3.14.5 Other points of interest

i) Bankura Leprosy Training Centre (LTC) imparted training to only 117 Para Medical Workers (PMWs) against 560 to be trained as per capacity of the centre during January 1996 to June 2001 while Rs 88.86 lakh spent towards salary and contingencies for 20 staff including 3 MOs who were engaged in this work.

ii) One 20 bedded Temporary Hospitalisation Ward (THW) for leprosy patients sanctioned in 1982, was constructed at a cost of Rs 5.50 lakh and handed over to the Superintendent, State General Hospital, Raghunathpur, Purulia in April 1988. The THW remained non-operational for want of formal Government Order for opening (June 2001).

3.14.6 Conclusion

Even after 19 years of MDT, State's achievement under NLEP was far below the target. Even these figures of achievement were overstated by various informal methods. Monitoring by the controlling officers/authorities were found deficient and hence despite funds being available, the impact of the programme on the control of disease was not significant.

The matter was referred to Government in September 2001; reply had not been received (January 2002).

3.15 AIDS Prevention and Control Programme

3.15.1 Background

Cause of AIDS

Acquired Immuno Deficiency Syndrome (AIDS) is a dreaded disease not curable but preventable. It is caused by Human Immuno Deficiency Virus (HIV). AIDS case was first detected in West Bengal in 1986. Subsequently the disease spread in the State mainly through unprotected sex practices (more than 80 *per cent*) and other modes of transmission through blood, blood products and from infected mother to the baby during pregnancy.

Activities

The Programme mainly aimed to prevent the spread of HIV infection in the community, ensure safe blood transfusion free from HIV, Hepatitis B (HBSag), VDRL and Malaria Parasite (MP), strengthen the measures to control sexual transmitted disease, create awareness by promoting IEC network and social mobilisation.

In the State at this stage only support and care services towards treatment is being rendered by one AIDS clinic, functioning at Apex AIDS Referral Centre at Medical College Hospital, Kolkata. Two Counsellors are working at HIV testing laboratory at School of Tropical Medicine (STM). STM had detected 637 AIDS

cases up to December 2000 out of 119343 samples tested. No district-wise figure is available with the State AIDS Control Society (SACS).

Implementing units of AIDS programme in West Bengal

The programme is implemented in the State by Department of Health and Family Welfare, AIDS Cell, from 1992 and by West Bengal State AIDS Prevention and Control Society (WBSAP and CS) from August 1998. WBSAP and CS was formed for smooth and speedy implementation and management and to ensure easy flow of fund. State Health Secretary is the President of the Society.

Records of various offices including hospitals/NGOs in Kolkata, Bardhaman, Birbhum, Malda and Darjeeling districts were test-checked.

3.15.2 Financial position

Available fund not utilised

AIDS Prevention and Control Programme is a World Bank aided *cent per cent* Centrally assisted programme. Due to deficient Annual Action Plan (AAP), GOI reduced the amounts sought for by the State Government by 30 to 67 *per cent* during 1996-2001. The State Government could not spend even the reduced amounts sanctioned in the previous years. State Government could spend maximum of 37 *per cent* of the fund available up to 1998-99 while it increased substantially in 1999-2000, it again fell back to 88 *per cent* in 2000-2001. Shortfall in expenditure was attributed to insufficient infrastructure as at the end of March 2001 the unspent balance aggregated Rs 6.63 crore.

During the last five years (1996-2001) total expenditure in the State on this programme was Rs 22.91 crore of which Rs 5.77 crore (25 *per cent*) were in the form of unadjusted advances. On 31 March 1997 Rs 4 crore sanctioned by State Government, was drawn by the State AIDS Cell office on the same date to avoid lapse of the budget and kept in PL Account. During the next two years the amount could not be spent fully. As the PL Account was to be closed on 31 March 1999 as per State Government Order, the State AIDS Cell office made advances of Rs 58.72 lakh to different district offices during March 1999. Rupees 59.15 lakh lying in PL Account was drawn by self cheques and spent by the Residual Cell Office during 1999-2000 though State AIDS Cell was officially closed in August 1998.

3.15.3 Blood Safety Measures (BSM)

During 1996-2001, NACO provided Rs 10 crore and different machines and accessories for modernisation of Blood Bank and blood safety measures. Presently Blood Banks collect blood from voluntary and exchange donors. As per orders since 1995 each Blood Bank is to carry out four mandatory tests in respect of each unit of blood to ensure safe blood transfusion and that the collected blood was free from HIV, Hepatitis B (HB Sag), Syphilis and Gonorrohea (VDRL) and Malaria Parasite (MP). If any blood sample was found to contain any one of four viruses the blood bottle should be discarded immediately. Three tests excepting

MP are to be conducted from the fund placed by NACO. During the last 5 years no new Blood Bank was established.

State AIDS Control Society (SACS), West Bengal claimed that 59 Government Blood Banks in West Bengal were modernised. However, scrutiny of records revealed that modernisation programme was not effective as all the required machineries/equipment were not installed in 30 (51 *per cent*) of the Blood Banks in the State. In many Blood Banks out of 8 vital equipments only 2 to 6 equipments[29] were supplied. Essential equipments like Microscopic Binocular, Incubator and Generator 10 KVA were supplied to only 2, 3 and 2 Blood Banks respectively out of 59 Blood Banks. Blood Component Separation Facilities were available only at Central Blood Bank, Kolkata and out of 12 equipments earmarked for supply, only 5 equipments were supplied. Major equipments like Refrigerated Centrifuge (2), Deep Freezers 75 C & 40 C (1+1), Leminaf Flow Bench (1), Platlet Incubator with agitator (1), Dialectric sealer (2), Cell Counter (1) were not supplied. Further, Generator 10 KVA (1) was not supplied.

As indicated below none of the private and PSU Blood Banks submitted collection report between 1997 and 1999 to the State Blood Transfusion Council (SBTC) even after repeated reminder as informed by the Director SBTC. Thus, work done by them was neither known nor monitored by the SBTC.

The position of blood donation for last 3 years is given below :

Number of Blood Banks	Year								
	1997-98			1998-99			1999-2000		
	Volun-tary	Exchange	Total	Volun-tary	Exchange	Total	Volun-tary	Exchange	Total
59 State Government Blood Banks	144513	78244	222757	181758	91496	273254	211887	98147	310034
32 Private & PSU Blood Banks	NA	NA	NA	NA	NA	NA	34417	18084	52501

The position of collection of blood and number of cases where the above tests were conducted during 1997-2001 in 8 Blood Banks of 4 test-checked districts of Bardhaman, Malda, Birbhum and Darjeeling are mentioned in Appendix 42.

Untested blood supplied by 8 BBs

Blood Banks in the Government Hospitals of 4 districts collected 1.34 lakh bottle of blood during 1997-2001 against which they conducted test of HIV in 82614 cases. The shortfall in HIV test was 51513 (38 *per cent*). As all the blood were shown to have been utilised, in absence of testing of 38 *per cent* for HIV, the possibility of transfusion of untested blood to the patients was a strong possibility. Blood Bank authorities stated (February and July 2001) that they could not carry out mandatory test in all collected blood due to delay in supply of HIV kits by NACO and other kits by hospital authority. This reply is not tenable since there was no shortage of HIV kits in State Store and shortage of fund for purchase of other kits in hospital. Besides, the AIDS Cell and WBSAP and CS offices permitted Blood Bank Authorities to purchase HIV kits if there was shortage. There was also shortage of testing of HBSag (Hepatitis B) for 29382 (22 *per cent*) and VDRL 31855 (24 *per cent*) cases.

[29] *In one Blood Bank, 7 equipment and in another 8 equipment were supplied.*

Further, it was found that in test-checked Blood Banks costly machines like one costly CD 4 machine for human blood counting cells and one Frozen Plasma Deep Freezer of 480 litre (-86^0 C Temperature), 2 Deep Freezer of 480 litre (-20^0 C Temperature), one Eliga Reader Model Tecan Spectra machine and one Deep Freezer of 200 litre (-20^0 C Temperature) valued Rs 40.79 lakh sent by NACO were lying idle or had become defective since their receipt in 1991-92(1), 1996-97(1), 1997-98 (2) and 1998-99 (2).

3.15.4 Detection of HIV and AIDS cases

Detection of HIV/AIDS as per STM, Kolkata

Screening test of Blood samples conducted by School of Tropical Medicine (STM) Kolkata detected the following HIV and AIDS cases during September 1997 to December 2000.

Cumulative figure up to	Total blood samples examined	HIV positive	AIDS	HIV(+) rate per thousand	Remarks
September 1997	110096	989	NA	8.98	
October 1998	113375	1246	114	10.99	
December 1999	116140	1728	271	14.88	
December 2000	119343	2357	637	19.75	Death case 8

The above table would show that Sero Surveillance of HIV positive cases among different groups of people had increased from 989 in 1997 to 2357 in 2000. For 9247 tests carried out by STM, Kolkata during 1998 to 2000, HIV was 1368 (147.94 per thousand). According to an expert of STM, Kolkata, the gravity of HIV was more serious which might not have been reflected in the above table because many people remained out of screening test and also the prevention efforts were lagging far behind the epidemics growth. Again, HIV reactive cases detected in blood banks were not being sent to STM, Kolkata for further confirmation, in some cases if sent the report thereof was not available for want of feed back report from STM. Total HIV reactive case in 3 Blood Banks of Kolkata during 1996-99 was 761, of this in 1999 in Central Blood Bank alone it was 554 out of 80564 bottles of blood collected. But in these cases blood donors are not identified as per NACO guidelines.

Out of 29 STD clinics (6 in Medical Colleges and 23 in other places) in 20 clinics no equipment were supplied while in others equipment were partly supplied.

3.15.5 Information, Education and Communication (IEC) activities

IEC Programme

IEC is one of the most important strategies in the fight against HIV/AIDS. It is a process to motivate common people to adopt and maintain healthy practice. Main activities of IEC in the State were use of mass media, involvement of NGOs, training to health workers and inter-sectoral personnel like police, ICDS functionaries, jail warders, prisoners, etc. A hotline service for 24 hours counseling on AIDS/HIV (1097 dialing) with active voice response system in Kolkata, Howrah, Hooghly, Bankura and Darjeeling districts had been introduced since 1999.

Condom promotion in Sonagachi, a red light area was organised mainly through different NGOs in Kolkata. But no such concerted effort was taken up in the districts.

Poor IEC activities in 3 test-checked districts

In Asansol where 900 CSWs stayed as per the December 2000 survey by one NGO, there was only 42 *per cent* coverage through condoms. The working report of peer educators and outreach workers were not available. At Durgapur where 250 CSWs were working just one awareness campaign had been organised by District AIDS Control Officer and was attended by only 75 CSWs. Condoms were distributed through intermediaries and was not ensured whether they were received by the ultimate users. Sib Sankar Seva Samity, an NGO in Bardhaman town, had received Rs 2.76 lakh from AIDS Cell office and arranged only 4 seminars out of targeted 9 among university and college students in 1999. The District Office had received posters, banners, folders, booklets in 1999-2001 but there was no record of distribution to any place of the district. Though there was no dearth of fund (balance in hand Rs 3 lakh for IEC activities), only 6 seminars among youths had been organised in three years.

In Birbhum district, no IEC activity was organised by District Office till March 2001. There was no instance of display of permanent hoardings, posters, banner and distribution of leaflet during 1998 to 2001, nor of any awareness generation programme organised among vulnerable groups. No Sentinel Surveillance either to STD attenders or to ante-natal mothers was conducted. One NGO (St John Ambulance Association, Birbhum) was financed by SACS (Rs 6.75 lakh) to work among flying sex workers (FSWs) and truckers for 80 km highway, but only 20 km was covered by them. The NGO contacted only 20 FSWs and 250 truckers and distributed 300 condoms in 6 months.

In Malda district, there was no permanent hoarding in any prominent place. Poster, flip chart, leaflet were neither developed nor distributed till march 2001. Sensitisation programme and Sentinel Surveillance was also not conducted. One NGO (Durbar Mahila Sammelan Committee, Malda) was working in red light area in Malda town where 75 CSWs out of 110 used condoms while out of 7 tested for VDRL, 5 were found positive. All CSWs in the area were living below poverty line. Condoms were not distributed to them free of cost by Government or by the NGO. Records of treatment in STD clinic of Government Districts hospital revealed that 66 STD male patients were treated during 1998-2000 were red-light-area-going people, which indicated that condoms were not used by the sex workers.

In Darjeeling district, Rs 17.93 lakh was spent through 4 NGOs[30] for IEC activities and awareness programme. One NGO (Sebakarya) received Rs 2.47 lakh and took up condom promotion among clients and FSWs in specified

[30] *1.Seba Karya (WBVHA)*
2.Darjeeling Town Youth and Mass Development Society
3.Indian Red Cross Society, Darjeeling
4. Federation of Societies for Environmental Protection.

20 hotels of Darjeeling. Records revealed that in 15 selected hotels no work was done. The District level officer did not monitor and or evaluate the work of NGOs on IEC activities.

3.15.6 Other points of interest

(i) WBSAP and CS gave advances to different implementing agencies during 1999-2001 and outstanding advance stood at Rs 4.97 crore (76 *per cent* of total expenditure of 2000-01) in different offices as on March 31, 2001.

Amount kept in P/L Account till March 31, 1999

(ii) Rupees 4 crore was kept in PL Account as of 31 March 1997 by State AIDS Cell office, which could not be spent fully in the next two years and till close of State AIDS Cell office in August 1998. Rupees 59.15 lakh remained unutilised as of March 31, 1999.

(iii) Though the AIDS Cell was declared as officially closed in August 1998, it spent Rs 88.96 lakh between April 1999 and April 2000 unauthorisedly instead of utilising the fund through WBSAPCS.

(iv) Out of the urgent purchase of medicine of Rs 29.47 lakh for STD in Second Family Health Awareness Campaign from January 26, 2000 to February 09, 2000, medicine worth Rs 2.48 lakh remained unutilised till December 2000 and medicine worth Rs 1.51 lakh and Rs 0.45 lakh were issued to State AIDS Cell office and Writers' Buildings Health Unit which have no STD clinics. Possibility of misutilisation and diversion of medicine cannot be ruled out.

(v) Excess expenditure of Rs 2.08 lakh was incurred by State AIDS Cell towards purchase of medicine disregarding CMS approved rate in 1998-99, while Superintendents of NRS Hospital, Kolkata and Durgapur SD Hospital incurred extra expenditure of Rs 1.51 lakh and Rs 0.60 lakh respectively for purchase of chemicals and test tubes at higher rates. The Project Director stated (April 2001) that the purchases were made from the State Government Undertaking as there was no sufficient time for market survey while the Superintendents of NRS Hospital and Durgapur Sub Divisional Hospital accepted the observation of irregular purchase.

(vi) Rupees 0.40 lakh and Rs 1.27 lakh were diverted for purchase of refrigerator and general medicine by Superintendent, Bardhaman Medical College Hospital and Superintendent, Kalna SD Hospital respectively from STD and Blood safety fund.

(vii) Deputy CMOH II of Darjeeling district drew Rs 4.50 lakh in March 1999 in AC Bill which remained unadjusted till July 2001 and Rs 58500 drawn in AC Bill in October 1997 was refunded in January 2000, after 2 years.

(viii) Darjeeling AIDS Control Centre (DACC) paid RS 17.93 lakh to 4 NGOs for Target Intervention (TI) Programme not approved by National AIDS Control Board, Government of India.

(ix) During 1998-99 Rs 2.25 lakh was allotted to Bardhaman Medical College Hospital by AIDS Cell, Department of Health & Family Welfare, for Blood Safety Measures, STD clinic and IEC activities but whereabouts of such funds could not be ascertained in audit from the records of the hospital.

3.15.7 Monitoring and Evaluation

Though five years of first phase and 3 years of second phase had passed, no monitoring and evaluation of the programme at the State level, was done by the NACO or by State Government. Baseline, midterm and annual performance and expenditure review had not even been done after 3 years of second phase of National AIDS Control Programme. Base level data had not been collected at State level to help the corrective action to be taken up by the AIDS Control Society.

3.15.8 Conclusion

Rupees 22.91 crore was spent during 1996-2001 under AIDS Prevention and Control Programme aimed at reducing the HIV and AIDS affected cases. The programme failed to have adequate impact as HIV positive and AIDS cases increased from 1246 (1998) to 2357 (2000) and from 114 (1998) to 637 (2000) respectively. The State Government failed to utilise 63-70 *per cent* of funds received from GOI during 1996-98. Again much of the utilised funds were actually advances for which accounts were not available. Large quantity of Blood was transfused without HIV testing. Modernisation of the Blood Banks was not completed in 30 out of 59 targeted Blood Banks though funds were not a constraint. Several expensive machines were lying unutilised in the hospitals. IEC activities and target intervention for sex workers, track drivers, migrant labour and street children were not effective.

The matter was referred to Government in September 2001; reply had not been received (January 2002).

3.16 State Health System Development Project –II (1996-2001)

Implementation of IDA sponsored schemes for the secondary health care system suffered from tardy progress of civil work and delay in providing infrastructural facilities in the hospitals though funds were not a constraint

3.16.1 Introduction

With a view to overcoming the constraints existing in the secondary health care system, Government of West Bengal decided (April 1996) to implement the State Health System Development Project-II (SHSDP-II) with Rs 701.46 crore funded by the International Development Association (IDA). The project had the long

APPENDIX 42

(Refer paragraph 3.15.3, page 141)

Statement showing Blood collection and testing of HIV/HBSAg/VDRL in 4 years (1997-98 to 2000-2001)

Name of Blood Bank	Collection of blood	Test of HIV conducted	Test of HBSAg conducted	VDRL Test conducted	Shortfall of HIV	Shortfall of HBSAg	Shortfall of VDRL
Bardhaman M.C. Hospital	49037	23325	49037	49037	25712	Nil	Nil
Asansol S.D. Hospital	17709	6733	7940	2800	10976	9769	14909
Katwa S.D. Hospital	7343	2467	2151	4576	4876	5192	2797
Kalna S.D. Hospital	9348	7677	7744	7937	1671	1604	1411
Durgapur S.D. Hospital	4394	3229	3239	3239	1165	1155	1155
Birbhum District Hospital	14333	11150	10050	10050	3183	4283	4283
Malda District Hospital	21048	18053	14158	13718	2995	6890	7330
Darjeeling District Hospital	10915	9980	10426	10915	935	489	-
	134127	**82614**	**104745**	**102272**	**51513**	**29382**	**31855**

APPENDIX 43

(Refer paragraph 3.16.4 (i), page 147)

Statement showing the position of renovation and extension of hospital buildings at North 24 Parganas as on March 2001

Sl. No.	Name of the hospital	Targeted date of completion	Estimated cost.	Actual expenditure	*Per cent*age of work done.	Remarks.
			Rupees in lakh			
1.	Barasat DH	10-06-2001	312.70	41.30	13.21	Work suspended since Dec, 2000 due to labour trouble.
2.	Basirhat SDH	30-9-2000	129.77	57.62	44.40	Roof casting completed. Other allied work is in progress
3.	Bangaon SDH	28-4-2001	132.71	27.84	20.98	Work done up to roof level casting work not done
4.	Barrackpore SDH	14-04-2001	182.14	51.81	28.45	Extension work is in progress. The work was taken up in March 2000 instead of 14-10-99.
5.	Panihati SGH	20-11-2000	158.12	154.75	97.87	Extension and alteration work is in progress.
6.	Sagar Dutta SGH	02-08-2001	208.49	10.88	5.22	Construction and renovation work is in progress.
7.	Baranagar SGH	31-01-2001	132.71	85.61	64.51	Extension & Electrical work is in progress.
8.	Madhyamgram RH	15-9-2000	31.10	22.21	71.41	Extension & additional work is in progress
9.	Gopalpur PHC	19.7.99	42.07	47.16	100	Could not be taken over due to non-completion of pipe line.
10.	Balaram Seva Mandir SGH	NA	93.28	96.01	Completed	Could not be taken over due to non completion of various allied works
11.	Salt Lake SDH	NA	69.03	69.39	Completed	Handed over by the hospital authority (Nov. 2000)
			1492.12	**664.58**		