HEALTH AND FAMILY WELFARE DEPARTMENT

3.4 Prevention and control of diseases

Highlights

To combat the diseases like Tuberculosis, Blindness, Leprosy and AIDS causing major global health problems Government of India introduced various schemes to control and prevent such diseases, from time to time.

During 1996-2001, patients discontinuing Tuberculosis treatment vis-à-vis patients put on treatment ranged between 56 per cent and 74 per cent and expected cure rate of 85 per cent and sputum conversion rate of 90 per cent was not achieved.

Prevalence rate of blindness reached 1.07 per cent (10 persons per 1,000 population; (1998)) against target of 0.3 per cent (3 persons per 1,000 population) by end of 2000.

Prevalence rate of Leprosy remained higher in six tribal districts. Forty one per cent key posts remained vacant.

Confirmed AIDS cases increased by 864 per cent during 1996 to 2000 and Human Immuno Deficiency Virus (HIV) positive cases by 3097 per cent during 1991 to 2000.

Government of Gujarat failed to avail Central assistance of Rs.2.41 crore meant for purchase of anti Tuberculosis drugs during 1996-2001.

(Paragraph 3.4.4.1)

Patients discontinuing from treatment to patients put on treatment ranged between 56 and 74 *per cent* under National Tuberculosis Control Programme.

(Paragraph 3.4.4.3 (a))

Desired new sputum positive case detection rate of 50 per lakh, sputum conversion rate of 90 *per cent* and cure rate of 85 *per cent* were not achieved under Revised National Tuberculosis Control Programme.

(Paragraph 3.4.4.3(b))

Rupees 0.21 crore were irregularly paid as maintenance grant to a voluntary organisation of Bhavnagar District.

(Paragraph 3.4.4.7)

Blindness Registers maintained by District Blindness Control Societies were incomplete and the prevalence rate reached 1.03 *per cent* in 1998 as against 0.3 *per cent* by end of 2000.

(Paragraph 3.4.5.2)

Shortfall in achievement of targets in cataract operations under National Blindness Control Programme ranged between 11 *per cent* (1999-2000) and 48 *per cent* (1996-97) and 16 *per cent* and 67 *per cent* in the State and in test-checked districts respectively.

(Paragraph 3.4.5.2(a))

Though, 0.03 lakh incurable blinds were identified during 1996-2001 no action for their rehabilitation were taken.

(Paragraph 3.4.5.2(b))

In none of the five test-checked District Blindness Control Societies Information, Education and Communication activities were carried out.

(Paragraph 3.4.5.2(c))

Three mobile ophthalmic vans valued Rs.81 lakh were not put to use for rural eye camps for want of air-conditioning.

(Paragraph 3.4.5.3)

Utilisation of eyes by Eye Banks declined over the years from 41 *per cent* (1998-99) to 50 *per cent* (1999-2000).

(Paragraph 3.4.5.4)

Neither quarterly visits by nominated officers nor annual visit by Joint Director was made in any of the test-checked District Blindness Control Societies.

(Paragraph 3.4.5.5)

As against target of one prevalence rate of Leprosy was 1.75 in the State as of March 2001 and ranged upto 5.17 in Bharuch during 2000-2001. No annual action plan for the programme was prepared during 1996-2000 by the Deputy Director (Leprosy).

(Paragraph 3.4.6.2)

Target for case detection, treatment and discharge of Leprosy patients were very low compared to population in the State. Achievements under treatment and case discharge were only 76 *per cent* and 60 *per cent* in Vadodara and Ahmedabad Districts respectively.

(Paragraph 3.4.6.3(b))

Operations performed at Reconstructive Surgery Units at Vadodara ranged between three and 47. No details of operations performed by Surat Unit were made available to Audit as District Leprosy officer Surat was even not aware about the existence of such unit at Surat.

(Paragraph 3.4.6.3(c))

Shortfall in establishing Survey Education and Treatment Centre, Leprosy Control Unit and Urban Leprosy Centre in test-checked districts ranged between 39 *per cent* and 63 *per cent,* 33 *per cent* and 37 *per cent* and upto 90 *per cent* respectively.

(Paragraph 3.4.6.5(b))

In five district Leprosy offices medicines valued Rs.5.56 lakh became time barred.

(Paragraph 3.4.6.6)

As against 20 quarterly meetings required to be held only five meetings were held by District Leprosy Society Rajkot during 1996-2001.

(Paragraph 3.4.6.7)

Utilisation certificates under National AIDS Control Programme for Rs.0.52 crore were not furnished by four non-government organisations.

(Paragraph 3.4.7.1)

Human Immuno Deficiency Virus positive cases increased in the State from 465 in 1991 to 14402 in 2000 and confirmed Acquired Immuno Deficiency Syndrome cases increased from 117 in 1996 to 1011 in 2000.

Though, expenditure of Rs.4.93 crore was incurred by 38 Non Government Organisations during 1997-2001 the vulnerable groups like truck drivers, injecting drug users etc.were not covered.

Closing stock of condoms ranged between 27 *per cent* and 46 *per cent* of the total receipt.

(Paragraph 3.4.7.2)

No target to carry out intensive public awareness under Information, Education and Communication programme was either fixed by Government of India or Gujarat State Aid Control Society. Out of Rs.2.03 crore released by Government of India only Rs. one crore was spent during 1996-2001.

(Paragraph 3.4.7.3(a))

As against 25 Voluntary testing/Counseling centres required only five were established of which only two centres were functioning.

(Paragraph 3.4.7.3(b))

Out of 152 blood banks in the State only 55 were modernised. In six Zonal Blood Testing Centres 50 *per cent* of the posts of Laboratory Technicians were vacant.

(Paragraph 3.4.7.3(c))

A Blood Component Separation Unit valued Rs.28.08 lakh was lying idle since 1996-97.

(Paragraph 3.4.7.3(d))

Due to vacancy in key-posts, main activities like surveillance, blood-safety and STD were affected resulting in adverse impact on programme.

(Paragraph 3.4.7.6)

3.4 1 Introduction

National Tuberculosis (TB) Control Programme (NTCP) emphasised on detection and treatment of TB patients effectively. Revised National TB Control Programme (RNTCP) was implemented from 1993-94 with the specific goal of curing through administration of a combination of drugs by Directly Observed Treatment (DOT) and to achieve cure rate of 85 *per cent*.

National Programme for Control of Blindness (NPCB) was launched (1976) as a 100 *per cent* centrally sponsored programme with the aim to reducing blindness from 1.4 to 0.3 *per cent* (3 per 1000 population) by 2000 AD.

National Leprosy Control Programme (NLCP) was implemented for achieving target of prevalence rate of one per 10000 population at the end of 2000 AD through early detection, treatment and social and physical rehabilitation of patients.

National Acquired Immuno Deficiency Syndrome (AIDS) Control Programme (NACP) was implemented from September 1992 to reduce spread of Human Immuno Deficiency Virus (HIV) infection, decrease morbidity and mortality and strengthen capacity to respond to HIV/AIDS on long term basis.

3.4.2 Organisational set-up

Secretary, Health and Family Welfare Department (Department) was responsible for the overall supervision of the programmes in the State. The programmes were implemented by Commissioner of Health, Medical Services and Medical Education, Gandhinagar (Commissioner)/Project Director (AIDS), through Additional Director who were assisted by heads of teaching hospitals and district hospitals/societies at district level, Community Health Centres (CHCs), Primary Health Centres (PHCs) and Non-Government Organisations (NGOs).

3.4.3 Audit Coverage

The Programme was reviewed through test-check of records (during October 2000 and May 2001) of the Department, the Commissioner, the Project Director (AIDS) and five selected district* hospitals and offices for 1996-97 to 2000-2001. Important points noticed are discussed in succeeding paragraphs.

3.4.4 National Tuberculosis Control Programme

3.4.4.1 Outlay and expenditure

(a) Under the Programme National Tuberculosis Control Programme (NTCP) Government of India (GOI) provided cash assistance for purchase of anti TB drugs on 50:50 basis.

Details of allocation and release of cash assistance under NTCP by GOI, provision made by the State and expenditure incurred during 1996-2001 was as shown in Appendix-XXXVIII.

Non availing of central assistance of Rs.2.96 crore

(b) Against the total allocation of Rs.2.96 crore during 1996-2001, sanctions for release of funds were issued by GOI for Rs.0.86 crore and Rs.1.00 crore for the year 1997-98 and 1998-99 respectively for purchase of anti TB drugs at the fag end of the years. Therefore, sanctions were revalidated by GOI upto 1999-2000. As the State Government failed to make provision in its budget for central assistance and utilisation certificates for purchase of drugs could not be sent by the State as the amount was not utilised, Rs.0.55 crore allocated by GOI during 1999-2000 was not released to the State Government. Thus, effectively State Government failed to avail central assistance of Rs.2.96 crore during 1996-2001.

Against provision of Rs.6.42 crore, State incurred expenditure of Rs.7.94 crore which was 24 *per cent* in excess to provision made in the budget, such excess expenditure took place mostly during 1996-97 and 1999-2000 (vide Appendix-XXXIX) for which no reasons were furnished by Assistant Director (TB), Gandhinagar.

(c) Grants-in-aid (GIA) of Rs.6.47 crore was directly allotted to 18 District TB Societies (DTCSs) by GOI, of which Rs.3.14 crore were utilised and balance of Rs.3.33 crore remained with DTCSs (March 2001).

* Ahmedabad, Rajkot, Surat, Vadodara and Valsad.

3.4.4.2 Performance

(a) Annual Action Plan

Though Revised National Tuberculosis Control Programme (RNTCP) was under implementation since 1996-97, annual action plan were prepared only for 1999 and 2000.

Poor performance in test-check and tribal district *vis-à-vis* State as a whole

(b) The main components under NTCP were case detection, sputum examination and sputum positive case detection. Year-wise target and achievements were as shown in Appendix-XXXIX. Following points were noticed :

(i) Under NTCP, achievement in the State as per report sent by the Commissioner to GOI for new case detection ranged between 81 *per cent* (1997-98) and 200 *per cent* (1998-99), for sputum examination between 51 *per cent* (1998-99) and 129 *per cent* (1999-2000) and for new sputum positive between 82 *per cent* (2000-2001) and 171 *per cent* (1998-99).

(ii) Test-check of records of selected District TB Centres (DTCs) revealed that achievement under case detection ranged between 36 *per cent* (Ahmedabad, (Rural); 1999-2000) and 92 *per cent* (Vadodara; 1996-97). Achievement in tribal areas under case detection was 42 *per cent* (Dangs: 1999-2000), 28 *per cent* (Chhotaudepur: 1996-97) 29 *per cent* (Bharuch: 1996-97) and 38 *per cent* (Dahod; 1996-97).

(iii) Achievement for sputum examination ranged between 27 *per cent* (Ahmedabad (Rural); 1998-99) and 128 *per cent* (Vadodara; 1999-2000). In tribal areas it ranged between 29 *per cent* (Dahod; 1998-99) and 41 *per cent* (Chhotaudepur; 1996-97).

(iv) Achievement for new sputum smear positive case detection in selected districts ranged between 43 *per cent* (Ahmedabad (Rural); 1999-2000) and 97 *per cent* (Surat; 1996-97).

(v) In tribal areas achievement ranged between 28 *per cent* (Dangs; 1996-97) and 29 *per cent* (Chhotaudepur; 1996-97) (Appendix-XL, XLI and XLII). It was observed that low achievement under the programme was due to vacancy of key posts of District TB Officers (DTOs) and Treatment Organisers (TOs) in the tribal areas. Shortfall in achievement was attributed by Assistant Director (TB) to low performance by DTCs.

3.4.4.3 Treatment

Patients leaving treatment ranged between 56 and 74 *per cent*

(a) It was noticed from the details of treatment of patients during 1996-97 to 2000-2001 (Appendix-XLIII) that percentage of total patients put on treatment to new case detection ranged between 68 *per cent* (2000-2001) and 99 *per cent* (1997-98). Patients completed treatment during 1996-2001 ranged between 36 *per cent* (1996-97) and 73 *per cent*

(2000-2001) and patients lost* to patients put on treatment increased from 56 *per cent* in 1996-97 to 74 *per cent* in 2000-2001. The large number of patients leaving the treatment incomplete under NTCP defeated the very purpose of reducing the percentage of Tuberculosis under NTCP.

Shortfall in achieving rate of case detection, sputum conversion and cure under RNTCP

(b) Performance under RNTCP during 1996-2001 in the State and test-checked districts (Appendix–XLIV and XLV) revealed that annualised detection rate of new sputum smear positive cases ranged between 9 (1998) and 44 (2001) per lakh population. As against 90 *per cent* rate of conversion of sputum positive to negative it ranged between 80 *per cent* (2000) and 90 *per cent* (1997) and as against cure rate of 85 *per cent* it ranged between 69 *per cent* (1999) and 81 *per cent* (1997). In test-checked DTC, Ahmedabad Rural detection of new sputum smear positive rate ranged between 25 (1998) and 47 (2000) per lakh population, sputum conversion rate from positive to negative ranged between 61 *per cent* (1999; Ahmedabad (Urban)) to 94 *per cent* (2000; Ahmedabad (Rural)). The Conversion rate was below 90 *per cent* in all DTCs except Ahmedabad (Rural). Against expected cure rate of 85 *per cent* the cure rate ranged between 48 and 63 *per cent* (Ahmedabad (Urban)) and 63 and 71 *per cent* (Valsad DTC) during 1998-2001.

DTO Valsad attributed low performance in new sputum smear positive case detection to shortage of staff and low performance at PHC level. DTO Ahmedabad (Urban) stated that achievement was low during initial phase of the programme.

3.4.4.4 Follow up of Sputum examination

Poor follow-up of sputum examination during 1997-2000

Achievements under Sputum follow up examination during 1997-2000 was 41 *per cent* (1997-98) and 46 *per cent* (1999-2000) in the State. In test-checked districts, achievements ranged between 23 *per cent* (DTC-Valsad: 1998-99) and 71 *per cent* (Ahmedabad (Rural): 1997-98). Shortfall in achievements indicated that Sputum follow up activity was poor.

Assistant Director (TB) Gandhinagar stated (August 2001) that sputum follow up examination targets were not achieved due to increase in the number of defaulting patients under NTCP programme.

* Lost Patients denotes patients discontinuing TB treatment and not returning to treatment centre for collection of drugs for two months.

3.4.4.5 Key posts vacant

Vacancies in key posts adversely affected the programme activities

It was noticed that as against 24 posts of District TB Officers (DTO) and 24 posts of Treatment Organisers (TO), 8 posts[#] of DTO (33 *per cent*) and 19 posts[*] of TO (*79 per cent*) were vacant (March 2001) which affected the programme adversely. The Commissioner did not furnish information as to how, the programme was implemented with so much vacancies in key posts.

3.4.4.6 Training

No targets were fixed by Director TB Demonstration and Training Centre (TBDTC), Ahmedabad for various training courses. Details of training programme held and training provided during 1996-2000 were as shown in Appendix-XLVI. The number of courses held as well as number of trainees decreased from 48 courses and 1164 trainees (1998) to 19 courses and 543 trainees (2000) respectively. Director TBDTC, Ahmedabad stated that the programme for training was framed by Assistant Director (TB), Gandhinagar and decline in number of courses and trainees was due to providing training by District TB Socities (DTCSs) at district level in the State.

3.4.4.7 Assistance to voluntary organisations

Excess payment of grant of Rs.0.21 crore not recovered

Payment of GIA to Voluntary (NGO) Hospitals was to be limited to 110 *per cent* of grant paid in previous year. A voluntary hospital at Amargadh, District Bhavnagar was paid (1996-97) Rs.1.24 crore as against admissibility of Rs.1.03 crore resulting in excess grant-in-aid of Rs.0.21 crore which was not recovered as of March 2001. Assistant Director (TB) stated that excess GIA would be recovered or adjusted against future payment to the body.

3.4.4.8 Implementation of RNTCP programme by District TB Societies

To plan, implement, monitor and supervise all tuberculosis activities in district in co-ordination with District TB Centre, DTCSs were formed by District TB Officer (DTOs) and other Government Officer in the districts concerned as societies under Societies Registration Act, 1860. GOI gave funds to them directly.

Belated release of fund delayed RNTCP activities in urban area

In test-checked societies it was noticed that out of Rs.0.48 crore received (July/December 1997) by Ahmedabad (Rural) Society from GOI, Rs.0.28 crore was required to be given to Ahmedabad City TB Control Society (ACTCS). However, the same was released only in July 1998, after 12 months, which delayed RNTCP activities in urban

[#] Posts of DTOs remained vacant at districts (1) Bharuch, (2) Dangs, (3) Jamnagar, (4) Kheda, (5) Rajkot, (6) Surat (Two DTOs) and (7) Vadodara.

[*] 19 posts of Treatment Organisers remained vacant in all the 16 districts except 3 districts B.K., Kheda and Godhra

areas. Further, six[@] test-checked societies, received GIA of Rs.0.33 crore for carrying out IEC activities during 1996-2001, of which, only Rs.0.15 crore was utilised due to carrying out less activities and Rs.0.18 crore was lying with societies as of March 2001. Four[*] societies received Rs.8.92 lakh under NGO support component, but could not utilise as of March 2001 as activities were not taken up by the societies. Five[**] test-checked societies did not utilise equipment grant of Rs.11.60 lakh received from GOI between April 1999 and December 2000 as of March 2001. Assistant Director (TB) stated that DTOs were instructed to purchase required equipments in short time. Moreover, test-check of records of selected DTCs revealed that records/information showing details of patients referred by private practitioners, were not available, though envisaged under the programme. DTOs concerned stated that such system was not adopted in DTCs as the programme was implemented very recently.

3.4.4.9 Monitoring and Supervision

(i) State level reports

Belated submission of monthly reporting and poor supervision

Under the Revised National Tuberculosis Control Programme Assistant Director (TB)/State TB Officer was required to send quarterly reports on Programme Management to Ministry of Health & Family Welfare, Government of India (MOH/GOI) based on the quarterly reports received from DTCs.

It was observed that though the programme was under implementation since 1993-94, first quarterly report was sent to GOI for the quarter ending March 2001.

State TB Officer stated that as the reports were not called for, these were not sent and quarterly report of March 2001 was sent to MOH/GOI.

This indicated that monitoring was weak.

(ii) District TB officers were required to send monthly returns to Director, TBDTC, Ahmedabad on 10 of the following month. It was observed that 41 to 80 monthly returns were sent late by various DTCs by 31 days and 16 days during 1998-99 and 2000-2001 respectively. Under NTCP, District TB Officer was required to carry out quarterly visits of Public Health Institutions (PHIs) under his jurisdiction. It was noticed that shortfall in visits by DTOs, ranged between 31 *per cent* (1999-2000) and 45 *per cent* (1996-97). Shortfall in visits by DTOs in test-checked districts ranged between four *per cent* (Valsad 1997-98)

[@] Ahmedabad; Rs.5.49 lakh, Ahmedabad (Rural); Rs.3.66 lakh, (Navsari) Valsad; Rs.13.33 lakh, ACTCS Rajkot; Rs.3.62 lakh, Surat (Rural);Rs.4.88 lakh and Vadodara; Rs.1.75 lakh

[*] 1 Ahmedabad Urban (Rs.2.75 lakh July 1998) 2 Ahmedabad Rural (Rs.1.83 lakh June 1997), 3 Navsari (Rs.2.09 lakh March 1997) and 4 Surat City (Rs.2.25 lakh November 2000)

[**] DTCS Ahmedabad (Rural) Rs.2.90 lakh, DTCS Rajkot; Rs.1.10 lakh, DTCS Surat (Rural); Rs.4.00 lakh, DTCS Vadodara (Rural) Rs.1.80 lakh, DTCS (Navsari) Valsad; Rs.1.80 lakh

and 63 *per cent* (Surat 1996-97) which was attributed by the Director, TBDTC to vacant posts of DTOs and additional responsibilities of Leprosy activities by DTOs.

3.4.5 National Programme for Control of Blindness

3.4.5.1 Outlay and Expenditure

Only 67 *per cent* of the available funds utilised

GOI provides financial assistance to the State Government, Government sponsored societies and NGOs to meet recurring and non-recurring expenditure. Remaining liabilities were borne by the State Government. Budget allocation and expenditure on the programme during 1996-2001 was as shown in Appendix-XLVII. It was noticed that as against grant of Rs.5.85 crore released by GOI expenditure of Rs.3.90 crore (67 *per cent*) was incurred during 1996-2001. Central grant of Rs.65 lakh released by GOI (February 2001) for District Blindness Control Societies (DBCSs) was not released by the Commissioner to concerned DBCSs as various formalities were incomplete (May 2001).

3.4.5.2 Absence of State level plan of action

Annual action plan at State level was prepared only for 2000

Annual action plan at State level was not prepared by Commissionerate (State Ophthalmic Cell) upto 1999. In test-checked districts, three* DBCS did not prepare annual action plan. Absence of annual action plan adversely affected the programme as mentioned in succeeding paragraphs.

GOI released (November 1999) Rupees 24 lakh to the State for preparing blindness registers by 12 DBCSs. Out of Rs.six lakh received by three DBCSs, only Rs.0.48 lakh were utilised by DBCSs, Surat (Rs.0.05 lakh) and Valsad (Rs.0.43 lakh) as of March 2001. No amount was utilised by DBCS Vadodara leaving Rs.5.52 lakh with the DBCSs. The blindness registers maintained by respective DBCS were incomplete. Prevalence rate in the State reached at 1.07 *per cent* (10 persons suspected blinds per thousand population) as per survey of 1998 as against the target of 0.3 *per cent* by end of 2000. But in the absence of basic register, projected rate of prevalence of blindness could not be verified in Audit.

(a) Cataract surgery

Details of target and achievements of cataract operations performed in the State/DBCS/Central Mobile unit during 1996-2001 were as shown in Appendix-XLVIII. Following points were noticed.

Target not achieved at State /DBCSs / Central Mobile unit levels

(i) Shortfall in achievement for the State as a whole, in test-checked DBCSs and Central Mobile Unit ranged between 11 *per cent* (1999-2000) and 48 *per cent* (1996-97), 16 *per cent* (Surat 1999-2000) and 67

* 1 Ahmedabad (2000-2001), 2 Surat (1997-98 and 1999-2000), 3 Valsad (1999-2000)

per cent Surat (1996-97) and 23 *per cent* Vadodara (1999-2000) and 72 *per cent* Vadodara (1996-97) respectively. The Commissioner sent the figures of achievement to GOI including cataract operations performed by private doctors for which no authentic record was available with DBCSs/Commissioner. Thus these figures were not wholly reliable.

(ii) Shortfall with reference to category-wise target ranged between six and 64 *per cent* for Intra Ocular Lens, 11 and 70 *per cent* for Bilateral Blindness and 36 and 84 *per cent* for SC/ST/BPL population (Appendix-IL).

(iii) At DBCS Vadodara, in three and 68 cases, vision was not restored after surgery due to retinal detachment and Glaucoma respectively. At DBCS Surat vision was not restored in 7 cases operated by NGO due to infection as shown in Appendix-L.

(b) Rehabilitation of incurable blinds not done

No action to rehabilitate identified incurable blinds by any DBCS

Incurable blinds were identified in Ahmedabad (909), Surat (242) and Vadodara (2137) DBCSs during 1996-2001. However, no action was taken for their rehabilitation by any DBCS. Further, shortfall in rehabilitation of such cases in other test-checked districts ranged between 33 *per cent* (1998-99) and 45 *per cent* (1996-97) in Rajkot and 12 *per cent* (1996-97) and 18 *per cent* (1999-2000) in Valsad (Appendix-LI).

(c) IEC activities

IEC activities were neglected

None of the five test-checked DBCSs carried out IEC activities for motivation of potential beneficiaries, educating volunteer groups, awareness through information media and a meagre amount of Rs.6.23 lakh was spent on printing. Thus, the vital component of the programme was neglected.

3.4.5.3 Maintenance of ophthalmic equipments

Mobile ophthalmic vans not utilised for purpose

For conducting eye-camps at rural areas, Oriented Development Related Export Transactions (ORET) project authorities supplied (February/April 2000) three Ophthalmic mobile vans with instruments costing Rs.27 lakh each to three[**] hospitals. However, these vans remained unutilised. Hospital authorities stated (May 2001) that the vans had no air-conditioning facility and therefore could not be put to use for cataract operations as there was risk of infection. Thus, the three vans valued Rs.81 lakh were not used for the benefit of people for more than one year and Rs.2.20 lakh were paid towards insurance premium during the period.

**

(i) M & J Institute of Ophthalmology, Ahmedabad, (ii) Medical College, Surat, (iii) Medical College, Vadodara

3.4.5.4 Eye Banks

Poor performance of Eye Banks

Seven Eye Banks were established under the programme (one by Government and six run by NGOs). Development of Eye Bank is an important activity for the problem of Corneal blindness. Details of performance of Eye Banks in the State was as shown in Appendix-LII. It was noticed that utilisation of eyes during 1996-2000 ranged between 41 *per cent* (1998-99) and 50 *per cent* (1999-2000) which indicated that more than half the number of eyes in the bank were not utilised.

3.4.5.5 Monitoring and Inspection

Lack of monitoring at State and DBCSs level

As against eight meetings required to be held by the Commissioner during 1996-98 only one meeting with programme officers at State level was held during 1997-98 by the Joint Director (Ophthalmic).

In test-checked DBCSs, none of the nominated officers visited NGOs as per norms (four times in a year). Further, no annual visit of each district was made by the Joint Director as required.

3.4.6 National Leprosy Control Programme

3.4.6.1 Financial outlay and expenditure

Release of Central assistance to the State and expenditure incurred under the programme during 1996-2001 was as shown in Appendix-LIII. Following points were noticed.

Utilisation of Central assistance was 53 *per cent*

State received assistance from GOI in kind worth Rs.3.04 crore as against allocated assistance of Rs.5.73 crore which formed 53 *per cent* of total assistance allocated in kind by GOI. Deputy Director (Leprosy) stated that assistance in kind was availed as per requirements of the State. Details of grants-in-aid released by GOI directly to the District Leprosy Societies (DLS) in the State as a whole was not available with the Commissioner. However, in five test checked DLSs it was noticed that out of Rs.2.55 crore (including opening balance) available with them against which Rs.2.41 crore was utilised during 1997-2001 leaving a balance of Rs.0.14 crore with the societies.

3.4.6.2 Target and Achievements

Targeted rate of PR not achieved

Against Prevalence Rate (PR) of 21:10000 in 1985 (21 patients per 10,000 population) PR of 1:10000 was intended to be achieved at the turn of the century. PR in the State and selected districts during 1996-2001 was as shown in Appendix-LIV. It was noticed that PR reduced from 3.5 (1996-97) to 1.7 by 1998-99 but it increased to 1.8 in 1999-2000. However, in Bharuch, Dangs and Vadodara districts it was 5.17, 4.81 and 2.74 respectively as of March 2001. Thus, intended goal of arresting the disease and bringing PR to 1:10000 was not achieved upto 2000-2001. No reasons for the same were furnished by the

Department. It was noticed that there was shortage of 48 *per cent* (vacancy of 136 against 282 posts) of medical and non-medical categories of posts in Surat, Valsad and Vadodara districts where prevalence rate was high between 2.7 and 4.42 during 2000-2001.Further, annual action plan for calendar years 1996 and 1998 were not prepared during 1996-2001 by the Deputy Director (leprosy), Gandhinagar though the programme was under operation since 1984.

3.4.6.3 Case detection, treatment and discharge

(a) Survey conducted by District Leprosy Societies (DLSs) through Leprosy Elimination Campaigns did not cover the registered population for case detection and shortfall in coverage ranged between 18 *per cent* (1997-98) and 34 *per cent* (1999-2000) (Appendix-LV).

(b) Target and achievements under case detection, treatment and discharge were as shown in Appendix-LVI.

It was noticed that district wise targets fixed by the department for treatment and discharge were higher than that the fixed by GOI for the state. As the achievement was higher than the targets in all the years, evidently targets fixed by GOI was unrealistic.

Number of operations performed by RSU was very low

(c) Out of two Reconstructive Surgery Units (RSU) as stated to be established by Deputy Director (Leprosy), performance of RSU at Vadodara was very low. Number of operations performed ranged between three (1999-2000) and 47 (1996-97). Details of operations performed by RSU attached to Urban Leprosy centre in Medical college, Surat were not made available to Audit as DLO Surat was even not aware about the existence of RSU at Surat.

(d) In all test-checked districts, details of patients migrated outside the State and follow up action taken by DLOs, were not available on record as required under the programme. DLOs Vadodara, Surat and Valsad stated that as they were mostly migrated labourers, follow up could not be taken up.

3.4.6.4 Training of Personnel

Only 11 *per cent* to 49 *per cent* mandays were utilised for training

No targets were fixed for training of staff by Leprosy Training Centre Ahmedabad (LTC). It was noticed that utilisation of working days by LTC Ahmedabad was low, ranging between 11 *per cent* (1996-97) and 49 *per cent* (1997-98) during 1996-2001. It was stated that training to all key persons were already provided in earlier periods and providing of training at district level by DLSs resulted in short utilisation of mandays during 1996-2001.

3.4.6.5 Vacant posts

Vacancy in key posts adversely affected the programme

(a) Position of vacant posts in the State and test-checked districts was as shown in Appendix-LVII. It was noticed that as against 636 key posts sanctioned 263 posts (41 *per cent*) remained vacant. Vacancy

ranged between 22 *per cent* (Leprosy Assistants) and 100 *per cent* (Senior Leprosy Supervisor (SLS)) as of March 2001. In Sample Survey and Assessment Units at Rajkot and Surat, responsible to a cross examine field level workings in districts, vacancy was 75 *per cent* raising doubt about level of monitoring. Deputy Director (Leprosy) stated that vacancies were due to 20 *per cent* reduction in posts as per Government policy and that Government was approached to fill up vacant posts.

(b) Establishment of Infrastructure

Under the programme one Leprosy Control Unit (LCU) for population of 4 to 5 lakh, one Urban Leprosy Centre (ULC) for population of every 50 thousand and Survey Education and Treatment centre (SET) for population of 25000 was required to be established. As shown in Appendix–LVIII, in test-checked three districts (Vadodara, Valsad and Surat) it was noticed that shortfall in establishing SET,LCU and ULC ranged from 39 to 63 *per cent*, 33 to 37 *per cent* and upto 90 *per cent* respectively.

3.4.6.6 Expiry dated medicines

Medicines valued Rs.5.56 lakh became time expired in five[*] DLOs. It was stated by all DLOs that medicines were received from Deputy Director (Leprosy) and expiry dates were near by. It was noticed that write off orders in respect of time expired medicines were obtained by District Leprosy Officer Ahmedabad, Ansuya Leprosy Hospital, Vadodara and DLO Rajkot in 1998-99 while proposals sent by DLO Valsad and Vadodara remained pending with Deputy Director (Leprosy) Gandhinagar as of March 2001. Deputy Director (Leprosy) Gandhinagar stated that, medicines nearing expiry period were being received from DGHS, New Delhi frequently in spite of repeated requests.

3.4.6.7 Monitoring

Monitoring neglected on routine ground

As against 20 quarterly meetings required during 1996-2001 only five were held by DLS, Rajkot. Zonal Officer (Leprosy) stated that as the chairman of the society was District Development Officer and due to his busy schedule quarterly meetings were not held regularly.

3.4.7 National AIDS Control Programme

3.4.7.1 Financial outlay and expenditure

Year-wise grant released by GOI and expenditure during 1996-2001 were as shown in Appendix-LIX. It was noticed that grants-in-aid of Rs.0.52 crore was released to four NGOs during 1996-2000 for which Utilisation Certificates (UCs) were not furnished (May 2001).

[*] Ahmedabad ;(Rs.0.08 lakh), DLO Vadodara; (Rs.2.22 lakh), Rajkot;(Rs.1.23 lakh) Ansuya Leprosy Hospital Vadodara ; (Rs.0.10 lakh) and Valsad;(Rs.1.93 lakh)

However, Gujarat State Aids Control Society (GSACS) continued to release grant to these NGOs without obtaining UCs of earlier period. Further, in contravention of guidelines interim grant of Rs.70 lakh was paid to NGOs during 1997-2000 as further extension of project was not approved in time by Empowered State AIDS Committee.

3.4.7.2 Priority Targeted Intervention for groups at high risk (HIV/AIDS)

In the State, HIV positive cases increased from 465 in 1991 to 14402 (3097 *per cent*) in 2000. Similarly, confirmed AIDS cases increased from 117 in 1996 to 1011 (864 *per cent*) in 2000.

The project aimed at reducing the spread of HIV in groups at high risk by identifying target population and providing peer counseling, condom promotion, treatment of sexually transmitted infection (STI) etc. For these activities 38 NGOs in the State were approved and Rs.5.21 crore (1997-98 to 2000-2001) from Department for International Development (DFID) were released to NGOs through GSACS. Expenditure incurred by 38 NGOs was Rs.4.93 crore as shown in Appendix-LX. It was noticed that Vulnerable groups like truck drivers and injecting drug users were not covered by NGOs. Further, details of number of population at high risk group to be contacted *vis-à-vis* achievements by NGOs were not furnished by GSACS. Details of distribution of Condom through various channels from 1993-94 to 2000-2001 through Department/GSACS, Ahmedabad were as shown in Appendix-LXI. Due to less issue of condoms as against receipt during 1993-94 and 1995-97, there was abnormally high closing stock ranging between 27 and 46 *per cent* lying with the department during these three years. Further, more stress was given on free distribution of condoms which increased from 2.84 lakh in 1998-99 to 4.13 lakh and 16.95 lakh in 1999-2000 and 2000-2001 respectively. Distribution through social marketing (0.24 lakh condoms; 2000-2001) and commercial sales (0.09 lakh condoms; 2000-2001) was negligible. Test-check of performance of selected NGOs revealed that Community Science Centre, Rajkot (Target Intervention for sexual health of industrial workers) was given (February 2000) grant of Rs.6.22 lakh. Out of target for six different components, shortfall in high risk behavior (HRB) reach was 43 *per cent*, condom usage by Industrial workers 40 *per cent*, STD care 35 *per cent* and counseling 34 *per cent*. However, no action was taken against NGO. Similarly SAHAS, Surat (target group-Diamond Workers) was paid grant of Rs.35.14 lakh during 1997-2001. It was noticed that there was shortfall in achievement under HRB reach by 77 *per cent* (1999-2000) and condom social marketing outlet 50 *per cent* (1999-2000) and 29 *per cent* (2000-2001). However, no action was taken against NGO. Further excess expenditure of Rs.3.74 lakh incurred on programme management by NGO was required to be recovered.

3.4.7.3 Preventive Intervention for the general community

(a) Information, Education and Communication (IEC) and awareness campaign.

IEC activities received casual attention

No target was fixed by the Government/GSACS to carry out an intensive public awareness under IEC programme and community support campaigns for HIV/AIDS. Test-check revealed that out of Rs.2.03 crore allocated during 1996-97 to 2000-2001 by GOI to GSACS only Rs. one crore (49 *per cent*) was spent by various implementing agencies and unspent balance of Rs.1.03 crore was lying with GSACS in Bank Account. Project Director stated (February 2001) that nominated district level officers were carrying out these activities only in their spare time as work was thrust upon them.

(b) Providing voluntary testing and counseling

Detection programme neglected

It was noticed that as against 25 voluntary testing/counseling centres required, only five centres were established in 1998-99. Further, it was noticed that out of five centres, only two centres at Ahmedabad were functioning for which no physical target was fixed. Thus, detection programme remained largely neglected.

(c) Reduced Transmission by Blood Transfusion

Adverse effect of vacancies in key posts on performance of blood testing activities

NACO decided to modernise blood banks in the State in phased manner. Out of 152 blood banks in the State as of November 2000, 42 Government blood banks and 13 voluntary blood banks (36 *per cent*) were modernised. It was noticed that six Zonal Blood Testing Centres had 50 *per cent* vacant posts of Laboratory Technician (since December 1998) resulting in fewer/less blood testing activities.

(d) Blood Component Separation Unit (BCSU)

Non/belated utilisation of BCSUs

National Aids Control Organisation (NACO) supplied three BCSUs to three[♣] Government medical colleges valued Rs.84.35 lakh between 1995-1997. It was noticed that the unit (Rs.28.08 lakh) supplied to medical college Vadodara was lying idle since 1996-97 for want of licence and at Surat medical college, it was commissioned after a delay of three and half years. Utilisation of BCSU at Ahmedbad and Surat Government medical colleges ranged between 2 *per cent* (1998-99) and 12 *per cent* (2000-2001) and 16 *per cent* (2000-2001) respectively. However, utilisation of BCSU supplied by NACO to Surat RaktdanKendra, an NGO, at Surat ranged between 51 *per cent* (1998-99) and 61 *per cent* (2000-2001), as against 0.03 lakh and 0.01 lakh samples tested by BCSU Ahmedabad and Surat respectively 0.38 lakh samples were tested by NGO during 1998-2001 which indicated poor utilisation in Government Hospitals.

[♣] Ahmedabad, Surat, Vadodara

3.4.7.4 STI/HIV/AIDS Sentinel Surveillance

Shortfall in conducting Sentinel surveillance tests

No target was fixed for establishing STD Surveillance Centres though it was a vital component of prevention and control of HIV/AIDS. The surveys for high risk groups were conducted through STD clinics. Test-check of records of the centres revealed that shortfall in conducting surveillance test ranged between 13 *per cent* (1999) and 54 *per cent* (1996).

3.4.7.5 Low cost AIDS care

It was noticed that no small community based hospitals, drop-in-centres or home based care centres were established by GSACS on the plea that no such centres were sanctioned by NACO. The reply was not tenable as no proposal in this regard was sent by GSACS to NACO.

3.4.7.6 Manpower

Vacancy in key technical posts affected implementation of the programme

Key technical posts like Joint Director (Surveillance), Deputy Director (Surveillance), Joint Director (Blood safety), Joint Director (IEC), Assistant Director (STD) were not filled up by GSACS resulting in adverse impact on the programme implementation as discussed in earlier paras. Additional Director, GSACS stated that the technical posts would be filled up whenever needed. This was not tenable as absence of key personnel affected implementation of the programme.

3.4.7.7 Capacity building for monitoring and evaluation

Evaluation not conducted

For monitoring and evaluation of the programme a Monitoring and Evaluation Officer (MEO) was appointed on contractual basis at a monthly emoluments of Rs.10000 from October 2000 and selection of outside agency by NACO was done in March 2001. Thus no evaluation was conducted as of March 2001.

3.4.7.8 Ineffective reporting

Details of reporting for three years not available

It was noticed that details of submission of monthly AIDS cases reports from 1996-99 were not available with GSACS. Further, monthly returns sent for 1999-2000 were delayed between one month and four months. Quarterly returns for HIV sentinel were sent on yearly basis instead of quarterly basis, quarterly and annual financial reports were delayed by three to five months. It was admitted by GSACS that due to lack of staff and late receipt of financial statements from various organisations, the returns were delayed.

3.4.8 Evaluation

No evaluation of any of the programmes was conducted.

3.4.9 The matter was reported to Government in July 2001; reply has not been received (September 2001).

APPENDIX-XXXVIII

Statement showing central assistance and expenditure

(Reference : Paragraph 3.4.4.1 (a) Page 96)

(Rupees in crore)

Year	Central assistance in cash sanctioned for purchase of drugs		Expenditure out of Central funds	Provision by State	Expenditure out of State fund
	Allocation	Released			
1996-97	0.71	Nil	Nil	1.51	1.97
1997-98	0.70	(0.86)*	Nil	2.00	2.00
1998-99	1.00	(1.00) 0.86	Nil	1.37	1.38
1999-2000	0.55	1.00	Nil	0.61	1.66
2000-2001	Nil	Nil	Nil	0.93	0.93
Total	**2.96**	**1.86**	**Nil**	**6.42**	**7.94**

* ( ) bracket denotes assistance released at Fag end of the year, which was revalidated for next year.

APPENDIX-XXXIX

Statement showing Targets and Achievements for new case detection, sputum examination and sputum positive case detection.

(Reference : Paragraph 3.4.4.2.(b) Page 97)

Year	New case detection			Sputum examination			Sputum positive		
	Target	Achiev-ement	Percen-tage	Target	Achie-vement	Percen-tage	Target	Achie-vement	Percen-tage
1996-97	133900	112784	84	401700	360555	90	40170	41108	102
1997-98	128700	103621	81	379200	341259	90	37920	40912	108
1998-99	63273	126769	200	703035	357707	51	23435	40180	171
1999-2000	79250	101928	128	237760	308056	129	23780	35566	150
2000-2001	Target not fixed	47196	-	241120	162952	68	24120	19721	82

APPENDIX-XL

Statement showing details of Targets and Achievements New case detection (NTCP)

(Reference : Paragraph 3.4.4.2(b)(v) Page 97)

	Year	**1996-97**			**1997-98**		
Sr. No.	**Name of the District**	**Target**	**Achieve-ment**	**Percen-tage**	**Target**	**Achieve-ment**	**Percen-tage**
	Gujarat State	133900	112784	84	128700	103621	81
1	Ahmedabad	8000	6968	87	8000	5968	75
2	Vadodara	7000	6406	92	7000	5700	81
3	Valsad	7000	3550	51	7000	2885	41
4	Surat	5000	2924	58	5000	2982	60
5	Rajkot	8000	4387	55	8000	4106	51
6	Dangs	500	565	113	500	306	61
7	Bharuch	5500	1637	29	5500	1559	28
8	Dahod	4000	1517	38	4000	1659	41
9	Chhotaudepur	4000	1120	28	4000	1041	26

	Year	**1998-99**			**1999-2000**			**2000-2001**		
Sr. No.	**Name of the District**	**Target**	**Achieve-ment**	**Percen-tage**	**Target**	**Achieve-ment**	**Perce-ntage**	**Target**	**Achieve-ment**	**Perce-ntage**
	Gujarat State	63273	126769	200	79250	101928	129	Target not fixed		
1	Ahmedabad	3500	7196	111	7500	2693	36	-	-	-
2	Vadodara	3100	7404	239	4000	7071	177	-	-	-
3	Valsad	3000	2984	99	3100	2526	81	-	-	-
4	Surat	2400	3143	131	3000	2697	90	-	-	-
5	Rajkot	3500	5624	161	4000	4823	121	-	-	-
6	Dangs	200	148	74	300	127	42	-	-	-
7	Bharuch	2100	3648	174	3000	3861	129	-	-	-
8	Dahod	1900	2218	117	2000	1989	99	-	-	-
9	Chhotaudepur	1200	1380	115	1500	1204	80	-	-	-

APPENDIX-XLI

Statement showing details of Targets and Achievements of Sputum examination (NTCP)

(Reference : Paragraph 3.4.4.2 (b)(v) Page 97)

	Year	1996-97			1997-98			1998-99		
Sr. No.	Name of the District	Target	Achieve-ment	Percen-tage	Target	Achieve-ment	Percen-tage	Target	Achieve-ment	Percen-tage
	Gujarat State	401700	360555	90	379200	341259	90	703035	357707	51
1	Ahmedabad	30000	27282	91	30000	22648	75	72500	19423	27
2	Vadodara	17500	17066	98	17500	16655	95	34000	17144	50
3	Valsad	15000	17217	115	15000	14038	94	33000	11001	33
4	Surat	15000	11763	78	15000	13170	88	26500	17623	67
5	Rajkot	20000	21636	108	20000	16441	82	38000	23919	63
6	Dangs	1000	648	65	1000	934	93	2000	1167	58
7	Bharuch	15000	14833	99	15000	13784	92	24000	13893	58
8	Dahod	10000	4685	47	10000	6803	68	21000	6124	29
9	Chhotaudepur	10000	4118	41	10000	4963	50	13000	4781	37

	Year	1999-2000			2000-2001		
Sr. No.	Name of the District	Target	Achieve-ment	Percentage	Target	Achieve-ment	Percentage
	Gujarat State	237760	308056	129	241120	162952	68
1	Ahmedabad	22500	9703	43	22700	(RNTCP)	
2	Vadodara	12000	15376	128	12000	12686	106
3	Valsad	9300	11791	127	9400	9239	98
					(RNTCP)		
4	Surat	9000	10796	120	9100	7180	78
					(RNTCP)		
5	Rajkot	12000	28014	233	12100	6097	50.3
					(RNTCP)		
6	Dangs	900	454	50	1000	525	53
7	Bharuch	9000	12992	144	9100	12764	140
8	Dahod	6000	3424	57	6000	3637	61
					(RNTCP)		
9	Chhotaudepur	4500	4649	103	4600	4800	104

APPENDIX-XLII

Statement showing details of Targets and Achievements of New sputum positive case detection (NTCP)

(Reference : Paragraph 3.4.4.2(b)(v) Page 97)

	Year	1996-97			1997-98			1998-99		
Sr. No.	Name of the District	Target	Achieve-ment	Percen-tage	Target	Achieve-ment	Percen-tage	Target	Achieve-ment	Percen-tage
	Gujarat State	40170	41108	102	37920	40912	108	23435	40180	171
1	Ahmedabad	3000	3629	121	3000	3397	113	2400	3144	131
2	Vadodara	1750	2288	131	1750	2492	142	1100	1820	165
3	Valsad	1500	1213	81	1500	1322	88	1100	1512	137
4	Surat	1500	1450	97	1500	1576	105	900	1332	148
5	Rajkot	2000	1455	73	2000	1863	93	1300	1707	131
6	Dangs	100	28	28	100	29	29	100	10	10
7	Bharuch	1500	2313	154	1500	1981	131	800	1879	234
8	Dahod	1000	348	35	1000	864	86	700	654	93
9	Chhotaudepur	1000	290	29	1000	276	28	450	416	92

	Year	1999-2000			2000-2001		
Sr. No.	Name of the District	Target	Achieve -ment	Percentage	Target	Achieve-ment	Percentage
	Gujarat State	23780	35566	140	24120	19721	82
1	Ahmedabad	2200	938	43	2240	(RNTCP)	
2	Vadodara	1200	2220	185	1240	2380	192
3	Valsad	1150	1665	145	1100	1732	157
4	Surat	950	1457	153		(RNTCP)	
5	Rajkot	1300	1658	128		(RNTCP)	
6	Dangs	50	15	30	50	30	60
7	Bharuch	850	2194	258	850	2182	257
8	Dahod	650	650	100	660	(RNTCP)	
9	Chhotaudepur	400	466	116	400	498	125

APPENDIX-XLIII

Statement showing new case detection, treatment etc.

(Reference : Paragraph 3.4.4.3 (a) Page 97)

Year	Out door patients	New case detection	Patient put on treatment	Percent-age	Completed treatment	Percentage of patient completed treatment	Lost	Percentage of patients lost to put on treatment	Dead	On hand
1996-97	9722965	149103	146496	98	52879	36	81404	56	1896	96605
1997-98	9727511	136539	134731	99	53296	40	81325	60	1816	79833
1998-99	10161942	114554	109116	95	44399	41	69466	64	1444	66121
1999-2000	9649893	94094	80805	86	36546	45	55222	68	905	40124
2000-2001	NA	47196	32286	68	23662	73	24040	74	542	32526

APPENDIX-XLIV

Statement showing new sputum smear positive case detection, conversion of sputum positive cases, cure etc. under RNTCP in the STATE

(Reference : Paragraph 3.4.4.3(b) Page 98)

Gujarat State

Year	Population covered in lakhs	Case detection New spumtum smear positive. (number)	Annual rate of New smear positive case detection 50 per lakh	New Sputumtive positive cases converted to negative (number)	Percentage of conversion	Patients cured (number)	Percentage of cured patients
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
1996	16	374	23	311	83	282	75
1997	16	412	26	372	90	332	81
1998	108	952	9	839	88	759	80
1999	140	5909	42	4804	81	4072	69
2000	372	14077	38	11214	80	-	-
2001 (Ist Quarter)	380	4208	44	-	-	-	-

APPENDIX-XLV

Statement showing achievement under RNTCP in test-checked districts

(Reference : Paragraph 3.4.4.3.(b) Page 98)

	1998				1999				2000				2001
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Quarter 1**
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**
Ahmedabad (Rural)	Annualised new suputum smear positive rate per lakh	-	-	25	23	27	30	33	40	47	47	43	40
Ahmedabad (Urban)	-	-	-	-	8	60	69	52	57	83	64	60	65
Rajkot	-	-	-	-	-	-	-	-	-	42	38	33	34
Surat (Rural)	-	-	-	-	-	-	-	-	-	23	56	43	46
Valsad	-	-	-	19	44	50	57	46	52	49	53	44	44
Sputum convertion rate	(Expected Rate 90%												
Ahmedabad (Rural)	-	-	-	80	90	88	93	90	93	94	93	-	-
Ahmedabad (Urban)	-	-	-	-	61	63	63	81	78	79	85	86	-
Rajkot	-	-	-	-	-	-	-	-	-	86	88	88	-
Surat (Rural)	-	-	-	-	-	-	-	-	-	75	88	90	-
Valsad	-	-	-	74	77	69	71	78	74	77	80	83	-
Cure rate	(Expected rate 85%)												
Ahmedabad (Rural)	-	-	-	72	80	79	81	85	89	-	-	-	-
Ahmedabad (Urban)	-	-	-	-	48	49	58	48	63	-	-	-	-
Rajkot	-	-	-	-	-	-	-	-	-	-	-	-	-
Surat (Rural)	-	-	-	-	-	-	-	-	-	-	-	-	-
Valsad	-	-	-	63	64	54	65	61	71	-	-	-	-

APPENDIX - XLVI

Statement showing training imparted by TBDTC Ahmedabad during 1996-2001

(Reference : Paragraph 3.4.4.6 Page 99)

Calender year	Number of courses held	Number of medical officers trained	Number of para medical staff trained	Expenditure
1996	36	103	215	No expenditure was incurred.
1997	20	100	153	
1998	48	337	827	Expenditure, borne by societies
1999	31	108	183	
2000	19	119	424	
2001	10	76	34	
Total	**164**	**843**	**1836**	

APPENDIX – XLVII

Statement showing outlay and expenditure under NPCB

(Reference : Paragraph 3.4.5.1 Page 101)

(Rupees in crore)

Year	State			Central		
	Allocation	Expendi-ture	Excess(+) Savings(-)	Allocation	Expendi-ture	Excess(+) Savings(-)
1996-97	2.27	3.73	(+)1.46	0.15	0.16	(+)0.01
1997-98	2.63	2.96	(+)0.33	0.28	0.14	(-)0.14
1998-99	4.55	4.55	-	0.39	0.33	(-)0.06
1999-2000	5.31	7.09	(+)1.78	3.04	3.04	-
2000-2001	4.69	5.20	(+)0.51	1.99	0.23	(-)1.76
Total	**19.45**	**23.53**	**(+) 4.08**	**5.85**	**3.90**	**(-) 1.95**

APPENDIX – XLVIII

Statement showing target and achievements of Cataract Surgery under NPCB

(Reference : Paragraph 3.4.5.2.(a) Page 101)

(a) State

			Performance					
Number of District/ Town	**Year**	**Target**	**Medical college**	**Dist. Hospital**	**Dist. Mobile unit**	**NGOs**	**Total**	**Percen-tage**
19	1996-97	275000	5116	11328	17794	109596	143834	52
19	1997-98	273000	5393	13423	22629	108788	150233	55
19	1998-99	252000	14336	16184	30004	118561	179085	71
25	1999-2000	290000	9302	23914	29626	193878	256720	89
26	2000-2001	325000	10360	20194	21058	206778	258390	80
Total		**1415000**					**988262**	**70**

(b) DBCS, Surat

Year	Target	Achievement	Shortfall (in percentage)
1996-97	21200	7018	67
1997-98	21200	8628	59
1998-99	21200	9150	57
1999-2000	22200	18694	16
2000-2001	24000	17097	29

(c) Medical college, Baroda
Central Mobile unit

Year	Target	Achievement	Percentage
1996-97	3000	836	28
1997-98	3000	2081	69
1998-99	3000	1926	64
1999-2000	3000	2303	77
2000-2001	2000	1240	62

APPENDIX – IL

Statement showing details of category-wise performance during 2000-2001 in selected districts

(Reference : Paragraph 3.4.5.2(a) (ii) Page 102)

Sr. No.	Name of the District	Target	Achieve-ment	Percen-tage	IOL (1)		Bilateral-Blind (2)		SC/ST/BPL (3)		Short-fall in respect of Column No.	Percen-tage
					1		2		3			
					Target 60 per cent	Achieve-ment	Target 60 per cent	Achieve-ment	Target 40 per cent	Achieve-ment		
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
1	Ahmedabad	38000	44530	117	22800	33367	22800	20188	15200	21348	2	11
2	Vadodara	21000	12821	61	12600	11819	12600	7647	8400	1328	1 2 3	6 39 84
3	Valsad	12000	4207	35	7200	2562	7200	2467	4800	3055	1 2 3	64 66 36
4	Rajkot	15000	15032	100	9000	9528	9000	2723	6000	3800	2 3	70 36
	Total (All Distrcits)	**325000**	**258390**	**80**	**195000**	**188964**	**195000**	**110177**	**130000**	**80109**	**1 2 3**	**3 43 38**

APPENDIX-L

Statement showing details of performance of surgery (cataract)

(Reference : Paragraph 3.4.5.2 (a)(iii) Page 102)

Year	**Name of DBCS**	**No. of Cataract Surgery proposed/ Targeted in the year**	**No. of Cataract Surgery actully performed in the year**	**No. of cases where vision not restored after surgery**	**Reasons**
1999-2000	Vadodara	19000	19128	3	Retinal detachment and poor health post operative complication (CHC)
Screening for refractive error and provision for spectacles					
Year	**Name of DBCS**		**Vision not restored in post operative complication at Base hospital**		**Reasons**
1996-97	Vadodara		6		Glaucoma/Retinal detachment
1997-98			9		
1998-99			12		
1999-2000			3		
2000-2001			38		
	Total		**68**		
Year	**Eye-camp**	**Actully organised/ checked**		**No. of cases of post operation complication**	**Reasons**
		No. of eye camps	No. of patients operated		
1999-2000	Surat	1	243	7	Eye camp arranged by NGO (Trust) 7 were declared blind due to infection as trust had lack of infrastructure facility and experience. This NGO was debarred for conducting eye camps in future.

APPENDIX - LI

Information/Details of cases of Rehabilitation of Incurably blind in test-checked district places were as under

(Reference : Paragraph. 3.4.5.2 (b) Page 102)

Year	Place of DBCs	Number of incurable blindness cases identified	Number of incurable blindness cases proposed for rehabilitation	Number of cases actually rehabilitated	Ratio of rehabilitated to non-rehabilitated percentage	Reasons for non-rehabilitated cases
1996-97	1. Valsad	145	145	127	88:12	According to available facility.
	2. Ahmedabad	55	55	Not known	Not given	--
	3. Surat	23	--	--	--	--
	4. Vadodara	193	--	-	--	--
	5. Rajkot	18	18	10	55:45	Due to post operative complications, all cases could not be rehabilitated.
1997-98	1. Valsad	132	132	112	85:15	--
	2. Ahmedabad	68	68	Not known	Not given	--
	3. Surat	40	--	--	--	--
	4. Vadodara	247	--	-	--	--
	5. Rajkot	13	13	8	62:38	Due to post operative complications, all cases could not be rehabilitated.
1998-99	1. Valsad	129	129	110	85:15	According to available facility.
	2. Ahmedabad	115	115	Not known	Not given	--
	3. Surat	54	NIL	NIL	NIL	--
	4. Vadodara	303	--	--	--	--
	5. Rajkot	30	30	20	67:33	Due to post operative complications, all cases could not be rehabilitated.
1999-2000	1. Valsad	127	127	104	82:18	According to available facility.
	2. Ahmedabad	138	138	Not known	Not given	--
	3. Surat	69	--	--	--	--
	4. Vadodara	416	NIL	NIL	NIL	NIL
	5. Rajkot	20	20	12	60:40	Due to post operative complications, all cases could not be rehabilitated.
2000-2001	1. Valsad	135	135	112	83:17	According to available facility.
	2. Ahmedabad	533	533	Not known	Not given	--
	3. Surat	56	--	--	--	--
	4. Vadodara	978	24	--	--	In process for rehabilitation.
	5. Rajkot	30	30	17	57:43	Due to post operative complications, all cases could not be rehabilitated.

APPENDIX –LII

Statement showing performance of Eye Banks

(Reference : Paragraph 3.4.5.4 Page 103)

Year	Eye collection	Utilised	Percentage	Sent for research
1996-97	5743	2470	43%	3273
1997-98	5838	2540	44%	3298
1998-99	6125	2540	41%	3585
1999-2000	6415	3208	50%	3207

APPENDIX-LIII

Statement showing central assistance received and expenditure incurred under NLCP

(Reference : Paragraph 3.4.6.1 Page 103)

(Rupees in crore)

Year	Central assistance to be received		Actual Central assistance received		Budget provision STATE	Expenditure STATE	
	Cash	Kind	Cash	Kind		Cash	Kind
1996-97	0.16	1.19	0.12	0.26	0.17	0.17	0.26
1997-98	0.19	1.19	0.19	1.41	0.22	0.22	1.41
1998-99	0.19	1.05	0.19	0.36	0.21	0.21	0.36
1999-2000	0.19	1.15	0.21	0.61	0.18	0.18	0.61
2000-2001	0.16	1.15	0.16	0.40	0.13	0.13	0.40
Total	**0.89**	**5.73**	**0.87**	**3.04**	**0.91**	**0.91**	**3.04**

APPENDIX - LIV

Statement showing prevalence rate of Leprosy in the State and districts.

(Reference : Paragraph 3.4.6.2 Page 103)

Year	State	Selected districts			Other districts		
		Vadodara	Valsad	Surat	Bharuch	Dangs	Kheda
1996-97	3.5	4.6	12.4	5.3	13.5	8.6	2.0
1997-98	2.9	2.9	9.8	5.1	9.2	7.5	1.5
1998-99	1.7	1.7	7.6	2.9	6.3	4.9	0.8
1999-2000	1.8	2.1	7.0	3.2	6.2	12.1	1.3
2000-2001	1.75	2.74	4.42	2.7	5.17	4.81	2.0

APPENDIX-LV

Statement showing case detection through Elimination camps

(Reference : Paragraph 3.4.6.3 (a) Page 104)

Year	Nature of camps	Registered population (in lakh)	Examined population (in lakh)	Percentage of examination to registered population	Number of cases detected
1996-97	--	--	--	--	--
1997-98	**MLEC**	**406.86**	**333.41**	**82**	**3648**
1998-99	--	--	--	--	--
1999-2000	**MLEC**	**263.46**	**215.51**	**82**	**1298**
	LEC	**11.99**	**7.96**	**66**	**1456**
2000-2001	**LEC**	**71.31**	**53.13**	**75**	**6285**

APPENDIX - LVI

Statement showing target and achievements under NLCP

(Reference : Paragraph 3.4. 6.3 (b) Page 104)

Year	Case detection			Treatment			Case discharge		
	Target	Achie-vement	Perce-ntage	Target	Achiev-ement	Perce-ntage	Target	Achiev-ement	Perce-ntage
1996-97	4500	14303	318	4500	14303	318	8000	11399	142
1997-98	15000	15567	104	15000	15563	104	20000	17181	86
1998-99	4000	12778	319	4000	12780	319	17000	16656	98
1999-2000	3500	13846	396	3500	13846	396	11300	12734	113
2000-2001	3000	15666	522	3000	15665	522	7000	15579	223

APPENDIX – LVII

Statement showing sanctioned strength and men-in-position

(Reference : Paragraph 3.4.6.5 (a) Page 104)

(A) State

Sr. No.	Name of the Post	Number of sanctioned post	Number of Filled up posts	Number of Vacant posts	Percentage of Vacant posts
1	Leprosy Assistant (LA)	206	161	45	22
2	Non Medical Assistance (NMA)	257	167	90	35
3	Leprosy Supervisor (LS)	140	41	99	71
4	Senior Leprosy Supervisor (SLS)	16	--	16	100
5	Phisyotherapst	17	4	13	76
	Total	**636**	**373**	**263**	**41**

(B) Selected Districts

Sr. No.	Name of District	Details of posts											
		Leprosy Assistant			Non Medical Assistance			Leprosy Supervisor			Senior Leprosy Supervisor		
		S	A	V	S	A	V	S	A	V	S	A	V
1	Ahmedabad	9	8	1		-	-	2	1	1	-	-	-
2	Rajkot	6	6	0	-	-	-	1	-	1			
3	Vadodara	14	10	4	20	18	2	13	2	11	1	0	1
4	Valsad	38	33	5	60	24	36	20	-	20	-	-	-
5	Surat	37	30	7	60	27	33	19	2	17			
6	SSAU Rajkot	-	-	-	8	2	6	-	-	-	-	-	-
7	SSAU Surat	-	-	-	8	2	6	1	0	1	-	-	-
	Total	**104**	**87**	**17**	**156**	**73**	**83**	**56**	**5**	**51**	**01**	**-**	**01**

Sr. No.	Name of District	Details of posts								
		Physiotherapist			LAB Technician			Stat Assistant		
		S	A	V	S	A	V	S	A	V
1	Ahmedabad	-	-	-	-	-	-	-	-	-
2	Rajkot	-	-	-	-	-	-	-	-	-
3	Vadodara	2	0	2	2	0	2	1	0	1
4	Valsad	4	0	4	2	0	2	-	-	-
5	Surat	6	0	6	-	-	-	-	-	-
6	SSAU Rajkot	-	-	-	1	-	1	1	-	1
7	SSAU Surat	-	-	-	-	-	-			
	Total	**12**	**-**	**12**	**5**	**-**	**5**	**2**	**-**	**2**

APPENDIX - LVIII

Statement showing shortfall in establishing various centres under National Leprosy Control Programme in selected districts (Gujarat State)

(Reference : Paragraph 3.4.6.5 (b) Page 105)

Sr. No.	Name of the district	Name of centre	Number of centres required to be established	Number of centres established	Shortfall	
					Number	Percent
1	Vadodara	Survey Education and Treatment Centre (SET)	70	43	27	39
2	Valsad	Leprosy Control Unit (LCU)	6	4	2	33
3	Surat	LCU	8	5	3	37
		Urban Leprosy Control Unit (ULC)	10	1	9	90
		SET	154	97	57	63

APPENDIX - LIX

Statement showing Year-wise grant released by GOI and the expenditure incurred during 1996-2001 under NACP

(Reference : Paragraph 3.4.7.1 Page 105)

(Rupees in crore)

Year	Grants released by GOI	Expenditure	(-) Saving (+) Excess
1996-97	3.00	2.80	(-) 0.20
1997-98	2.50	2.71	(+) 0.21
1998-99	2.30	3.99	(+) 1.69
1999-2000	7.21	5.85	(-) 1.36
2000-2001	3.47	2.64	(-) 0.83
Total	**18.48**	**17.99**	**(-) 0.49**

APPENDIX-LX

Priority Targeted Intervention for groups at high risk (HIV/AIDS)

(Reference : Paragraph 3.4.7.2 Page 106)

Year	Amount allotted (funds received from DFID) (Rs. in lakh)	Number of NGOs	Actual expenditure (Rupees in lakh)	Group Target No. to be contacted	Achievements (Target group contacts for behaviour change communica-tion)
1997-98	46.86	14	23.52	Not available	--
1998-99	126.78	16	139.69	NA	46.440
1999-2000	167.26	24	179.44	NA	412.910
2000-2001	180.25	38	150.70	NA	546.098
Total	**521.15**		**493.35**		**1005.448**
i.e.	**5.21 crore**		**4.93 crore**		**10.05 lakh**

APPENDIX – LXI

Statement showing details of condom distribution through various channels – Period 1993-94 to 2000-2001

(Reference : Paragraph 3.4.7.2 Page 106)

(Number in lakh)

Year	Implementing officer	Opening Balance	Receipt	Total	Issued	Closing Balance
1993-94	Addl. Director (Family Welfare) under Health and Family Welfare Department	155.90	1151.40	1307.30	779.30	528.00 (40)
1994-95	--do--	528.00	496.44	1024.44	949.63	74.81 (7)
1995-96	--do--	74.81	881.31	956.12	516.85	439.27 (46)
1996-97	--do--	439.27	559.94	999.21	731.65	267.56(27)*
1997-98	--do--	145.06	528.84	673.90	568.77	105.13 (16)
1998-99	--do--	105.13	462.96	568.09	532.64	35.45 (6)
1999-2000	--do--	35.45	365.80	401.25	379.13	22.12 (6)
	Total	**1483.62**	**4446.69**	**5930.31**	**4457.97**	**1472.34**

Bracket indicates percentage

		Free	Subsidised	At cost		
1998-99	Project Director, Gujarat State AIDS Control Society, Ahmedabad (DFID)	2.84	--	--		
1999-2000	--do--	4.13	--	--		
2000-2001	--do--	16.63	0.24	0.09		

* At Hq- 145.06 At District level 122.50