3.2C National AIDS Control Programme

Highlights

The National AIDS[*] Control Programme launched by GOI in 1992 was intended to achieve maintenance of HIV[@] prevalence rate below 1 per cent, reduction in blood borne transmission of HIV, creating awareness among youth, etc. The review revealed lack of infrastructure for starting new blood banks even in hospitals where equipment were supplied by National AIDS Control Organisation (NACO), delay in renewal of licence to blood banks leading to illegal functioning of blood banks, non-functioning of blood component separation units leading to lack of optimum utilisation of blood.

- **The shortfall in release of funds by NACO with reference to the approved outlay on the programme for the period 1996-2001 was Rs 12.65 crore.**

[Paragraph 3.2C.4]

- **Delay in arranging joint inspection for renewal of licence led to the illegal functioning of blood banks. This defeated the objective of supply of safe and quality blood.**

[Paragraph 3.2C.7 (a)]

- **Three out of 29 blood banks for which assistance was given by NACO had not started functioning even as of May 2001.**

[Paragraph 3.2C. 7(b)(i)]

- **Though equipment costing Rs 26.96 lakh had been purchased and supplied by State AIDS Cell for 12 blood banks at various Government hospitals, these were not put to use even as of May 2001 due to non-availability of qualified doctors and infrastructure.**

[Paragraph 3.2C. 7(b)(ii)]

- **Though blood component separation facilities were provided by NACO in 4 blood blanks, the facility was not put in place in 2 blood banks at Medical Colleges, Kottayam and Kozhikode.**

[Paragraph 3.2C. 7(c)]

3.2C.1 Introduction

Government of India launched (September 1992) the National AIDS Control Programme, a 100 *per cent* Centrally Sponsored Scheme, with the ultimate

[*] Acquired Immune Deficiency Syndrome.
[@] Human Immuno deficiency Virus.

objective of slowing down the spread of HIV and to reduce the future morbidity, mortality and impact of AIDS. The first phase of the project was in existence up to 31 March 1999 and the second phase which started from April 1999 was intended to achieve the maintenance of HIV prevalence rate below 1 per cent of adult population in Kerala, reduction in blood born transmission of HIV to less than 1 per cent, attainment of awareness level of not less than 90 *per cent* among the youth and condom use of not less than 90 *per cent* among high risk categories like commercial sex workers.

3.2C.2 Organisational set up

In the first phase the State AIDS Cell headed by a State AIDS Programme Officer (SAPO) in the Directorate of Health Services (DHS) was responsible for the implementation of the programme. State AIDS Committee with the Chief Secretary as the Chairperson and a Technical Advisory Committee headed by DHS was to co-ordinate and monitor the implementation of the programme.

During the second phase, the Kerala State AIDS Control Society (KSACS) headed by a Principal Director having a governing body with Chief Secretary as Chairperson and an executive committee headed by the Secretary to Government, Health & Family Welfare Department was responsible for the implementation and monitoring of the programme. KSACS was assisted by a State AIDS Programme Officer (SAPO). The District Medical Officers (DMOs) were also involved in implementation of the programme at the District level.

3.2C.3 Audit coverage

A review of the implementation of the Scheme covering the period 1996-97 to 2000-01 was conducted by scrutiny of the records in the offices of the State AIDS Cell, State AIDS Control Society, Health and Family Welfare Department in the Secretariat, State Drugs Controller, Thiruvananthapuram, four[1] out of 14 District Medical Offices, 10 (out of 31) modernised blood banks attached to Medical Colleges and hospitals, five (out of 20) STD clinics attached to hospitals, two (out of 3) blood component separation units and the Surveillance Centre attached to Microbiology Department of Medical College, Thiruvananthapuram. The audit findings are discussed below:

3.2C.4 Fund allocation and flow of expenditure

Shortfall in release of funds by NACO during 1996-2001 was Rs 12.65 crore

The year-wise details of allocation and release of funds by NACO and expenditure incurred by the KSACS during 1996-2001 were as shown below:

[1] Ernakulam, Kollam, Kozhikode and Thiruvananthapuram.

(Rupees in crore)

Year	Opening balance	Fund approved by NACO	Fund released by NACO	Expenditure Incurred by State AIDS Cell/ KSACS	Closing balance
1996-97	1.71	5.48	2.25	1.38	2.58
1997-98	2.58	3.48	1.00	2.29	1.29
1998-99	1.29	5.24	Nil	3.46	[@]
1999-2000	[*]	4.58	3.45	2.87	0.58
2000-01	0.58	3.50	2.93	2.87	0.64
Total		**22.28**	**9.63**	**12.87**	

The release of each instalment of grant was subject to utilisation of earlier grants. The shortfall in release of funds by NACO during 1996-2001 amounted to Rs 12.65 crore.

3.2C.5 Component-wise targets and achievements

Details of component-wise allocation of funds for the years 1996-97 to 1998-99 were not made available to Audit. During 1999-2000 and 2000-01, component-wise financial achievements were as under:

(Rupees in crore)

Name of component	Total fund allocated for 1999-2001	Total expenditure during 1999-2001	Percentage of expenditure to allocation
Targeted intervention against HIV/AIDS	1.82	1.22	67
Preventive intervention for general community	3.33	3.19	96
Institutional strengthening	2.12	1.22	58
Low Cost AIDS Care	0.74	0.10	14
Intersectoral collaboration	0.08	Nil	Nil

3.2C.6 STI/HIV/AIDS surveillance

The objective of the programme was to develop an effective surveillance system generating a set of reliable data. The HIV statistics on surveillance done by the surveillance centre at Medical College, Thiruvananthapuram, revealed that the prevalence of HIV positive persons increased from 4.4 per cent (in 1996) to 9.6 per cent (in 2000) of the numbers screened which indicated ineffective programme implementation.

3.2C.7 Functioning of Blood Banks in the State

One of the components of National AIDS Control Programme was "Improved blood safety to reduce transmission of HIV through blood". Under the programme, 29 Government blood banks and 6 private blood banks were modernised during the first phase of the programme. There were 76 more licensed blood banks under private sector as on 31 March 2001.

[@] The excess in expenditure was met from State funds.
[*] From 1 April 1999 the programme was implemented by KSACS.

(a) Licensing of blood banks

All the blood banks were to obtain licence for their operation from the Central Drugs Controller, New Delhi. The licence was to be issued only after conducting a joint inspection of the blood banks, by a team consisting of representatives of State Licensing Authority, Central Licence Approving Authority and blood bank experts. A licence was to be renewed by 31 December of the year following the year in which it was issued. However, as of April 2001, 88 applications for renewal were pending with the State Licensing Authority due to delay in joint inspection to be arranged by the Central Drugs Controller. In 21 cases test-checked in the office of the State Drugs Controller, it was noticed that in 16 cases (3 in Government sector and 13 in Private sector) licence were not renewed, as joint inspection was pending.

Licences of eight blood banks (6 under Government sector and 2 under Private sector) expired between December 1996 and December 2000 were refused renewal after the joint inspections conducted between February 1999 and March 2001, on the ground of non-availability of trained doctors/technicians, lack of equipment and infrastructure, etc. However, these blood banks were functioning without licence as of April 2001.

The delay in arranging joint inspection for renewal of licence led to the illegal functioning of the blood banks and this defeated the objective of supply of safe and quality blood.

(b) Non-functioning of blood banks

Three blood banks had not started functioning despite supply of equipments by NACO

(i) Out of 29 Government blood banks for which assistance for modernisation was given by NACO, 3 blood banks attached to General Hospital, Adimali, Taluk Head Quarters Hospital, Mannarghat and District Hospital, Kanjangad did not start functioning as of May 2001. A test-check of records of General Hospital, Adimali revealed that equipment like Voltage Stabilizer, Refrigerators, Temperature recorders, Clinical Centrifuge, Air Conditioners, etc., worth Rs 2.14 lakh received from NACO during May - July 1996 were not yet installed as of April 2001. Other equipment like chest refrigerators, blood transport containers and voltage stabilizers received during July 1999 - July 2000 (value not available) were also idling from the date of their receipt. The building for the blood bank was completed only by December 1998 and the air conditioning work remained to be completed by the local body as of April 2001.

12 blood banks had not become operational due to lack of infrastructure and qualified doctors

(ii) For 12 blood banks proposed to be started by the State AIDS Cell at various Government Hospitals[2], 36 air conditioners worth Rs 9.17 lakh and other equipment costing Rs 17.79 lakh (viz. blood bank refrigerators, centrifuge, water bath, incubator, weighing balance) were purchased by the State AIDS Cell and supplied during April-May 1998. But none of these 12 blood banks had become operational as of May 2001. A test check in two

[2] Adoor, Changanassery, Haripad, Karunagappally, Koothuparambu, Kottarakkara, Moovattupuzha, Neyyattinkara, Ottappalam, Ponnani, Quilandy, Thodupuzha.

(Neyyattinkara and Kottarakkara) out of 12 institutions revealed that the blood banks were not started due to non-completion of infrastructure facilities and non-availability of qualified doctors. There was total lack of monitoring by the DHS/State Government and lack of co-ordination between the KSACS and the Health Department. As a result the blood banks were not started.

(c) Lack of blood component separation facilities

According to NACO, the optimum utilisation of blood could be ensured only by establishing blood component separation units. Though such facilities were provided to blood banks attached to Medical College Hospitals in Thiruvananthapuram, Kozhikode and Kottayam and IMA blood bank, Kochi during phase I of the programme, the units at Kozhikode and Kottayam did not start functioning as of August 2001. According to the KSACS (August 2001) action was under way to grant licence to them to make blood component separation units. Due to non-functioning of the units the object of optimum utilisation of the blood collected was not achieved.

(d) Non-functional State Blood Transfusion Council

Government of Kerala accorded sanction in June 1996 for formation of a State Blood Transfusion Council with a view to motivating people for voluntary donation of blood, training of blood bank personnel, implementation of schemes for modernisation of blood banks, etc. Out of Rs 12 lakh received from State Government/NACO during 1996-2001 for the activities of the Council, only Rs 2.17 lakh was utilised as of May 2001 and the unspent balance remained in a Public Sector Bank account. Though the governing body of the Council was constituted in February 1997, only two meetings (in March 1997 and December 1997) were held till date and no executive committee had yet been formed. In March 1997 the Council resolved to start a Post Graduate course in Blood Banking Transfusion Medicine in Medical Colleges, but no such course was started as of May 2001.

3.2C.8 Voluntary blood testing centres not started

During 1998-99, NACO sanctioned five voluntary blood testing centres at five Medical College hospitals. Four more hospitals/public health laboratories were identified during second phase (from April 1999) by KSACS for starting voluntary blood testing centres. None of the centres started functioning as of April 2001. The SAPO stated (August 2001) that the centres could not be made operational for want of necessary equipment. One voluntary blood testing centre was to be established in each district during the second phase of the programme. Out of Rs 32.88 lakh allocated by NACO during 1999-2001 for voluntary testing and counselling, only Rs 0.6 lakh was spent by KSACS during 2000-01.

3.2C.9 Lack of counselling service

As decided (August 1997) in the programme review meeting of State AIDS Programme Officers (SAPO) at least 4-5 counselling centres at STD clinics were to start functioning by the end of 1997-98. The counselling service could

be started only from February 1999 due to delay in appointment of counsellors. The counsellors were appointed by the KSACS on contract for a period of one year and later on, the appointment was to be made by the concerned institutions. However, due to non-appointment of counsellors after expiry of the contract period 17 STD clinics were functioning without counselling service for periods ranging from 2 to 19 months as of May 2001.

3.2C.10 Idling of equipment

Medical College Hospital, Thiruvananthapuram purchased and installed one incinerator costing Rs 11.76 lakh in March 2000, but the same could not be commissioned as of October 2001.

3.2C.11 Non-submission of accounts and utilisation certificates by NGOs

Though Rs 23.29 lakh was provided to 22 NGOs during 1998-99, the utilisation certificates and accounts were not furnished by them till May 2001. This indicated lack of proper monitoring of the programmes by the State AIDS Cell. Appointment of NGO advisor to monitor the programmes implemented through NGOs was made only in March 1999.

3.2C.12 Monitoring and evaluation

According to the programme (Phase II), each AIDS Control Society should have a Monitoring and Evaluation (M&E) Officer and monitoring and evaluation would be conducted by outside agencies at baseline, interim and final years. However, no M&E Officer was appointed and no baseline survey conducted as of May 2001. The SAPO attributed this to paucity of funds. Thus there was little monitoring of the programme.

The KSACS was registered in November 1998 for the speedy and effective implementation of the programme. According to the Draft Memorandum of Association of the Society, the governing body shall meet at least twice in a year. However, the governing body met only two times till March 2001 since its formation. The State AIDS Programme Officer stated that Chief Secretary who was the Chairperson of the Governing body could not spare much time due to his pressing official commitments.

3.2D National Leprosy Eradication Programme

Highlights

The National Leprosy Eradication Programme (NLEP) introduced in 1982 envisaged a specialised form of treatment for leprosy known as Multi Drug Therapy (MDT). The review revealed that the NLEP activities introduced with a view to wiping out leprosy could not achieve the expected results despite the fact that the programme has been under implementation for more than 15 years mainly due to non-creation of required infrastructure facilities, lack of man power in critical cadres and lack of supervision and monitoring at all levels (Central, State, District and Unit level). The classification of district was wrongly made based on unrealistic Prevalence Rate (PR) calculated with