3.3 Programmes for Prevention and Control of Diseases

C National AIDS Control Programme

Highlights

A review of the National AIDS Control Programme implemented in the State during 1996-97 to 2000-01 revealed that the implementation of the programme suffered a set back due to the absence of a comprehensive policy, programme mismanagement, centralised financing and absence of accountability that resulted in excess reporting of expenditure, large scale misuse of funds through diversion and advance payments, non monitoring of the financial and physical performance of substantially financed Non-Governmental organisations and non-initiation of remedial measures through monitoring and evaluation of performance of the implementing agencies. Resultant effect was that the State against achievement of target for HIV/AIDS infection rate below 1 per cent of adult population, had registered incidence rate of 2.52 per cent of the population marginally covered.

Against available balance of Rs.4.14 lakh with the State Government as of April 1998 the State Finance Department irregularly authorised (March 1999) Director of Health Services (DHS) to draw Rs.25 lakh of which the DHS transferred only 0.04 lakh to the State AIDS Control Society and misutilised balance Rs.24.96 lakh.

(Paragraph 3.3.7)

The total reported expenditure of Rs.1169.60 lakh for 1996-2001 was inflated by Rs.329.54 lakh on account of advance payments made to departmental officers/NGOs from whom accounts and vouchers had not been received as of March 2001

(Paragraph 3.3.8)

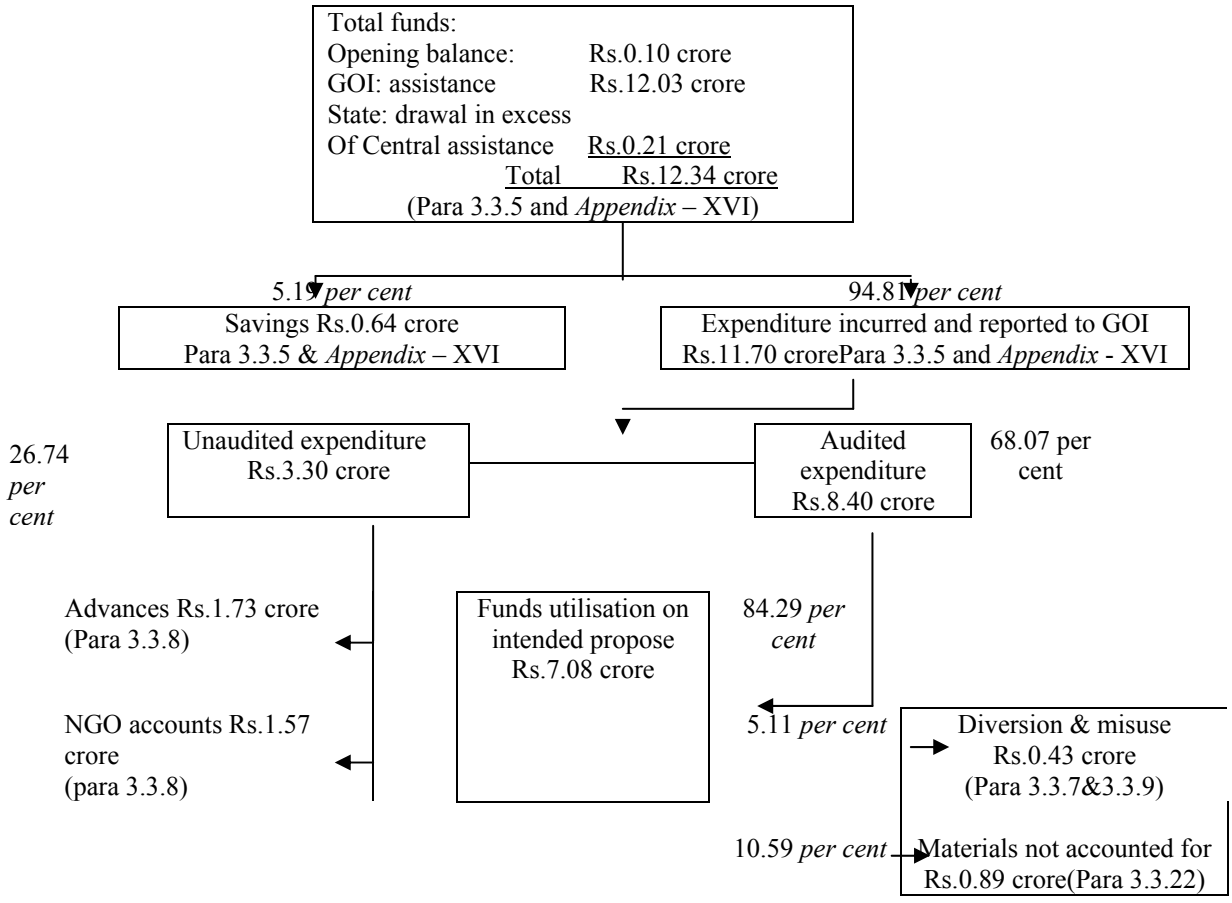
Programme funds of Rs.17.86 lakh was unauthorisedly diverted on procurement of vehicles

(Paragraph 3.3.9)

Incidence of HIV/AIDS infection rate among the STD patients and antenatal mothers were on the increase and as of 2000 registered at 6.96 *per cent* and 1.63 *per cent* indicating dissemination of infection among general community.

(Paragraph 3.3.15)

FINANCE TREE
(National AIDs Control Programme)
1996-2001



Introduction

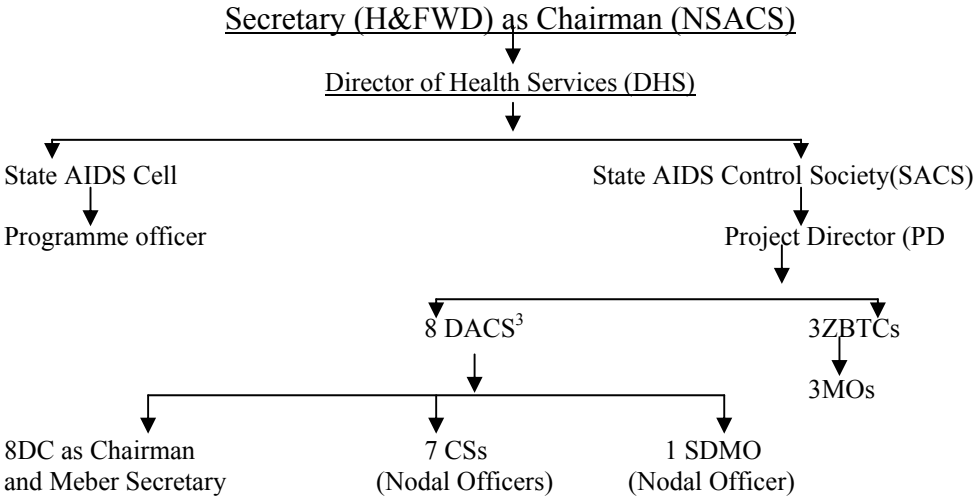
3.3.1 The National AIDS[1] control programme a cent *per cent* centrally sponsored scheme (CSS), though lunched by the Government of India (GOI) in September 1992, in Nagaland the programme was taken up as State Plan Programme from March 1992 with the setting up of State AIDS cell (SAC) in the Directorate of Health Services (DHS) was converted into the Centrally Sponsored Scheme from September 1992. Subsequently in April 1998, the Nagaland State AIDS Control Society (NSACS) was formed and took over the programme implementation of AIDS control from SAC. The Phase II of the programme funded by the World Bank was started from April 1999 with the objective of reducing the level of HIV[2] prevalence rate below 1 *per cent* among adult population.

Organisational set up

3.3.2 The Secretary to the Government of Nagaland (GON) Health and Family Welfare Department (H&FWD) is overall responsible for Health Services and Progamme Director of Nagaland State AIDS Control Society (NSACS) exercise their control over supervision in implementation of the programme.

1 Acquired Immuno Deficiency.
2 Human Immuno Deficiency Virus.

The programme is implemented in the State through a network of peripherial health institutions as shown in flowchart below.



Audit coverage

3.3.3 A review on implementation of National AIDS control programme was for the period from 1993-94 to 1995-96 was featured in para 3.9 of Report of the Comptroller and Auditor General of India – Government of Nagaland 1995-96.

3.3.4 The implementation of the programme during 1996-97 to 2000-2001 was reviewed in Audit during June-August 2001 by test check of the records of the Programme Officer AIDS cell, DHS, PD, NSACS, all 3 Blood Banks and ZBTC covring 68 *per cent* of the expenditure incurred on the programme. Important points noticed during test check are highlighted in succeeding paragraphs.

Financial outlay and expdnditure

3.3.5 Funds released by GOI to the State Government and by the National AIDS Control Organisation (NACO) to the State AIDS control society and expenditure incurred by the State/NSACS during 1996-97 to 2000-01 as per records maintained by Sr. Deputy Accountant General (A&E) office and data furnished by the Society were as under:-

Table No.3.4 **(Rupees in lakh)**

Year	*Opening balance*	*Funds released by GOI/NACO*	*Expenditure incurred by SAC/NSACS*	*Closing balance*
1996-97	10.33	190.00	175.05	25.28
1997-98	25.28	155.00	176.14	4.14
1998-99	25.00[4]	227.00	251.96	0.04
1999-2000	0.04	380.00	379.07	0.97
2000-2001	0.97	250.50	187.38	64.09
Total:-		**1202.50**	**1169.60**	

[3] DACS(District AIDS Control Society), CS (Civil Surgeon), SDMO (Sub-Divisional Medical Officer), ZBTC (Zonal Blood Testing Centre) and DC (Deputy Commissioner).

[4] Against closing balance of Rs.4.14 lakh as on 31 March 1998, the DHS projected balance as Rs.25 lakh and drew the amount (March 1999) but handed over Rs.0.04 lakh only to the NSACS.

3.3.6 In addition to above, the GOI also provided assistance of Rs.4.82 lakh for blood banks during 1998-99 (Rs.3.82 lakh) and 1999-2000 (Rs.1 lakh). Component-wise break up of expenditure phase–I and phase-II of implementation of the scheme are given in *Appendix* –XVI and XVII.

The following points were noticed:-

Unauthorised drawal and misuse of funds and reporting of inflated expenditure

3.3.7 Though establishment of Nagaland AIDS Control Society (NSACS) was preponed and made operational from 1 April 1998, unutilised central assistance of Rs.4.14 lakh lying with the State Finance Department at the end of 1997-98 was not transferred to the NSACS. On the contrary, funds of Rs.25 lakh were released against AIDS control programme to the DHS. Accordingly, the DHS drew (March 1999) the amount and utilised on procurement of materials for AIDS control programme and transferred Rs.0.04 lakh only to the society. The NSACS stated (December 2001) that funds of Rs.25.00 lakh could not be spent during the year of release i.e. 1997-98 due to late receipt which was spent by the DHS in 1998-99, but failed to produce the detailed records of utilisation.

Irregular drawal of funds

3.3.8 The DHS usually continued to draw funds from the treasury through FVC bills by enclosing only a statement of expenditure as sub-voucher. Records showed that Rs.329.54 lakh paid as advance to different officers, and NGOs for various purposes during 1996-2001 by charging them as final expenditure without getting any adjustment of expenditure from them. The amount of advances remained outstanding due to non-submission of accounts by the Programme Officer (Rs.172.87 lakh) and NGOs (Rs.156.67 lakh). Thus, expenditure was over reported by Rs.329.54 lakh. The NSACS stated (December 2001) that in order to effectively carry out different activities advances were released to different officers and NGOs.

Diversion of programme funds

3.3.9 Funds allotted and released by GOI did not include provision for purchase of new vehicles except for maintenance of existing vehicles. The Programme Officer (PO), AIDS Cell and the Project Director (PD), NSACS, however, diverted Rs.17.86 lakh programme funds on purchase of 5 light vehicles between March 1998 and January 2000. But, approval of the NACO was not obtained by the NSACS.

ii) The NSCAS stated (December 2000) that in order to effectively carry out the AIDS control activities, the society decided to purchase some light vehicles as was decided in the meeting of the Empowered Committee held on 21 September 1996 in the office chamber of the Secretary, H&FWD.

iii) The reply is not acceptable as no approval was obtained from NACO.

Implementation of the programme

Blood Safety

3.3.10 Blood banks and zonal blood testing centres-Under assistance (both cash and kind) from NACO (GOI) Blood Bank at the Naga Hospital, Kohima was to be modernised and blood transfusion centres at 2 Civil Hospitals (Dimapur and Mokokchung upgraded by addition of required infrastructure, equipment and manpower. The 3 Zonal Blood Testing Centres (ZBTC) attached to the blood banks were also required to be provided with necessary equipment with full facilities for supply of safe blood.

3.3.11 Records of DHS/NSACS showed that modernisation and upgradation of the above blood banks have been done and ZBTCs set up with each blood bank, with requisite manpower, information of the equipment and chemicals provided (by NACO)/GON and NSACS) to them was not available. Records of Hospitals at Kohima, Dimapur and Mokokchung (test check) showed that-

(i) Only 3 Medical Officers and 6 technicians of these 3 hospitals have been trained so far.

(ii) Records of SAC/NSACS showed procurement and distribution of blood banks equipment and chemicals[5] worth Rs.13.25 lakh to the NHK and Dimpaur Civil Hospital, between 1996-97 and 2000-01. But records of these hospitals, however did not show receipt of these equipment indicating non-receipt or non accountal of the equipment. The Blood samples collected and tested in these hospitals during 1996-97 to 2000-2001 were as under:-

Table No.3.5

Year	Blood samples tested (No of persons)	HIV positive cases detected No of persons (*per cent*)
1996-97	7011	412 (5.88)
1997-98	1507	40 (2.65)
1998-99	1910	72 (3.77)
1999-2000	6494	214 (3.30)
2000-2001	2440	72 (2.95)
Total	**19,362**	**810 (4.18)**

3.3.12 The position given above was inclusive of all samples collected in the sentinel survey as well as in the STD clinics.

3.3.13 Thus, over a period of five years 1996-2001, the programme implementing agency had covered only 19,362 cases out of 16 lakh estimated population of the State. The poor coverage also disclosed prevalence rate of HIV/AIDS infection ranging from 2.65 *per cent* to 5.88 *per cent* of the total cases tested. This indicated poor functioning of the State machinery.

Sentinel Surveillance

3.3.14 In order to keep a surveillance on the infection rate of AIDS by effectively monitoring the HIV positive cases and to help take preventive steps (both auxilliary and diagnostic) to contain the spread of the deadly infectious virus, the department set up 2 surveillance centres at Kohima and Dimapur and carried out sentinel surveillance between 1 August and 31 October each

[5] Audio and PA system, PP screen, Overhead projector, Voltage stabilazer, Standy generator, Fax machine, Slide projector, Glass slide, Tube alter VDRL-Vendix, PO bag, IV set, HIV/EIA, camb scren and Aids

year by drawing blood samples from four out of 8 districts of the State. The 4 remaining districts viz Wokha, Phek Zunheboto and Mon were never covered for which no reasons were on record. However, of the 6344 blood samples of Intra-Venous Drugs Users (IVDU-697) tested during 1996-2000, Sexually Transmitted Diseased (STD-1162) patients and Antenatal Cases (ANC-4485), 229 cases were found HIV positive indicating prevalence rate of 2.52 *per cent* at an average at the end of the year 2000 as shown in *Appendix -XVIII*.

3.3.15 As per NACO survey report, the incidence of HIV infection at the end of the year 2000, among the IVDU, STD patients and ANC were 7.03 *per cent*, 6.90 *per cent* and 1.35 *per cent* respectively.

3.3.16 This indicated the performance of the SAC and NSAC has not been satisfactory and the main objective of the programme was not achieved despite spending of Rs.13.95[6] crore on the programme which included Rs.32.01[7] lakh being spent on Sentinel Surveillance alone during 1993-2001.

Control of Sexually Transmitted Diseases

3.3.17 To contain the spread of sexually Transmitted Diseases (STD) including HIV/AIDS through identification, counselling preventive as well as diagnostic steps, 8 STD clinics had been set up in 8 district hospitals of the State. Over a period of 5 years -1996-2001 (except 1997 when no STD survey was conducted) out of 1162 STD patients tested 52 were found HIV positive indicating an average incidence rate of HIV positive case among STD patients at 4.48 *per cent* as detailed in *Appendix –XVIII*. It also showed that HIV positive cases among the STD patients are increasing, rising from 3 *per cent* in 1996 to 6.96 *per cent* in 2000, despite implementation of IEC activities and Family and Health Awareness Campaign.

Training

3.3.18 According to the NACO guidelines the State (SAC/NSACS) drew up annual action plan for imparting training to the functionaries viz the doctors, nurses, technicians and the para medical staff of the health care services both from Government as well as at the private sectors.

3.3.19 Records showed that the SAC/NSACS with the help of State and national faculties conducted 241 various training programme and 959 doctors, 1356 nurses, 54 technicians and 1383 para medical staff of both Government and private sector were trained in AIDS control during 1996-2001 at a cost of Rs.162.59 lakh. However, in respect of expenditure of Rs.72.26 lakh details of training programme conducted were not furnished. For want of these bonafides of this expenditure of Rs.72.26 lakh were not vouchsafed.

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[6] Total expenditure 1933-96 Rs.225.70 lakh.
1996-2001 Rs.1169.60 lakh.
Total Rs.1395.30 lakh

[7] Upto 1995-96 Rs.9.14 lakh.
1996-2001 Rs.22.87 lakh.
Total **Rs.32.01 lakh**

Other points

3.3.20 Records of SAC and NSACS indicated that Rs.5.70 crore was spent during 1996-2000 in various IEC activities, but detailed records in support of expenditure were not maintained. Further, materials worth Rs.89.13 lakh procured during 1996-2001 were not accounted for in stock register. As such, the expenditure could not be vouchsafed in audit.

Monitoring and evaluation

3.3.21 Proper monitoring of the progress of implementation and the physical and financial achievements was not done till the end of 1998-99. From 1999-2000 though regular reports were sent to GOI (NACO), the practice of inflated reporting of expenditure that included advances payments as well, continued Physical performance had never been vouched with financial performance with consequential impact on the programme that showed increase of HIV/AIDS incidence among the STD patients and antenatal mother while in the case of IVDUs there has not been a significant decline.

3.3.22 The programme has never been evaluated by an independent authority as required to assess the impact of implementation of the programme. The consolidated reports/returns that were sent to the GOI has also not been analysed and evaluated at the State headquarter or by the GOI and follow up action taken to arrest the rising trend of HIV infectious.

Recommendations

3.3.23 In view of the irregularities and shortcomings noticed in the foregoing paragraphs the following recommendations are made-

(i) Spending of programme funds should be accountability centred.

(ii) Activities of the blood banks and sentinel survey should be intensified to get adequate coverage in blood sample collection and testing.

(iii) Accountability of the IEC activities, NGOs performance training should be ensured.

(iv) There should be proper analysis and evaluation of feed back data received from various agencies to evolve suitable strategies for implementation.

APPENDIX - XVI

Statement showing component wise expenditure on AIDS control programme
(Reference: Paragraph 3.3.6; page 47).

(Rupees in lakh)

Sl. No.	Components		1996-97	1997-98	1998-99	Total 1996-99	1999-2000	2000-01	Total 1999-2001	Total 1996-2001
1.	Programme Management	Receipts	---	---	---	---	142.10	39.10	181.60	---
		Expenditure	16.91	24.37	24.70	65.98	97.51	36.49	134.00	199.98
2.	Blood safety	Receipts	---	---	---	---	12.40	14.43	26.83	---
		Expenditure	6.95	5.23	11.50	23.68	14.32	24.34	38.66	62.34
3.	IEC and Condom Promotion	Receipts	---	---	---	---	101.00	93.00	194.00	---
		Expenditure	93.25	121.05	166.40	380.70	125.04	64.54	189.58	570.28
4.	Sentinel surveillence	Receipts	---	---	---	---	5.10	2.84	7.94	7.94
		Expenditure	4.71	6.00	5.00	15.71	4.00	3.16	7.16	22.87
5.	STD clinic	Receipts	---	---	---	---	16.00	5.00	21.00	---
		Expenditure	10.53	9.49	14.36	34.38	25.00	3.26	28.26	62.64
6.	Training	Receipts	---	---	---	---	54.00	48.33	102.33	---
		Expenditure	42.70	10.00	30.00	82.70	42.30	37.59	79.89	162.59
7.	Civil Wroks	Receipts	---	---	---	---	48.00	6.30	54.30	---
		Expenditure	---	---	---	---	55.00	4.01	59.01	59.01
8.	Others	Receipts	---	---	---	---	1.00	41.50	42.50	---
		Expenditure	---	---	---	---	15.90	13.99	29.89	29.89
	Total	Receipts	**190.00**	**155.00**	**227.00**	**572.00**	**380.00**	**250.50**	**630.50**	**1202.50**
		Expenditure	**175.05**	**176.14**	**251.96**	**603.15**	**379.07**	**187.38**	**566.45**	**1169.60**
	Excess (+) Savings (-)		**(-)14.95**	**(+)21.14**	**(+)24.96**	**(+)31.15**	**(-)0.93**	**(-)63.12**		**(-)32.90**

Closing balance =	Opening balance as on 1 April 1996.	Rs.10.33 lakh
	Savings 1996-2001.	Rs.32.90 lakh
	Over drawal by DHS & incoporated in accounts against central assistance.	Rs.20.86 lakh
	Totlal:-	Rs.64.09 lakh

APPENDIX - XVII
Statement showing programme wise breakup expenditure
(Reference: Paragraph 3.3.6; page 47).

(Rupees in lakh)

Component	Year	Funds released by NACO	Expenditure	Percentage of expenditure
Priority Targetted Intervention against HIV/AIDS	1999-2000	116.50	98.12	84.22
	2000-2001	95.60	53.51	55.97
Preventive Intervention for General Community	1999-2000	83.40	120.12	144.03
	2000-2001	57.43	53.31	92.83
Institutional Strengthing	1999-2000	143.10	135.83	94.92
	2000-2001	90.47	77.24	85.57
Low cost AIDS care	1999-2000	33.00	20.00	60.61
	2000-2001	5.00	3.26	65.20
Intersectoral Collaborates	1999-2000	4.00	5.00	125.00
	2000-2001	2.00	0.06	3.00
Total	**1999-2000**	**380.00**	**379.07**	**99.76**
	2000-2001	**250.50**	**187.38**	**74.80**
Grant Total		**630.50**	**566.45**	**89.84**

APPENDIX - XVIII
Statement showing population covered under sentinel surveillance
(Reference: Paragraph 3.3.14 and 3.3.17; page 49).

Year	Adult population above 12 years	IVDU			STD			ANC			Total			PC of population covered in survey to adult population
		Total	HIV+Ve	P.C.	Total	Positive	P.C.	Total	Positive	P.C.	Total	Positive	P.C.	
1996	10.02 lakh	100	30	30	400	12	3	---	---	---	500	42	8.4	0.05
1997		100	21	21	---	---	---	---	---	---	100	21	21	0.01
1998		250	45	18	311	15	4.8	1486	12	0.81	2047	72	3.52	0.20
1999		119	9	7.5	250	11	4.4	1463	27	1.85	1832	47	2.56	0.18
2000		128	8	6.25*	201	14	6.96	1536	25	1.63	1845	47	2.52	0.19

** According to NACO records the figures for IVDU and ANC are 7.03 and 1.35.*