CHAPTER-III

PERFORMANCE REVIEWS

The chapter contains four Performance reviews on 3.1) implementation of National AIDS Control Programme, 3.2) Implementation of Drugs and Cosmetics Act, 1940, 3.3) Welfare of handicapped, 3.4) Accelerated Irrigation Benefit Programme, and two long paras on 3.5) Prevention and control of fire and 3.6) Payment of stipend and scholarship to students in the State. The Performance reviews have been conducted with a view to assessing effectiveness of the aforesaid programmes / schemes / activities in the State.

HEALTH, MEDICAL EDUCATION AND FAMILY WELFARE DEPARTMENT

3.1 National AIDS Control Programme (NACP)

Highlights

National AIDS Control Programme aimed at reducing the spread of HIV infection and strengthening the country's capacity to respond to HIV/AIDS on a long term basis. Implementation of the programme in the State suffered mainly due to absence of proper monitoring mechanism. Physical progress in the components of targeted intervention for high risk groups and prevention of HIV/AIDS among low risk groups was either nil or marginal except in the case of condom promotion. Blood banks lacked basic infrastructure facilities. No community centre was set-up for low cost AIDS care. Institutional strengthening was weak. Inter-sectoral collaboration was absent. Thus, the intended objective of reducing spread of HIV infection and strengthening country's capacity to respond to HIV / AIDS on a long term basis was not achieved to a large extent.

During 1998-2002 due to poor spending only 46 per cent (Rs 11.14 crore) of funds allocated (Rs 24.27 crore) by GOI were released.

Excess expenditure of Rs 0.49 crore during 1999-2003 on awareness campaign was incurred by diverting funds from different components.

Against an allocation of Rs 15.00 lakh relating to civil works, AIDS Control Society advanced Rs 1.17 crore to District Magistrates in March 2003 for construction of rooms for blood banks without approval of NACO.

(Paragraph 3.1.4)

Physical progress in the components of targeted intervention for high risk groups and prevention of HIV/AIDS among low risk groups was dismal during 1998-2003.

Lack of mandatory equipments like air conditioners and elisa readers in blood banks rendered the blood banks ineffective. 107 equipments supplied by NACO to 15 blood banks for their modernisation were non-functional as the blood banks had no operational license from appropriate

authority. Even in seven licensed blood banks 168 equipment supplied by NACO were lying idle.

(Paragraph 3.1.7 and 3.1.8)

Low cost AIDS care was not initiated in the State as no community care centre was set-up. (Paragraph 3.1.9)

Intersectoral collaboration was non-existent. Level of awareness development was low and no society was formed at district level for effective implementation of the programme.

(Paragraph 3.1.11)

The number of AIDS cases which was 10 in 1998-99 increased to 63 in 2001-02.

(Paragraph 3.1.13)

There was absence of effective monitoring mechanism of the programme. The reports on the impact analysis of the programme done by ORG Centre (May 2000) and World Bank Mission (May 2002) were not available with the state Government.

(Paragraph 3.1.16)

3.1.1 Introduction

NACP aimed at reducing spread of HIV positive/AIDS cases.

National AIDS Control Programme was launched by the Government of India in 1987. National AIDS Control Programme 1 (NACP-I) was introduced in September 1992 for a period of five years followed by National AIDS Control Programme (NACP-II) in 1999. In Bihar, the Programme was introduced in 1992. NACP-I aimed to slow the spread of human immune deficiency virus (HIV), decrease morbidity and mortality associated with HIV infection and minimize socio-economic impact resulting from HIV infection. NACP-II had two key objectives namely (i) to reduce the spread of HIV infection in the country and (ii) to strengthen country's capacity to respond to HIV/AIDS on a long term basis.

Implementation of NACP and activities under various components of the programme was to be carried out as per Annual Action Plan duly approved by National AIDS Control Organisation (NACO), Ministry of Health and Family Welfare, Government of India, New Delhi.

3.1.2 Organisational set up

Health, Medical Education and Family Welfare Department- the nodal department

The programme was implemented in the State by the Commissioner-cum-Secretary, Health and Family Welfare Department. He was assisted by Additional Director, Bihar State AIDS Control Cell (upto June 1998) and Project Director, Bihar State AIDS Control Society (BSACS). The programme was implemented in the Districts by the Civil Surgeons-cum-Chief Medical Officers, Principals of Medical Colleges, Superintendents of Medical College Hospitals and District Hospitals.

3.1.3 Audit Coverage

Records for the period 1998-2003 test-checked

Implementation of NACP during 1998-2003 was reviewed (January 2003 to June 2003) through test-check of records of 10 Civil Surgeons-cum-Chief Medical Officers[1], four Principals of Medical Colleges[2], five Superintendents of Medical College Hospitals[3] and eight Superintendents of District Hospitals[4] in 10 Districts and one Private Hospital[5] with a view to assessing effectiveness of the programme.

3.1.4 Financial management

Financial management of the NACO Project disclosed poor utilisation of funds, excess expenditure on the awareness component, expenditure on civil works without approval of NACO, non settlement of advances and non availability of vouchers against certain items of expenditure as discussed below.

Allocation of funds by Government of India (GOI), funds released to the State and expenditure incurred during 1998-2003 were as under:

(Rs in crore)

Period	Allocation of funds	Opening Balance	Funds released by GOI	Total funds available	Expenditure	Savings	Percentage of savings
1.	**2.**	**3**	**4.**	**5.**	**6.**	**7.**	**8.**
1998-99	3.74	2.13	1.10	3.23	1.00	2.23	69
1999-00	2.89	2.23	0.57	2.80	0.93	1.87	67
2000-01	2.81	1.87	1.96	3.83	1.04	2.79	73
2001-02	7.41	2.79	4.30	7.09	3.86	3.23	46
2002-03	7.42	3.23	3.21	6.44	6.11	0.33	05
Total	**24.27**		**11.14**	**23.39**	**12.94**	**10.45**	-

Component wise allocation of funds by GOI and expenditure during 1998-2003 were as under :

Component No.	Components	Allocation by GOI	Expenditure
		(Rs in crore)	
I	Intervention of groups at high risk	4.28	2.13
II	Prevention of HIV/AIDS among low risk group	13.20	6.89
III	Low cost AIDS care	0.38	0.06
IV	Institutional strengthening	6.12	3.83
V	Inter sectoral collaboration	0.29	0.03
	Total	**24.27**	**12.94**

.

[1] *Bhagalpur, Biharsharif, Chapra, Darbhanga, Gaya, Katihar, Kishanganj, Motihari, Muzaffarpur, Purnea.*

[2] *JLN Medical College, Bhagalpur; Darbhanga Medical College, Darbhanga; ANM College, Gaya; S.K.Medical College, Muzaffarpur*

[3] *JLN Medical College Hospital, Bhagalpur, Darbhanga Medical College Hospital, Darbhanga; A.N.Medical College Hospital, Gaya; S.K.Medical College Hospital, Muzaffarpur; Patna Medical College Hospital, Patna*

[4] *Biharsharif, Chapra,Gaya, Katihar, Kishanganj, Motihari, Muzaffarpur, Purnea*

[5] *Duncan Hospital, Raxaul*

It was observed that

Poor spending by the State caused short release of funds by GOI

❖ During 1998-2002, barely 27 to 54 per cent of the available funds were utilised by the State. Due to the poor spending, only 46 per cent (Rs 11.14 crore) of the funds allocated (Rs 24.27 crore) by the GOI were released. No reason for poor spending was on record.

❖ Incidentally, during 1999-2003, Rs 0.49 crore were spent in excess of the funds provided (Rs 7.15 crore) by GOI for awareness campaign. The expenditure was met by diverting funds which were meant for various components of the programme.

Huge funds of Rs 1.17 crore advanced to District Magistrates without approval of NACO

❖ Although only Rs 15.00 lakh were allocated by GOI for minor civil works during 2002-03, an amount of Rs 1.17 crore was advanced to District Magistrates during March 2003 for the construction of additional three-four rooms for blood banks in 25 district hospitals and 21 Sexually Transmitted Diseases (STD) clinics in 20 district hospitals and one Medical College Hospital. The construction of additional rooms at the eight times of the sanctioned estimates was done without the approval of NACO.

The Additional Secretary to Government, Health Department stated that the Project Director was authorised to make intersectoral reallocation of funds in public interest. The reply was not acceptable because while providing funds NACO specified that civil works required for the blood safety programme, STD clinics and Voluntary Counselling and Testing Centres (VCTC) should not be undertaken without prior approval of NACO. Moreover, building infrastructure in these cases was to be provided by the State Government.

Particulars of expenditure of Rs 17 lakh booked in Accounts not available

❖ Assistant Director (Health and Family Welfare Department) drew Rs 17 lakh from Patna Secretariat treasury (August 1995) and kept it in a bank account in the name of Director-in-Chief, Health and Family Welfare Department. While depositing the money in the bank, the Assistant Director indicated the amount in the cash book as spent. However, the detailed vouchers of expenditure and utilisation certificates against this amount were not made available. The Additional Secretary stated (September 2003) that the cash book and other records were seized by the Vigilance Department where the matter was under investigation in some other case.

Funds advanced not adjusted/recovered

❖ Advances of Rs 23.71 lakh paid by Additional Director, Bihar State AIDS Control Cell to five officials including four retired ones, eight Superintendents of Sadar Hospitals[6], seven Superintendents of Medical College Hospitals[7], five Civil Surgeons[8], and Director, ATI, Ranchi for

[6] *Supdts., Sadar Hospital, - Ara, Aurangabad, Bihar Sharif, Deoghar, Hajipur, Hazaribagh, Munger, Rohtas*

[7] *Supdts., Medical College Hospital : Bhagalpur, Darbhanga, Dhanbad, Muzaffarpur, NMCH, Patna, PMCH, Patna, Ranchi*

[8] *Civil Surgeons-cum-Chief Medical Officers : Bihar Sharif, Deoghar, Hajipur, Jamshedpur, Sasaram*

travel expenses and programme implementation during 1993-96 were not adjusted/recovered (September 2003). The Additional Secretary stated that detailed inquiry in the matter would be done after the cash books and other records were received back from the Vigilance Department. By that time, it would be extremely difficult to recover the advances from retired officials.

Particulars of expenditure not available

❖ Rupees 26.91 lakh spent during April 1996 to June 1998 by the AIDS Control Cell could not be subjected to test check as relevant records such as cash books, copies of vouchers and other records were not made available. The Additional Secretary stated (September 2003) that the matter was under investigation by the Vigilance Department.

3.1.5 Provision of funds and expenditure in the districts test-checked

Funds received by 28 implementing agencies of 10 districts test-checked and expenditure there against during 1998-2003 were as under:

Year	Fund received by implementing agencies	Expenditure incurred	Amount refunded to BSACS	Amount kept in Current Accounts in Banks by.	
				Implementing agencies	District Magistrates
	(Rupees in lakh)				
1998-99	34.04	23.57	10.47	-	-
1999-00	28.04	24.70	3.34	-	-
2000-01	28.49	16.08	12.41	-	-
2001-02	224.47	180.87	42.28	1.32	-
2002-03	205.38	149.39	8.48	45.51	2.00
Total	**520.42**	**394.61**	**76.98**	**46.83**	**2.00**

(Source: As furnished by district agencies)

24 per cent of funds remained unutilised in the districts test-checked

Of Rs 5.20 crore received by 28 implementing agencies during the period 1998-2003 Rs 76.98 lakh were refunded to BSACS, while Rs 48.83 lakh remained unutilised as of September 2003.

3.1.6 Implementation of the programme

There are six components of the AIDS control programme viz targeted intervention of high risk groups, prevention of AIDS among low risk groups, low cost AIDS care, institutional strengthening, inter-sectoral collaboration and family health awareness programme. The overall achievement of physical targets during the period 1998-2003 under different components of the programme was low (***Appendix-XXIX)***. The individual components are discussed below :

3.1.7 Targeted intervention of groups at high risk

Physical progress either nil or low, except in case of condom promotion

High risk groups of AIDS cases were to be identified, mapped and provided peer counselling, condom promotion and treatment of sexually transmitted diseases (STD)/ sexually transmitted infections (STI) through non-government

organisation (NGO) and community based organisations (CBOs). However, identification and mapping of high risk groups of AIDS cases were not done as of July 2003. No NGO/ CBO was engaged for this purpose upto March 2001. Only nine NGOs were engaged during 2001-2003 against the target of 55 fixed by the Government.

Further against a target of 42 clinics only 25 were set up during 1998-2003 and only one to 14 STD clinics reported treatment of patients suffering from sexually transmitted diseases during the same period. The number of patients treated in these clinics which was nine per day during 1999-2000 declined to five patients per day in 2002-03. The performance reports were received by the State AIDS Control Society from only 14 STD clinics out of 25. The balance 11 clinics were non-functional due to shortage of staff and equipment as of May 2003. The physical progress of this component of the programme was either nil or low against targets except in case of condom promotion.

3.1.8 Prevention of HIV/AIDS among low risk groups

32 out of 42 blood banks were non-functional

There are 42 blood banks in the state. Out of this, six blood banks are located in medical colleges and the remaining blood banks are in the district hospitals. Of these, only 10 blood banks have the licenses from the drug controller to operate the blood banks. The remaining blood banks did not fulfil the required conditions for recognition as they lacked mandatory equipments like Air conditioners and Elisa readers and were therefore non-functional.

Heavy shortfalls against targets

Blood banks play a key role in prevention of HIV/AIDS cases. However, opening of blood banks in district hospitals, licensing of blood banks, modernisation of blood banks, provision of blood components separation facility in Medical College Hospitals, voluntary donation of blood in blood banks etc fell short of targets by 47 to 90 per cent during the period 1998 to 2003. Further, no blood bank in the State was declared by NACO as a major blood bank. The Additional Secretary stated that shortfall in voluntary donation was mainly due to general malnutrition of the people. The statement was not acceptable because the voluntary donation of blood in 10 government blood banks during 1998-2003 was 4776 units only while the 18 private blood banks collected 53317 units of blood from the voluntary donors during the same period.

Even in licensed Blood Banks 168 equipment remained idle

It was also noticed that even in the licensed blood banks of four Medical College Hospitals[9], two district hospitals[10] and one Research Institute[11] test-checked, 168 equipment (value not available) supplied by NACO during 1998-2003 were lying idle, ever since the dates of their receipt.

---

[9] *Medical College Hospitals - DMCH, Darbhanga, ANMCH, Gaya, SKMCH, Muzaffarpur, PMCH, Patna.*

[10] *District Hospitals – Chapra, Motihari*

[11] *R.M.R.I, Patna*

A large number of equipments remained idle in non-functional Blood Banks

One hundred and seven equipment supplied by NACO (1993-2001) to 15 blood banks of district hospitals[12] for their modernisation were lying idle in stores of the hospitals/ blood banks because the blood banks were non-functional due to the absence of licence from the Controller of Drugs of the State.

Poor performance of VCTC

Scrutiny of performance of Voluntary Counselling and Testing Centres (VCTC) revealed that on an average five beneficiaries visited a VCTC per day in 2000-01 in one centre. But during 2002-03 on an average only two beneficiaries attended a VCTC per day in 16 centres set up.

Activities of VCTCs not monitored

Further, performance reports from 16 out of 34 VCTCs only were received by the State AIDS Control Society during 2002-03 mainly due to shortage of counsellors and laboratory technicians.

3.1.9 Low cost AIDS care

No community care centre set-up

This included activities to provide funding for house based and community based care. Such activities would involve establishing best practice guidelines and providing appropriate drugs for treating opportunistic infections at district hospitals. They would also include training at selected State level hospitals for the provision of referral services with the object of improving the quality and cost effectiveness of interventions offered by existing procedures and establishing new support services like community based hospitals/ centres, drop-in-centres and house based care centre in partnership with NGOs/CBOs. However, no such community care centre for persons living with HIV/AIDS was set up in the State as of July 2003.

3.1.10 Institutional strengthening

Training activity below targets

The programme envisaged that training of trainers at various levels as well as induction training was to be completed during 1999-2000. The remaining period of the project was to be devoted to refresher training. It was noticed that only 96 trainers out of 600 targeted were trained during 1999-2000 and no training of trainers took place thereafter.

During 1999-2003 training was imparted to 2366 medical (29 per cent) and 8941 para medical (54 per cent) staff against the target of 8240 medical and 16640 para medical staff respectively.

Activities relating to sentinel surveillance conducted in the urban areas only

Sentinel surveillance to collect HIV/AIDS syndrome based information was carried out only in the urban areas in State by conducting survey of 45 sites (out of 47 planned) during 1998-2003 and HIV testing of 14713 (out of 16450 planned) persons. Thus data on prevalence of STD in rural and urban areas of the State were not generated as required under the programme. Surveillance through specific survey, behaviour surveillance surveys and AIDS cases surveillance, as required under the programme were not conducted.

[12] *Arrah, Aurangabad, Begusarai, Chapra, Gaya, Gopalganj, Jahanabad, Kishanganj, Madhepura, Madhubani, Motihari, Nalanda, Nawadah, Purnea, Sitamarhi,*

3.1.11 Intersectoral collaboration

Intersectoral collaboration non-existent

The AIDS Control Society did not chalk out any action plan for intersectoral collaboration to ensure learning from the innovative HIV/AIDS programmes that existed in other sectors.

3.1.12 Family Health Awareness Campaign

Against targeted coverage of 3.48 crore population under this component of the programme during 2000-03, population of 0.95 crore (27 per cent) only attended camps during 1999-2003. This indicated that level of awareness development was low.

No society formed at district levels

No society was formed for the effective implementation of the programme at the district level. NGOs and CBOs were also not involved in the implementation of the programme till the year 2000-01.

Out of four video films prepared on AIDS control and dubbing of a Hindi film in three regional languages (Bhojpuri, Maithili, Nagpuri) between February 1998 and February 1999 at a cost of Rs 12.65 lakh, only one film was telecast on Doordarshan once in December 1998.

3.1.13 Prevalence rate of HIV/AIDS

Incidence of HIV positive and AIDS cases increased

The HIV positive cases which were 0.12 per cent (34) out of 28290 cases screened during 1998-99 increased to about one per cent (401) out of 47232 cases screened during 2002-03. Details were as under:

HIV cases

Blood Screening	**Persons screened during**				
	(In number)				
	1998-99	1999-2000	2000-01	2001-02	2002-03
1. Blood banks	26445 (27)	56034 (75)	59011 (68)	85273 (67)	39557 (52)
2. Sentinel surveillance	1845 (7)	1988 (13)	2221 (17)	3933 (35)	4726 (63)
3. Voluntary conselling centres	-	-	1380 (228)	7803 (883)	2949 (286)
Total	**28290 (34)**	**58022 (88)**	**62612 (313)**	**97009 (985)**	**47232 (401)**

(Figures in brackets indicate number of HIV cases detected)

In all, 2.93 lakh people were screened for HIV test during 1998 2003. Thus not even one per cent of the total population (eight crore) was screened during last five years indicating poor implementation of the programme.

The first AIDS case was detected in Bihar in 1995-96 and the number of deaths due to AIDS cumulatively increased to 30 upto March 2000. The number of AIDS cases has increased from 10 in 1998-99 to 63 in 2001-02. It however declined to 28 in 2002-03.

AIDS cases detected and deaths due to AIDS

Year	AIDS cases	Death cases
	(In number)	
1998-99	10	-
1999-2000	14	30 (cumulative upto March 2000)
2000-01	32	7
2001-02	63	1
2002-03	28	2
Total	**147**	**40**

3.1.14 Manpower management

Inadequate manpower

Sanctioned strength of various categories of posts under the programme as on 31.03.2003 and men-in-position were as under :

Sanctioned Strength				Men in position			
Medical	**Para Medical**	**Others**	**Total**	**Medical**	**Para Medical**	**Others**	**Total**
13	53	99	165	3	35	51	89

Thus 46 per cent of posts including 75 per cent medical posts under NACP were vacant as on 31 March 2003.

3.1.15 Accounts and cash management

No action for non-accountal of cash

As per directions of NACO, Cash Book and bank accounts of NACP funds were to be maintained separately, but no separate accounts of NACP funds were maintained in the districts test-checked. The cash balance of Rs 4.71 lakh of NACP funds in the office of Civil Surgeon, Motihari as on 14 May 2001 was not transferred as of June 2003 to the new Cash Book, which was opened on 14 May 2001. For non-accountal of Rs 4.71 lakh no action was taken as of June 2003. The Additional Secretary later stated (September 2003) that enquiry into this was being made.

3.1.16 Monitoring and evaluation

Lax monitoring

The Additional Director, Bihar State AIDS Control Cell/Project Director, Bihar State AIDS Control Society under the overall supervision of Commissioner-cum-Secretary, Health and Family Welfare Department was responsible for monitoring the NACP. He failed to effectively monitor the implementation of the Programme. The Governing Council of the State AIDS Control Society headed by Commissioner-cum-Secretary required to meet quarterly (nineteen times) during 1998-2003 to ensure effective implementation of the NACP, met only twelve times during the period. It was noticed that only 60 per cent reports and returns due during 1998-2003 from the field formations of STD clinics, VCTCs and blood banks were received by the Project Director. As a result, necessary reports and returns relating to the defaulting field formations were not forwarded by the Project Director to NACO, New Delhi. The details were as under:

Sl. No.	Name of scheme	Year	Reporting units	Report and Returns due	Units reported to the Project Director	Reports and Returns received from field formations	Shortfall	
							Units	Reports and Returns
			(In number)					
1.	STD clinics	1998-03	8 to 25	804	1 to 14	432	7 to 11	372
2.	VCTC	1998-03	1 to 24	408	1 to 14	276	10	132
3.	Blood Banks	1998-03	36 to 46	2088	15 to 42	1200	4 to 21	888
	Total			**3300**		**1908**		**1392**

Even though the monitoring and evaluation officer was appointed in August 2001, no improvement in submission of reports and returns by the field formations was noticed. The officer did not also periodically evaluate mid term and final evaluation programme in the State.

Impact analysis report of ORG centre/World Bank Mission not available

NACO selected (May 2000) ORG Centre for Social Research, New Delhi to conduct evaluation of NACP within three months but the impact analysis of the ORG Centre on the working of State AIDS Control Society was not available as of June 2003.

World Bank Mission reviewed NACP (phase-II) during May 2002, but the report on review was not available as of June 2003.

3.1.17 Conclusions

The National AIDS Control Programme in Bihar suffered because of low level of spending despite funds being available. The overall achievement of physical targets during the period 1998-2003 under different components of the programme was low. The shortfall was particularly pronounced in the two major components of the programme, in targeted intervention of groups at high risk, shortfall was over 69 per cent in three out of five items of work and in prevention of AIDS among low risk group, in six out of seven items of work the shortfall exceeded 58 per cent.

3.1.18 Recommendations

- ❖ Mapping of high risk groups should be taken up on priority as this has remained neglected;
- ❖ The process of selection of NGO's for counselling of high risk groups needs to be stepped up;
- ❖ Opening of blood banks in district hospitals, modernisation of existing blood banks and licensing by the Drug Controller are important items of work of this programme which should be attended to on a urgent basis;
- ❖ Formation of District AIDS Control Society in districts should be speeded up as required under the scheme to ensure better co-ordination at the field level.

The points were referred to Government (August 2003); their reply received (September 2003) stood incorporated in this review at the appropriate places where necessary.

ANNEXURE - XXIX

(Refer: Paragraph - 3.1.6 ; Page 35)

Component-wise physical progrepss of AIDS Control Programme:(April 1998 to March 2003)

Components	Item of work	Planned	Actual	Short-fall	Percentage of shortfall
1. Targeted intervention of groups at high risk	1. Mapping of high risk groups (HRG)	1 Unit	-	1	100
	2. Selection of NGOs for the group	55 Units	9	46	84
	3. Counselling of persons through NGO's (HRG)	3.61 lakh persons	1.13	2.48	69
	4. Opening of STD clinics in District Hospitals/ Medical College Hospitals	42 Units	25	17	40
	5. Condom Promotion	49.49 lakh Units	43.92 units	5.57	11
II. Prevention of HIV/AIDS among low risk group	1. Opening of Blood Banks in District Hospitals (D.H.) Medical College Hospital	36 Units 6 Units	4 6	32 -	89 -
	2. Licensing of Blood Banks	36 Units	4	32	89
	3. Modernisation of Blood Banks	21 Units	4	17	81
	4. Blood Component separation facility in Medical College Hospitals	6 Units	1	5	83
	5. Voluntary donation of blood in Blood Banks	1.40 lakh units of blood	0.58	0.82	59
	6. IEC activities in schools	1100 schools	178	922	84
	7. Voluntary Testing & Counselling Centres	59 centres	34 (opened)	25	42
III. Low cost AIDS care		Nil	Nil	Nil	-
IV. Institution strengthening	1. Training of Medical & para Medical Officials (2000-03)	24880 personnel	11307	13573	55
	2. Sentinel Surveillance sites	47 sites	45	2	4
	3. Blood collected & tested during sentinel surveillance	16450 Units	14713	1737	11
V. Inter sectoral collaboration	Nil	Nil	Nil	Nil	Nil
VI Family Health Awareness campaign	1. Increase of awareness	3.48 crore persons	0.95 crore	2.53 crore	73
	2. Formation of District AIDS Control Society	39	Nil	39	100