the state for their day to day functioning during the period from 1996-1997 to 1999-2000 which was irregular.

3.2.17 The DHS stated (December 2001) that the supply of consumable materials to other hospitals, PHCs and sub-centres was done due to increasing demands from them as the staff lying in the interior places might be the victims of the disease. The reply, however, did not state who authorised the diversion of NACP funds.

3.2.18 The AIDS Cell procured and supplied the consumables and equipment worth Rs.3.88 lakh to other Civil Hospitals not having blood bank facilities, out of NACP fund, during 1996-1997 to 2000-2001 **(Appendix - XIX)**.

3.2.19 As per Annual Action Plan submitted by the society for the year 2000-2001, the society had proposed for establishment of 4 new blood banks at Serchhip, Kolasib, Lawngtlai and Mamit Hospitals which had not yet been established till the end of 2000-2001. As such, procurement and supply of consumables and non-consumable blood bank materials to these Hospitals from the scheme fund was unauthorised and wasteful.

[*] *Sexually Transmitted Diseases.*

3.2.20 The DHS stated (December 2001) that consumables and equipment were procured to equip these proposed blood banks with minimum standard requirement of materials. The reply is not correct because neither the proposal for establishment of these new blood banks was approved by the GOI nor was there any provision in the scheme guidelines for incurring any expenditure against the proposed blood banks except expenditure on modernisation of only existing blood banks.

Irregularties in imparting training under AIDS programme

3.2.21 During 1996-1997 and 1997-1998, the State AIDS Cell drew an advance of Rs.14.54 lakh for imparting training to field level staff at 39 locations. Scrutiny of the expenditure statement prepared by the AIDS Cell revealed that the entire amount was utilised by them during the period towards payment of travelling allowance/daily allowance and honorarium to the faculty members and staff of different field level offices. The entire amount was shown to have been utilised by the AIDs Cell directly without involving the field level offices and also without obtaining any supporting documents from the field level officers (CMOs, Sub-Divisional Medical Officers and PHC level Medical Officers) in support of conduct of such training to the staff working under them. In absence of any supporting documents from the field level offices the authenticity of entire expenditure of Rs.14.54 lakh remained unverified.

3.2.22 The DHS stated (December 2001) that although the expenditure statement was not countersigned by any field level Medical Officer, reports of actual training conducted from time to time indicating the names of the staff who had undergone training and their designations, were obtained. These reports showing the names and designations of staff who had undergone training, were neither authenticated by the Medical Officer who conducted the training nor endorsed by any field level Medical Officer of the concerned locality as proof of conduct of the trainings and thus were not acceptable in audit.

Irregularities in procurement and distribution of Information, Education and Communication (IEC) materials

3.2.23 The State AIDS Cell procured and distributed during 1996-1997 to 1998-1999 the IEC materials to various field level officers (PHCs, Sub-Divisional Medical Officers and district level Chief Medical Officers) as shown below:

3.2.24 As per Action Plan submitted to GOI (November 2000), the targetted population under the programme "Family Health Awarness Campaign" as on April 2000 was 3.61 lakh, but the department procured and distributed 5 lakh polythene bags in August 1998 at a cost of Rs.15 lakh without assessing the actual requirement of such bags. To cover the targetted population, the department needed to procure only 3.61 lakh polythene bags, but they procured altogether 5 lakh polythene bags during 1998-1999. The excess purchase of 1.39 lakh polythene bags (5.00 lakh – 3.61 lakh) resulted in an extra expenditure of Rs.4.17 lakh.

3.2.25 The DHS stated (December 2001) that targetted population of 3.61 lakh for Public Health Awareness Campaign had no relevance with the purchase of polythene bags. His reply is not acceptable as the DHS failed to indicate in his reply the basis on which the requirement of polythene bags was assessed.

3.2.26 As per Stock Register, all the articles were duly distributed to the peripherial field level offices. However, its actual distribution to the public/targetted population had not been ascertained by obtaining any progress reports. While verifying the records of the district level offices (CMO-Aizawl East, Aizawl-West and Lunglei), it was noticed that all the polythene bags were distributed to the officers and staff, PHCs and sub-centres without distributing the same to the targetted population. Thus, the procurement and distribution of entire 5 lakh polythene bags containing message on HIV/AIDS at a cost of Rs.15 lakh remained unfruitful thereby frustrating the very purpose of public awareness campaign.

3.2.27 As per Central Stock Register maintained by AIDS Cell, a total quantity of 1,45,600 polythene bags were shown to have been issued to CMOs-Aizawl (East), Aizawl (West) and Lunglei during 1996-1997 to 1998-1999 but on verification of the District Level Stock Registers, it was noticed that the 3 CMOs had received only 22,725 polythene bags as shown below :-

Table 3.11

Name of office	No. of bags shown to have been issued	No. actually received	Difference (Shortage)	Cost of shortage (Rs.)
CMO-Aizawl (E)	45,000	9,000	36,000	1,08,000
CMO-Aizawl (W)	45,000	655	44,345	1,33,035
CMO-Lunglei	55,600	13,070	42,530	1,27,590
Total	**1,45,600**	**22,725**	**1,22,875**	**3,68,625**

3.2.28 Thus, non-receipt of the materials by the concerned CMOs resulted in loss of Rs.3.69 lakh. The reason for such discrepancy had not been ascertained by the department.

3.2.29 The DHS stated (December2001) that as per records maintained in the Directorate (AIDS Cell), there was no shortfall in recording the distribution of polythene bags to the CMOs. His reply was silent about the vital point regarding short receipt of 1.23 lakh polythene bags valued Rs.3.69 lakh by the CMOs.

Priority Targetted Intervention for groups at High Risk

3.2.30 The project aims at reducing the spread of HIV in groups at high risk, by identifying target population and providing counseling. But, the department did not identify such population till 1998-1999.

3.2.31 The DHS stated (December 2001) that the target groups/population could not be identified till 1998-1999 as the programme implementation was at the initial stage. However, the identification work was started from 1999-2000 onwards as reported by the DHS (December 2001).

STD/HIV/AIDS Sentinel survey

Shortfall in establishment of surveillance centre

3.2.32 Surveillance of STD constitutes an important component of prevention and control of HIV/AIDS. The objective of this activity is to develop an effective surveillance system generating a set of reliable data.

3.2.33 During 1996-1997 to 2000-2001, the state government could establish only one sentinel surveillance centre at Civil Hospital, Aizawl, though the target was to establish 7 (seven) centres in other Hospitals of remaining seven districts (Lunglei, Chhimtuipui, Lawngtlai, Serchhip, Kolasib, Mamit and Champhai) during 2000-2001. The DHS stated (December 2001) that the National AIDS Control Organisation (GOI) approved only 2 centres at Aizawl and Lunglei in the state of Mizoram. The establishment of the centre at Lunglei is under process and awaiting approval of the state government (December 2001).

Shortfall in coverage of cases under sentinel survey

3.2.34 During 1996-1997 to 2000-2001, sentinel survey was undertaken by the surveillance centre (CH-Aizawl) covering the High Risk group (IDUs and STD) and Low Risk group (ANC). The target and achievement of coverage of cases during the period were as under :-

Table 3.12

Year	Category of cases (attendances)	Targetted to be covered	Actual No. of cases covered	Shortfall
1996-1997	IDU	250	102	148
	STD	250	194	56
1997-1998	IDU	250	60	190
	STD	250	215	35
1998-1999	IDU	250	78	172
	STD	250	723	-
	ANC	400	1946	-
1999-2000	IDU	250	194	56
	STD	250	232	18
	ANC	400	1157	-
2000-2001	IDU	250	104	146
	STD	250	250	-
	ANC	400	800	-

3.2.35 Reason for shortfall was stated to be less inmates/attendant during the survey.

Non-establishment of Community Care Centre

3.2.36 The National AIDS Control Board in its meeting held on 3 August 1999 approved the setting up of Community Care Centres (CCCs) for persons living with HIV/AIDS. Such centres were to be established where HIV infection rate is comparatively higher and that such centres should be regularly monitored. The State AIDS Control Society had not established any CCC in the state so far despite availability of grant of Rs.1.25 lakh and detection of 108 cases of HIV and 17 cases of AIDS (March 2001). The amount of Rs.1.25 lakh remained unutilised as of March 2001.

3.2.37 The DHS stated (December 2001) that CCCs could not be established for want of fund. The reply is not correct as fund of Rs.1.25 lakh meant for this purpose remained unutilised as of March 2001.

Implementation arrangements

3.2.38 Though there are 8[*] administrative districts in the state, no district level society was established till the end of March 2001, as envisaged in the Central guidelines. The department stated (March 2001) that the establishment of district level society on AIDS Control Programme was under process. It was also noticed that two posts of Deputy Directors (one each for STD Control and Blood Safety) remained vacant (March 2001). The DHS further stated (December 2001) that these two posts have since been filled up.

National Leprosy Eradication Programme

Non establishment of infrastructural facilities

3.2.39 Under the schemes, every state is required to establish, in phased manner, one Leprosy Control Unit for population of every 4-5 lakh, one Urban Leprosy Centre (ULC) for population of every 50,000, one Survey, Education and Treatment Centre for population of 25,000 and in low endemic districts, Mobile Leprosy Treatment Units for providing Multi-Drug Treatment. Besides, establishment of Leprosy Training Centre, Temporary Hospitalisation wards, and Leprosy Rehabilitation–cum-Promotion unit were also required to be established.

3.2.40 Scrutiny of the record of DHS revealed that the state government had neither fixed any target nor established any of the units mentioned above so far, except the establishment of 3 urban Leprosy unit (Aizawl, Lunglei and Saiha) and 1 Temporary Hospitalisation ward at Tlabung.

[*] *Aizawl, Lunglei, Chhimtuipui, Lawngtlai, Serchhip, Kolasib, Mamit and Champhai*

Target and achievement on case detection, treatment and discharge

3.2.41 The position of target and achievement of Leprosy cases detection, treatment and discharge during 1996-1997 to 2000-2001, in the State were as under :-

Table 3.13

Year	Cases of detection			Cases of treatment			Cases of discharge		
	Target	Achieve-ment	Shortfall	Target	Achieve-ment	Shortfall	Target	Achieve-ment	Shortfall
1996-1997	50	37	13	50	37	13	100	36	64
1997-1998	50	51	-	50	43	7	80	21	59
1998-1999	50	35	15	50	35	15	100	24	76
1999-2000	40	34	6	40	34	6	100	72	28
2000-2001	**20**	14	6	20	14	6	50	18	32
Total	**210**	**171**	**40**	**210**	**163**	**47**	**430**	**171**	**259**

(Source :As per information furnished by the DHS)

3.2.42 The basis of down-scaling the targets for the years 1999-2000 and 2000-2001 and the reasons for shortfall in achievements as well as death of 4 persons (out of 171 cases discharged) were not on record.

National Programme for Control of Blindness

3.2.43 The implementation of the project (NPCB) is to be carried out through District Blindness Control Societies (DBCSs) in all the districts of the state for which a recurring grant at the rate of Rs.3 lakh would be directly provided to each DBCS during a financial year in one installment. However, if the DBCS is able to demonstrate increase in performance and has utilised the fund as per pattern of assistance an additional installment of Rs.3 lakh would be released in the same financial year.

3.2.44 Each DBCS is to perform at least following four components, as per approved Annual Action Plan :-

(i) Cataract Surgery (a) Operations are to be done in permanent district hospitals equipped with ward and theatre facilities.

(b) Operations are to be done in a make shift, organising a permanent Camp site.

(ii) Screening for refractive error and provision for spectacles.

(iii) Rehabilitation of the incurably blind, and

(iv) Activities related to Local Information, Education and Communication (IEC), which includes, district level identification and motivation of potential beneficiaries, educating through group meeting, Film show, Radio talk, spot on Doordarshan *etc.*

3.2.45 In Mizoram, 4 DBCSs (Aizawl-East, Aizawl-West, Lunglei and Saiha) were established during 1993 and 1994. The year-wise position of recurring grants directly received and utilised by the 4 DBCSs were as under :

Table 3.14

Year	NAME OF DBCS				
	Aizawl East	**Aizawl West**	**Lunglei**	**Saiha**	**Total**
	(Rupees in lakh)				
1996-1997	Nil	3.00	3.00	Nil	**6.00**
1997-1998	1.50	Nil	1.00	Nil	**2.50**
1998-1999	Nil	4.00	3.00	1.00	**8.00**
1999-2000	3.00	3.15	9.00	Nil	**15.15**
2000-2001	3.00	Nil	Nil	Nil	**3.00**
Total	**7.50**	**10.15**	**16.00**	**1.00**	**34.65**

3.2.46 Against the total requirement of Central grants of Rs.60 lakh (@ Rs.3 lakh each DBCS in a year) during 5 years (1996-2001), the GOI released only Rs.34.65 lakh which resulted in short release of recurring grants to the tune of Rs.25.35 lakh. Moreover, all the DBCSs did not even receive the grants in all the years during the period (1996-2001), which apparently established the fact that all the DBCSs could not demonstrate their performance satisfactorily. The DHS stated (December 2001) that excepting the DBCS at Aizawl East, the remaining 3 DBCSs were discontinued from 30 September 2000. Hence no grant was released by the GOI to these three DBCSs during 2000-2001. There were no reasons cited for closure of these DBCSs and the implementation of the programme during 2000-2001 was thus affected.

Performances of DBCSs

3.2.47 The year wise performance of the 4 DBCSs in respect of Cataract Surgery, Eye Camps, Screening for refractive error, Rehabilitation of incurably blind and IEC activities during 1996-1997 to 2000-2001 were as under :

Cataract surgery

Table 3.15

Year	No. of Cataract Surgeries targeted	No. of Cataract Surgeries actually performed	No. of cases where Vision not restored after surgery	Percentage of successful cases	Shortfall in achievement over target
1996-1997	500	238	Nil	100	262
1997-1998	560	392	Nil	100	168
1998-1999	600	556	Nil	100	44
1999-2000	750	573	Nil	100	177
2000-2001	800	437	Nil	100	363
Total	**3210**	**2196**	**Nil**		**1014**

(Source :As per information furnished by the DHS)

3.2.48 Against the target of 3210 cases during 1996-2001, only in 2196 cases Cataract Surgery were actually performed, which resulted in a shortfall in

achievement of 1014 cases over the target. The DHS stated (December 2001) that there was difficulty in organising more Eye Camps in the interior places for want of sufficient Eye Surgeons in the state. This resulted in shortfall in achievement in cataract surgery.

3.2.49 In respect of Eye Camps it was observed that there were no records to indicate whether any annual targets were fixed for the period from 1996-1997 to 2000-2001. It was, however, noticed that in 63 camps, 0.11 lakh patients were checked. In the absence of target, the shortfall could not be assessed in audit.

3.2.50 Due to non-availability of records, the following position could not be checked in audit :

(a) Position of screening for refractive error and provision for spectacles,

(b) Position of rehabilitation of the incurably blind.

(c) Activities related to IEC by 4 DBCSs was nil during the period (1996-2001) except printing and distribution of some leaflets by the State Programme Officers at the total cost of Rs.2.58 lakhs during five years.

National TB Control Programme

3.2.51 The year-wise position showing the identification of TB cases, treatment undertaken and cases of discharge after completion of treatment during 1996-1997 to 2000-2001, were as under :-

Table 3.16

Year	No. of cases detected/registered			No. of cases brought under treatment	No. of cases discharged after completion of treatment	Cases of conversion of smear positive to smear negative		
	Old cases	New cases	Total			Smear positive	Smear negative	Shortfall
1996-1997	195	1223	1418	1418	491	172	146	26
1997-1998	221	1276	1497	1497	510	147	121	26
1998-1999	306	1277	1583	1583	503	195	152	43
1999-2000	284	1302	1586	1586	696	258	214	44
2000-2001	211	249	460	460	821	312	180	132
Total	**1217**	**5327**	**6544**	**6544**	**3021**	**1084**	**813**	**271**

(Source:- As per information furnished by the DHS)

No targets were fixed

3.2.52 The state government, Health and Family Welfare Department did not prescribe any year-wise target for number of cases of detection/registration, treatment and discharge of patients after completion of treatment. As a result, shortfall, if any, in achievement could not be ascertained in audit.

Shortfall in conversion from smear (positive) to smear (negative)

3.2.53 During 1996-1997 to 2000-2001, altogether 1084 cases of sputum smear positive were detected on the result of examination against which only 813 cases could be converted to sputum smear negative by treatment. Reason for shortfall in conversion of 271 cases to smear negative was not on record.

Monitoring and Evaluation

3.2.54 There was one Monitoring and Evaluation Officer under the State AIDS Control Society, Mizoram, for the National AIDS Control Programme. The functions of the DHS and State AIDS Control Society remained limited to collection and compilation of reports and returns only, for onwards submission to GOI under the four programmes. No evaluation of the programmes was conducted at any level to assess the overall impact on control of diseases.

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

APPENDIX - XIX

Statement showing the procurement and supply of consumables and equipment to hospitals not having blood bank facilities

(Reference : Paragraph 3.2.18; Page 46)

Name of articles	Supplied to							
	CH-Serchhip		CH-Kolasib		CH-Lawngtlai		Other Hospitals	
	Nos.	Cost (Rupees)	Nos.	Cost (Rupees)	Nos.	Cost (Rupees)	Nos.	Cost (Rupees)
(i) Blood Bank Refrigerator	1	77,905	1	77,905	1	77,905	--	--
(ii) Voltage Stabilizer	1	5,690	1	5,690	1	5,690	--	--
(iii) Mini Rotary Shaker	1	4,234	1	4,234	1	4,234	--	--
(iv) Thermograph for Refrigerator	1	29,005	1	29,005	--	--	--	--
(v) Blood Weight Machine	1	1,270	1	1,270	1	1,270	--	--
(vi) Personal Weight Machine	2	655	2	655	2	655	4	1,310
(vii) Blood Bags	100	9,254	453	21,992	200	12,262	260	15,940
Total	**107**	**1,28,013**	**460**	**1,40,751**	**206**	**1,02,016**	**264**	**17,250**
	Total cost:- Rs.3,88,030							

(Source : As per information furnished by the DHS)