Medical and Public Health

3.3 National AIDS Control Programme

The National AIDS Control Programme was aimed at controlling Acquired Immuno-deficiency Syndrome (AIDS) by spreading public awareness regarding transmission of the Human Immuno-deficiency Retro Virus (HIV). The Delhi State Aids Control Society was entrusted with the implementation of this programme in the National Capital Territory of Delhi. Though the NCT of Delhi is categorised as one of the "Low Prevalence" States by the National Sentinel Surveillance 2002, the number of cases in Delhi increased from 359 in December 1999 to 862 in October 2003. An audit review of the implementation of the Programme revealed that the Society could finalise the first batch of eight NGOs for priority targeted intervention for groups at high risk only by September 2001, viz. after three years of its formation. Supply of free condoms under the Programme fell short of requirement during 1998-99 to 2002-03. The Society could set up only one clinic for Sexually Transmitted Diseases (STD) against a target of 30 during the last five years. Only 12 per cent of the targeted population visited campsites during the Family Health Awareness Campaign run by the Society in 2002. A majority of these patients who visited the campsites were for general treatment rather than for Reproductive Tract Infection/STD. The sero-positivity rate of HIV infection in NCT of Delhi had increased from 3.81 per thousand (1999) to 18.87 per thousand (December 2002) in the cases surveyed under sentinel surveillance. Meanwhile, in the Voluntary Testing & Counseling Centres run by the Society, only 29.5 per cent of the people were imparted pre-test counseling while only 8.4 per cent people who had visited, voluntarily walked-in for testing. There was a short fall ranging from 26 per cent to 5.19 per cent of the targets for HIV cases surveillance.

Highlights

The Society could finalize the first batch of eight NGOs for priority targeted intervention for groups at high risk only by September 2001 viz. after three years of its formation.

(Paragraph 3.3.6)

Supply of condoms fell short of requirement during 1998-99 to 2002-03. In a survey conducted by ORG Centre for Social Research in 2002, only 23.4 per cent non-brothel based Commercial Sex Workers (CSW) reported consistent use of condoms with non-paying partners.

(Paragraph 3.3.6)

The Society could establish only one clinic for Sexually Transmitted Diseases (STD) against a target of 30 during the last five years. Out of a total of 11 STD clinics in existence, only one reported adequate supply of the required medicines. Further, only 14 per cent of the general population (3,776) who suffered from symptoms of STD approached government hospitals/clinics for HIV/AIDS or STD while 23 per cent took no treatment at all.

(Paragraph 3.3.6)

Sero positivity rate of HIV infection in NCT of Delhi which was 3.81 per thousand in December 1999 had increased to 18.87 per thousand by December 2002 in the cases surveyed under sentinel surveillance. The number of AIDs cases in NCT of Delhi had increased from 359 in December 1999 to 862 by October 2003.

(Paragraphs 3.3.1 & 3.3.15)

The Society strengthened only seven out of 41 blood banks functioning in NCT of Delhi. No training in blood transfusion practices was given to blood bank officers and laboratory technicians by the Society till March 2003.

(Paragraph 3.3.13)

Four out of thirteen 10KVA Diesel Generator Sets supplied by NACO to Blood Testing Centres in 1998 were lying idle for over five years.

(Paragraph 3.3.20)

3.3.1 Introduction

Acquired Immuno-deficiency Syndrome (AIDS) is a severe life-threatening condition which represents the late clinical stage of infection with Human Immuno-deficiency Retro Virus (HIV). HIV virus may be transmitted through sexual contact (homosexual, bi-sexual or heterosexual), sharing of

contaminated needles or syringes, multiple blood transfusion of an infected person's blood and transmission from infected mother to child before, during or shortly after birth.

The National AIDS Control Programme (NACP) focusing on increasing awareness of HIV/AIDS, screening of blood for HIV and testing of individuals practising risky behaviour, was launched by the Government of India and has moved through three phases since its launch in 1987 as below:

1986-1992: This period was marked by denial of the threat of HIV to India. The initial activities of this programme focused on HIV surveillance along with some initial training and educational activities.

1992-1999: The National Aids Control Project (NACP-I) was initiated for a period of five years from September 1992 to September 1997. Due to slow utilization of funds in the first two years of the project, it was extended upto March 1999.

1999-2004: The National AIDS Control Programme-II (NACP-II) was launched in 1999 in order to encourage and enable the States to take on the responsibility of responding to the epidemic on a longterm basis and reduce the spread of the infection.

NCT of Delhi is categorized as one of the "Low Prevalence" States according to the National Sentinel Surveillance Survey, 2002. However, the number of AIDS cases reported to the National AIDS Control Organisation (NACO) increased steadily from 359 in December 1999 to 862 by October 2003. The AIDS Control Project is implemented in Delhi by the Delhi State AIDS Control Society (DSACS).

3.3.2 Programme Objectives

NACP-II has two objectives namely (a) to reduce the spread of HIV infection in India; and (b) to strengthen India's capacity to respond to HIV/AIDS on a longterm basis. The components of the Programme are:-

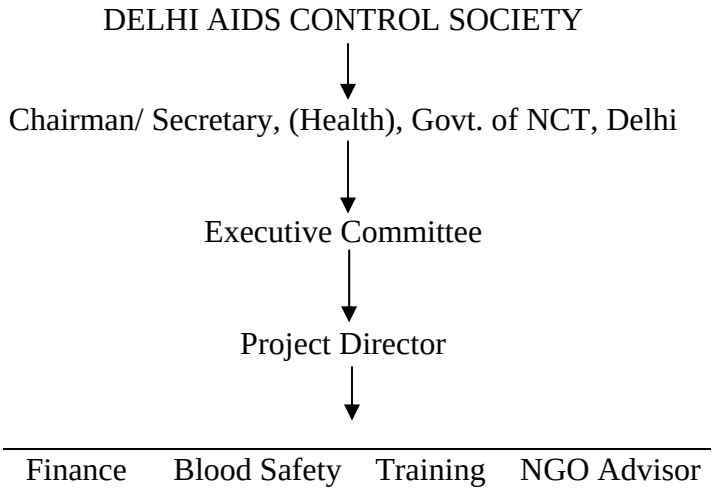
- Priority targeted interventions;
- Preventive interventions for the general community;
- Low cost AIDS care;
- Institutional strengthening; and
- Inter-sectoral collaboration.

3.3.3 Scope of Audit

The implementation of the programme during 1998-99 to 2002-03 in the National Capital Territory of Delhi was test-checked by audit with reference to the records of the Delhi State AIDS Control Society.

3.3.4 Organisational Set-up

In order to effectively combat the HIV/AIDS epidemic, the Government of India established the National AIDS Control Organisation (NACO) in 1992 as an executive body in the Union Ministry of Health and Family Welfare to work for the prevention and control of AIDS in the country. The Delhi State AIDS Control Society (DSACS) became functional in Delhi from 1 November 1998 to implement the AIDS Control Programme in the National Capital Territory of Delhi through Government hospitals and Non-Government Organizations (NGOs). The Society functions through an Executive Committee under the chairmanship of Secretary (Health) of the Government of NCT of Delhi. The Member Secretary of the Executive Committee is the Project Director of the programme.



3.3.5 Receipt of Funds and Disbursements

NACP-II is a hundred per cent centrally sponsored scheme. Grants are directly released by NACO to the States AIDS Control Societies (SACSs) after approval of their annual plan of action. Subsequent release of grant is on the basis of expenditure figures reported by the States/ UTs.

The position of grants released to DSACS and expenditure reported to NACO was as under:

Table 3.3.1: Receipt of Grants and Disbursement

(Rupees in lakh)

Year	Grant Received	Expenditure Reported	Balance	Reasons for Savings
1998-99	110.00	71.94	38.06	Non-posting of staff; Training programme could not be taken up as the Society started functioning in November 1998.
1999-00	325.79	383.39	(-) 57.60	--
2000-01	229.00	168.15	60.85	Grant of Rs. 29 lakh for Family Health Awareness Campaign was received at the end of the year and therefore could not be utilised.
2001-02	354.00	328.97	25.03	--
2002-03	377.00	386.97*	(-) 9.97	--

It was noticed in audit that during the year 2002-03, the Society disbursed an amount of Rs. 59.57 lakh in the month of March 2003 to 19 NGOs as advance Grant-in-Aid merely to avoid lapse of funds received from NACO. Further, the Society was required to submit Project Management Reports and Statements of Expenditure (SOE) to NACO by 15 of the month following the end of the quarter. These were, however, not being sent in time. There was a delay of one to nine months in their submission to NACO.

The Society was also to submit annual Statements of Account duly audited by a Chartered Accountant to NACO within six months after the close of the financial year. There was a delay of one to 13 months in submission of these Financial Statements to NACO.

Non reconciliation of expenditure

Further, the expenditure figures as reported to NACO through the quarterly Statements of Expenditure did not tally with the expenditure figures depicted in the annual Statement of accounts. The variations were as under:

Table 3.3.2: Variations in figures between quarterly SOE and Annual Statement of Account

(Rupees in lakh)

Year	Expenditure		Variation
	According to SOE	According to Annual Statement of Account	
1998-99	71.94	32.22	39.72
1999-00	383.39	369.08	14.31
2000-01	168.15	171.55	3.40
2001-02	328.97	311.45	17.52
2002-03	386.97	Not audited by the Chartered Accountant (June 2003)	NA

The differences/ variations remained un-reconciled. The Society stated that the variations were due to:

i) Fixed assets shown as expenditure in SOE;

ii) Advances taken as expenses in SOE;

iii) Omission of claims in SOE; and

iv) Cancellation of cheques not taken in SOE.

Components/ Activities Covered under the Programme

3.3.6 Priority Targeted Intervention for High Risk Groups

The project aims to reduce the spread of HIV amongst groups at high risk by identifying target populations and providing peer counseling, condom promotion and treatment of Sexually Transmitted Infections (STI). These are to be delivered largely through NGOs, Community Based Organisations (CBOs) and the Public Sector using generic protocols.

The Society implements targeted intervention projects through NGOs short-listed by the NGO advisor and recommended by the Technical Advisory Committee with the approval of the Executive Committee of the Society.

Delay in finalisation of NGOs for Targeted Intervention Projects

The Society could finalize the first batch of eight NGOs for priority targeted intervention project of groups at high risk only by September 2001, i.e. after almost three years of its formation. The Government stated (January 2004) that sanctions could not be granted earlier due to shortage of funds.

During the year 2001-02, nineteen targeted intervention projects were allotted against a target of 13 projects. The increase was mainly in the targeted intervention group of "Migrant Labour" in which the Society had allotted 13 projects for Rs 19.08 lakh (Annex –I) against a target of four. The Government stated (January 2004) that this was because more proposals were received from NGOs in this targeted intervention group.

No targets were fixed for imparting training to NGOs making it difficult to assess performance. The Society stated that targets were not fixed but training in the form of a workshop was given to the selected NGOs at the start of their project.

In terms of NACO guidelines, 10 per cent of the budget for targeted intervention projects was to be borne by the NGO. Accordingly, 10 per cent of the grant-in-aid was to be deducted by the Society in cash which was not done. The Society stated (July 2003) that 10 per cent contribution was being

accepted in the form of fixed assets and not as cash contribution in terms of a decision taken in the NGO Advisors' meeting held on 20 April 2002.

The position of Grants-in-aid released to NGOs and receipt of Utilization Certificates (UC) was as under:

Table 3.3.3: Outstanding Utilization Certificates

Year	No. of NGOs/ Voluntary Organisations to whom grants released	Amount of grants released (Rs. in lakh)	No. of UCs received	No. of UCs awaited	Grants involved in respect of UCs awaited (Rs. in lakh)	Reasons for non receipt of UCs	Percentage of grants for which UCs awaited
2001-02	T.I. Projects 11	53.61	8	3	22.16	Nil	41.33
	SAEP[2] 35	23.68	--	35	23.68		100.00
2002-03	T.I. Projects 28	119.53	6	22	87.91	Nil	73.54
	SAEP 16	8.20	--	16	8.20		100.00

Note: *No grants were released for the first 3 years (1998-99 to 2000-01).*

The Government stated (January 2004) that all NGOs had been instructed to submit the utilisation certificates and that no further grants could be released till they were received.

Evidently, adequate action had not been taken to ensure the timely receipt of the UCs. In their absence, the proper utilization of the grants released cannot be conclusively established.

Audit scrutiny revealed that an NGO (Desi Trust) applied (August 2000) for a grant in aid under the Targeted Intervention Project for 10,000 truckers at the Apsara Border, Wazirabad and Loni Border areas of Delhi. The target was reduced to 5,000 as the financial position of the NGO was not found to be sound. A grant of Rs. 2.33 lakh as first installment was released to it in November 2001. In August 2002, the site was visited by a team from the Society who reported that a consistent approach had been missing in the project and that the performance of the NGO was not satisfactory.

Release of grant inspite of unsatisfactory progress

Though the second installment was to be released on receipt of a progress report and satisfactory utilisation of the first installment, the Society released the second installment of Rs. 2.80 lakh in November 2002 in spite of progress not being satisfactory. The project was to run for three years but no extension was given by the Technical Advisory Committee of the Society. Thus, a grant of Rs. 5.13 lakh was given to the NGO though it clearly lacked the ability and wherewithal to meet the programme parameters.

[2] *School AIDS Education Programme*

The Government merely stated (January 2004) that the prescribed procedure had been followed in this cases.

Condom Distribution

The most common way by which HIV/AID spreads is through sexual contact. The objective of the condom programme is to ensure easy access to good quality, affordable and acceptable condoms to promote safe sex. Condoms were provided free of cost by the Department of Health and Family Welfare, Government of India, to the Society upto 2001-02. During the year 2002-03, the Society purchased 45 lakh condoms from the Union Ministry of Health and Family Welfare and distributed them free of cost through NGOs.

The position of demand and distribution of condoms during the period under review was as follows:

Table 3.3.4: Demand and Distribution of Condoms

(Figures in lakh)

Sl. No.		1998-99		1999-2000		2000-01		2001-02		2002-03	
		Demand	Distribution	Demand	Distribution	Demand	Distribution	Demand	Distribution	Demand	Distribution
1.	Free Distribution	60.00	28.14	120.00	52.68	144.00	30.90	72.00	37.65	85.00	45.00
2.	Social Marketing	--	--	--	--	0.43	0.43	--	--	--	--
3.	Commercial Sales	--	--	--	--	--	--	--	--	--	--
Total		**60.00**	**28.14**	**120.00**	**52.68**	**144.43**	**31.33**	**72.00**	**37.65**	**85.00**	**45.00**

Short supply of condoms

It is evident that the supply of condoms fell short of the Society's requirement during 1998-99 to 2002-03. The Government attributed (January 2004) the shortfall to inadequate supply from the Government of India. No effort was made to make-up the shortfall. Such massive shortfalls have an adverse impact on the objective of controlling the spread of HIV through promotion of safe sexual encounters.

In a sample survey conducted by the ORG Centre for Social Research (June 2002) in Delhi, it was reported that about two thirds of all respondents from the general population (3,776) had heard of or seen a condom (67.8%). There were, however, significant differences between awareness levels amongst male (73.3%) and female (62.4%) respondents. Further, 72.5 per cent of brothel-based female sex workers and 67.2 per cent of non-brothel-based female sex workers reported consistent condom use with paying clients. Only 66.7 per cent of brothel based and 23.4 per cent non-brothel-based Commercial Sex Workers (CSW) reported consistent use of condoms with non-paying partners.

There is a need to intensify efforts to spread awareness about the use of condoms to prevent the spread of the HIV virus.

Strengthening of STD Clinics

Sexually Transmitted Diseases (STDs) increase the chances of HIV infection. Hence, STD control forms a key component of the strategy to combat AIDS.

There were 10 STD clinics in different government hospitals. The Society could add only one clinic (2001-02) against a target of 30 clinics during the second Phase of NACP. The Government stated in January 2004 that the shortfall was due to lack of space and staff in the Government hospitals. Concurrence of one hospital (Shri Guru Tegh Bahadur) had since been received for establishing an STD clinic. The Government added that further strengthening of STD clinics was in process. The number of cases treated in STD clinics was as follows:

Table 3.3.5: Performance of STD Clinics

Year	Number of cases attended to in STD Clinics	Number referred by the STD clinics to Government Hospitals for further diagnosis/treatment	Number Treated
Jan.98 to Dec.98	NA	NA	NA
Jan.99 to Dec.99	NA	NA	NA
Jan.2000 to Dec.2000	3275	NA	3275
Jan.2001 to Dec.2001	3147	NA	3147
Jan.2002 to Dec.2002	9920	554	9366

***Note**: The figures pertained to all STD clinics in Delhi run by government hospitals.*

According to a report obtained by NACO in 2002, only 14 per cent of the STD clinics which sent their reports indicated adequate availability of essential medicines for treatment of STD cases. The Society stated in November 2003 that the STD clinics were being equipped and supplied by the regulating agencies like the Directorate of Health Services and no additional requirement had ever been projected by these clinics. However, under the scheme of strengthening of STD clinics, a requirement of STD drugs was brought out and Rs. 1.00 lakh had been released to eight hospitals during 2003-04 for the procurement of STD drugs.

An audit analysis indicated that out of the 11 STD clinics in existence, only seven had reported the position of adequacy of medicines to NACO. Of these, only one STD clinic actually reported adequate availability of the required medicines.

Government clinics not preferred for treatment of STD

A Baseline Behavioural Surveillance Survey (BBSS) 2001-02 conducted by the ORG Centre for Social Research found that only 14 per cent of the general population (3,776) of Delhi who suffered from any symptom of STD during the previous 12 months had approached government hospitals/clinics for HIV/AIDS or STD treatment while 23 per cent took no treatment at all. The remaining preferred private hospitals/clinics. According to an evaluation study of doctors conducted by the Department of Social Work, University of Delhi (March 2002), almost one third (32.61%) of the respondents admitted that they were not aware of any guidelines for STD care and management. The responses on treatment of STD patients were also not very encouraging on a few aspects like partner notification and compliance and treatment.

The Government stated (January 2004) that guidelines for STD care and management had since been made available to the dispensaries and hospitals.

Preventive Intervention for the General Community (Prevention among Low Risk Group)

3.3.7 Information, Education and Communication (IEC)

Information, Education and Communication are critical aspects of the AIDS prevention and control programme. A broad range of approaches can be used effectively to generate awareness, modify attitudes and change behaviour.

The Baseline Behavioural Surveillance Survey (BBSS) conducted by the ORG Centre for Social Research among the General Population, Bridge and High Risk Groups in Delhi (June 2002) to assess the awareness level of HIV/ AIDS and STD revealed the following:

- 70.4 per cent among general population and 66.2 per cent amongst female sex workers and 64.3 per cent clients of female sex workers were aware of the need to use condoms and have one uninfected, faithful, sexual partner to avoid the perils of AIDS;

- 23.5 per cent respondents from the general population, 44 per cent clients of sex workers, 33 per cent female sex workers, 54 per cent men who have sex with men, and 25 per cent injecting drug users had correct knowledge of all three issues relating to non-transmission of HIV i.e. through mosquito bites, through sharing a meal with an affected person and the fact that a healthy looking person can also transmit HIV.

- Persons suffering from STD have a higher chance of contracting HIV/ AIDS. Overall, 34 to 94 per cent of all the respondents as categorised above had heard of STD.

- The awareness of linkage between STD and HIV/AIDS amongst the general population was 23.9 per cent (24.3 per cent in urban areas and 20.8 per cent in rural areas of NCT of Delhi).

The lack of awareness as brought out by the survey was indicative of poor dissemination of information to the general public as well as the various high risk groups regarding the linkage between STD and HIV/AIDS.

3.3.8 Utilisation of funds- IEC activities

Annual action plans are prepared by DSACS in respect of IEC activities during a year. The details of expenditure sanctioned and actual expenditure during 1998-99 to 2002-03 were as under:-

Table 3.3.6: Allocation and Expenditure – IEC activities

(Rupees in lakh)

Year	Amount of Allocation approved by NACO	Amount Spent
1998-99	60.00	72.45
1999-00	84.00	153.67
2000-01	40.00	21.94
2001-02	50.00	31.06
2002-03	59.10	52.32

No grant was given to NGOs for IEC activities by DSACS. However, a grant of Rs. 53.27 lakh was given to NGOs for social mobilization under the Family Health Awareness Campaign from 1998-99 to 2002-03.

3.3.9 Level of Awareness about RTI/ STD and HIV/ AIDS

12 per cent of the targeted population visited camps during Family Health Awareness Campaign

An evaluative study on the Family Health Awareness Campaign (FHAC) conducted by the Department of Social Work, University of Delhi, reported in March 2002 that only 12 per cent of the targeted population visited campsites during the FHAC in February 2002. Only 34.55 per cent of community members went to dispensaries for treatment. But the majority of the patients who came to the dispensaries came for general treatment rather than for problems related to RTI[3]/ STD. Out of 822 community members, 36 per cent were unaware about the availability of treatment in the public health system.

The study found that the Campaign lacked a focused IEC strategy for the male population at the ground level. This was evident from the relatively poor awareness amongst males about FHAC as also their poor participation in the campaign as compared to females. The Government stated (January 2004) that the Campaign had been redesigned to motivate the male population.

[3] *Reproductive Tract Infection*

3.3.10 School AIDS Education Programme

Imparting correct knowledge to young people on how to protect themselves against HIV/ AIDS and to encourage them to adopt a responsible lifestyle is an important component of NACP to check the growing prevalence of HIV/ AIDS.

There were 2,500 secondary and senior secondary schools in NCT of Delhi of which the Society covered only 1,600 viz. 64 per cent. The Government stated in January 2004 that the reason for not covering all the schools was limited allocation of funds by NACO.

The Society had not conducted any evaluation of the programme. The Society stated (November 2003) that evaluation of this programme was undertaken by UNESCO for the year 2002-03 but the reports had not been received so far.

3.3.11 Provision of Voluntary Testing and Counseling Services

The programme sought to enable individuals to ascertain their HIV status by making available facilities for voluntary testing and counseling. Such self assessment was expected to promote safe behaviour amongst such people thus reducing the risk of infection.

There were 15 Voluntary Counseling and Testing Centres (VCTC) in existence in Delhi out of which 10 VCTCs were established by the Society. Five VCTCs had been functioning in Delhi since 1992 in government hospitals. Fifteen VCTCs functioning in Delhi incurred an expenditure of Rs. 1.01 crore during 1998-99 to 2002-03.

Sero positivity rate per thousand increased from 2.25 (December 1993) to 47.43 (December 2002) as per data with the VCTCs

It was found that the sero positivity rate which was 2.25 per thousand in December 1993 increased to 47.43 per thousand by December 2002 according to the data available in the VCTCs (Annex-II).

The Government stated (January 2004) that increase in the sero positivity rate could be attributed to increase in the number of HIV positive cases, increase in the number of VCTCs, increase in the awareness level about the counseling and testing facilities amongst the general population and medical fraternity and reduction in the cost of the test from Rs. 100 to Rs. 10 per test.

3.3.12 Pre-test Counseling at VCTC

Voluntary HIV counseling and testing is the process by which an individual undergoes counseling enabling him or her to make an informed choice about being tested for HIV. The counsellor also prepares the client by explaining the HIV test and by correcting myths and mis-information about HIV/ AIDS. The

percentage of people who were imparted such pre-test counseling at VCTCs was 29.5 which was lower than the all India average of 67 per cent.

Out of the 50,390 persons tested for HIV/ AIDS at VCTCs in the year 2002, only 4,256 (8.4 per cent) had walked in voluntarily for conseling and testing.

The Society stated in October 2003 that pre-test counseling was being done by the treating physician in the wards and OPDs of hospitals and referral cases from centres other than government hospitals were being directly tested.

The Government stated (January 2004) that efforts were being made to provide bed side pre-test/ post-test counseling to patients admitted in the wards.

Analysis of the training of healthcare workers in HIV/ AIDS counseling revealed that against a total strength of 8,000 health workers, only 3,487 (43.59%) had been trained as of March 2002.

3.3.13 Reduction of Transmission by Blood Transfusion

This activity included (i) setting up of modern blood banks, upgrading existing major blood banks and setting up of new district-level blood banks; (ii) establishing blood component separation units; (iii) establishing mandatory screening of all blood units for Hepatitis-B and C Virus; and (iv) promoting voluntary blood donations. There were 10 zonal blood testing centres with networking of 41 blood banks functioning in Delhi. It was observed in audit that:

- Only seven out of the 41 blood banks had been strengthened by the Society with supply of consumable items like blood bags, anti-seras and Elisa Kits.

Training in blood transfusion practice not given

- No training in blood transfusion practices had been imparted to blood bank officers and laboratory technicians till March 2003. The Society stated in November 2003 that under External Quality Assurance Scheme, training of blood bank officers and laboratory technicians was taken up in August 2003 and was likely to be completed by December 2003.

- The course curriculum for blood bank officers and technicians for short and longterm courses had not been finalised by the Society.

- The Blood Testing Centres are used to test the samples for HIV infection. These are collected during each round of sentinel survey at the identified sites once a year (during August to October). Information for the period 1999 to 2002 is as under:

Table 3.3.7: Targets and Achievements of Sentinel Surveys

Year	Number of Centres	Number of Centres which conducted Sentinel Survey	Tests targeted to be conducted	Actual
1999	3	3	1050	1050
2000	7	7	2200	1628
2001	9	9	2850	2534
2002	9	9	2850	2702

Thus only nine sentinel surveys were conducted in which 7,914 tests were actually conducted against the target of 8,950 between 1999 and 2002.

The Government stated (January 2004) that only seven blood banks had been designated under the modernization of blood banks by NACO and only these were being provided the necessary consumables. It added that though training of blood bank staff was to be done by the State Blood Transfusion Council, two training programmes for blood bank officers and laboratory technicians had been undertaken by the society.

3.3.14 Prevention of Parent to Child Transmission (PPTCT) of HIV

Mother to Child transmission (MTCT) is by far the most significant route for transmission of HIV infection in children. HIV can be transmitted during pregnancy, during child birth and during breast-feeding.

Short fall in opening PPTCT Centres

In Delhi, DSACS had opened five PPTCT centres against a target of ten centres (2002-03) in the Gynaecology departments of Government hospitals. In addition, four more centres had been started till November 2003. An analysis of records revealed that 29,244 women had visited such centres since their inception in August 2002 till July 2003. Of these, 14,010 (47.90%) women were counseled and 5,830 (41.61%) were tested out of whom 15 (0.25%) were found HIV positive. However, only 75 per cent of these HIV positive women had collected their test results.

The Government stated (January 2004) that the PPTCT Centres had been linked to the local NGOs for wider dissemination of awareness and that capacity building of counselors had been takenup.

3.3.15 STI/ HIV/ AIDS Sentinel Surveillance

Surveillance of sexually transmitted diseases constitutes an important component of prevention and control of HIV/ AIDS. The objective of this activity is to develop an effective surveillance system to generate a set of reliable data. Three approaches were identified, namely (i) Etiological

information (ii) Syndromic information and (iii) initiation of community-based studies to generate data on prevention of STD. The following activities were included in the sentinel surveillance:

- HIV sentinel surveillance;
- STI surveillance through specific survey;
- Behaviour surveillance survey; and
- AIDS cases surveillance.

The Society was conducting a three-month sentinel surveillance once in a year under NACP-II to generate reliable data to enable monitoring of the trends of HIV infection in various groups of population. Though there were no surveillance centres run by the Society, VCTCs being run by DSACS conducted surveillance in addition to their normal work. There were nine such surveillance centres (out of 15 VCTCs) as on 31 March 2003 which included four Ante-natal cases (ANC), four Sexually Transmitted Diseases (STD) and one Intra-Venous Drug User (IVDU) centre.

The Government stated (January 2004) that nine centres are specifically setup every year for HIV Sentinel Surveillance as per NACO guidelines.

The position of AIDS cases surveillance for the period January 1999 to December 2002 as compiled by the Society was as under:

Table 3.3.8: AIDS Cases Surveillance

Year/ Period	No. of cases targeted to be screened	No. of cases screened	Shortfall	No. of sero-positive	Sero positive rate per 1000	AIDS cases	AIDS cases cumulative
Jan. 1999 to Dec. 1999	1050	1050	--	4	3.81	72	359
Jan. 2000 to Dec. 2000	2220	1628	592(26%)	18	11.05	139	498
Jan. 2001 to Dec. 2001	2850	2534	316(11.10%)	47	18.54	158	656
Jan. 2002 to Dec. 2002	2850	2702	148 (5.19%)	51	18.87	106	762

The Government stated in January 2004 that the blood collection for the Sentinel Surveillance was either for reaching the targeted number or for a period of three months whichever was earlier, and hence the shortfall was only an aberration. It added that the number of patients walking into the ANC/STD/ IVDUs OPDs were outside any one's control.

Sero positive rate per 1000 in these surveillance cases had increased from 3.81 (1999) to 18.87 (2002)

The short fall in the number of cases to be screened ranged from 5.19 per cent to 26 per cent. The number of AIDS cases had also increased from 45 (in the year 1993) to 762 up to the year ending 2002 and to 862 by October 2003. It was observed that the sero positive rate per 1,000 in these surveillance cases had increased from 3.81 (1999) to 18.87 (2002) in Delhi.

3.3.16 No provision for anti retro-viral drugs for HIV/ AIDS Patients

Anti retro-viral drugs can enable persons suffering from HIV/AIDS to prolong their life-span and maintain their health. Though various combinations of anti-retro-viral drugs are available in the country, these drugs were not supplied to HIV/AIDS patients by the Society in NCT of Delhi.

The Society stated in November 2003 that there was no provision for supply of anti-retro-viral drugs to HIV/AIDS patients. The Government stated (January 2004) that the Government of India had recently decided to supply anti-retroviral drugs in six high prevalence states.

3.3.17 Low Cost AIDS Care

These activities would provide funding for home-based and community-based care including increasing the availability of cost effective interventions for common opportunistic infections. Specific activities would include (i) establishing best practice guidelines and providing appropriate drugs for treating common opportunistic infections at district hospitals, (ii) training at selected State level hospitals for the provision of referral services, and (iii) establishment of new support services to care for persons with AIDS in partnership with NGOs and CBOs by establishing small community based hospitals, drop-in centres and home-based care. No activity under this component had been taken up by DSACS till March 2003.

The Government stated (January 2004) that it had started running three Community Care homes with the help of NGOs from March 2003.

3.3.18 Training

The basic objectives of the training programmes were to impart knowledge and develop skills amongst medical and para-medical staff so as to attain complete coverage by March 2002. It was noticed in audit that:

Training curricula/ modules not reviewed

- The Society had neither reviewed the curricula/ modules/ material nor finalised an activity schedule as required under NACP-II.

Results of training could not be verified

- The Society had not established any system of assessing or evaluating the impact of the training imparted on its recipients. The Society stated

in November 2003 that these formats were in the process of being developed. In the absence of monitoring and evaluation reports, the results of the training could not be assessed. The Government replied (January 2004) that these formats had since been developed.

- Forty seven per cent of doctors, 50.7 per cent of nurses and 9.8 per cent of paramedical staff in Government hospitals, dispensaries and health centres were yet to be trained.

3.3.19 Inter-sectoral Collaboration

Efforts not made for inter-sectoral collaboration

Inter-sectoral collaboration aims at promoting collaboration amongst the public, private and voluntary sectors. Activities are to be co-ordinated with other programmes within the Union Ministry of Health and Family Welfare and other Central Ministries and Departments.

No efforts were made under this component although there was adequate provision of funds as depicted below:

Table 3.3.9: Funds Allocation and Expenditure

(Rupees in lakh)

Year	Allocation	Expenditure	Saving	Percentage of savings
1999-00	36.53	7.63	28.90	79.1
2000-01	2.00	0.20	1.80	90.00
2001-02	10.00	0.28	9.72	97.20
2002-03	10.00	NA	NA	

The Government stated (January 2004) that the activities could not be carried out to their maximum extent due to inadequacy of staff.

3.3.20 Procurement of Equipment and Other Stores

Under NACP-II, NACO was responsible for procurement of HIV test kits, equipment and certain drugs as a central component through the National Thermal Power Corporation (NTPC), the procurement agent appointed under the project. The Delhi AIDS Control Society was responsible for civil works, procurement of drugs and NGO services for various activities.

Audit scrutiny revealed that thirteen 10 KVA Diesel Generator (DG) sets were supplied by NACO to Blood Testing Centres in the hospitals in 1998. Of them, four DG sets supplied to the centres in the following hospitals were yet to be installed as of March 2003 and were lying idle for over five years.

Table 3.3.10: Non-installation of Diesel Generator sets

Sl. No.	Name of the Hospital	Date of Receipt	Reasons
1.	**Deen Dayal Upadhyay Hospital**	27 January 1998	Lack of space in the hospital
2.	**Hindu Rao Hospital**	2 February 1998	Problem with electricity supply in blood bank.
3.	**LNJP Hospital**	27 January 1998	
4.	**Indian Red Cross Society**	29 January 1998	Not installed by Service Engineer

The Government stated (January 2004) that the generator sets had been supplied directly by NACO to the hospitals and the society had no financial involvement in the matter. However, the fact remain that it was incumbent upon the society to operationalise the generator sets for the intended purpose.

3.3.21 Monitoring and Evaluation

Monitoring and Evaluation was to be conducted by an outside agency at the baseline, interim and final years whereas DSACS had not engaged any such agency for monitoring and evaluation of the project.

3.3.22 Conclusion

Implementation of the AIDS Control Programme in NCT of Delhi requires strengthening in view of the steady increase in the reported cases of AIDS from 359 in December 1999 to 862 in October 2003. Shortfalls in setting up of STD clinics and PPTCT centres as well as in supply of both condoms and essential drugs were retarding the effective implementation of the programme. Efforts at dissemination of information relating to prevention as well as treatment of HIV/ AIDS need to be intensified, particularly amongst the more vulnerable sections of society like young people and high risk groups. Training of health workers, doctors, nurses and para-medical staff has to be geared up.

Annex - I
(Referred to in paragraph 3.3.6)
Position of Targeted Intervention Projects

(Rupees in lakh)

Group	Year	Targeted Intervention		Amount	
		Planned to be covered	Actually covered	Allotted	Utilised
Commercial Sex Workers (CSW)	1998-99	Nil	Nil	Nil	Nil
	1999-00	Nil	Nil	Nil	Nil
	2000-01	01	01	Nil	Nil
	2001-02	03	01	3.81	3.81
	2002-03	05	--	13.95	10.58
Truck Drivers	1998-99	Nil	Nil	Nil	Nil
	1999-2000	Nil	Nil	Nil	Nil
	2000-01	2	2+1*	Nil	Nil
	2001-02	3	1	18.10	8.20
	2002-03	04	--	21.14	6.54
Injecting drug users	1998-99	Nil	Nil	Nil	Nil
	1999-2000	Nil	Nil	Nil	Nil
	2000-01	Nil	Nil	Nil	Nil
	2001-02	02	01	Nil	Nil
	2002-03	02	--	6.04	--
Men having sex with men	1998-99	Nil	Nil	Nil	Nil
	1999-00	Nil	Nil	Nil	Nil
	2000-01	Nil	Nil	Nil	Nil
	2001-02	--	02	Nil	Nil
	2002-03	--	--	3.00	Nil
Street children	1998-99	Nil	Nil	Nil	Nil
	1999-00	Nil	Nil	Nil	Nil
	2000-01	2	2+1*	Nil	Nil
	2001-02	1	1	12.62	3.22
	2002-03	05	--	11.05	2.57
Migrant Labourers	1998-99	Nil	Nil	Nil	Nil
	1999-00	Nil	Nil	Nil	Nil
	2000-01	4	3+1*	Nil	Nil
	2001-02	4	13	19.08	16.22
	2002-03	07	--	64.34	11.93
Total	**2001-02**			**53.61**	**31.44**
	2002-03			**119.53**	**31.62**

* Targeted Intervention Projects transferred from NACO

Annex - II
(Referred to in paragraph 3.3.11)
Reports of the Voluntary Counseling and Testing Centres
Serological Testing – VCTC

Year Jan-Dec	No. of Samples	Positive Test	Sero Positivity Rate/1000
1993	13317	30	2.25
1994	9266	80	8.63
1995	9724	102	10.49
1996	12688	159	12.53
1997	12394	163	13.15
1998	22565	328	14.53
1999	27385	407	14.86
2000	42061	1122	26.67
2001	50495	1323	26.20
2002	50390	2390	47.43
Upto September, 2003	40417	2030	50.22