HEALTH AND FAMILY WELFARE DEPARTMENT

3.2 Programme for prevention and control of diseases

Review of implementation of the 'programme for prevention and control of diseases' covering (i) National Aids Control Programme (ii) National Programme for Control of Blindness and (iii) National TB Control Programme (NTCP) for the period from 1996-97 to 2000-2001 revealed several shortcomings. Instances of unspent funds, irregular utilisation of funds, pendency in submission of utilisation certificates, shortfall in achievement of targets, irregularities in purchase and supply of medicines, were common in all the programmes covered. Systems for monitoring and evaluation of the programmes were not in place and the programme objectives remained unachieved. In the Aids Control Programme equipment supplied to blood banks was not utilised/non-functional for 1 to 4 years. The shortfall in coverage under the Programme rendered the State's achievement figures doubtful. State Government was not able to report prevalence rate for blindness. In NTCP there were shortfalls in achievement of the targets and inaccurate reporting of data.

Highlights

- **Central assistance of Rs.3.48 crore not utilised under National Aids Control Programme during 1996-2001.**

(Paragraph 3.2.3.1)

- **Non-utilisation/non-functioning of equipments supplied to 12 Blood Banks for periods ranging from 1 to 4 years affected the programme in those banks.**

{Paragraph 3.2.3.3(iii)}

- **There was 39 *per cent* shortfall in coverage of patients under sentinel surveillance for National Aids Control Programme between February 1998 and October 2000.**

(Paragraph 3.2.3.6)

- **None of the 13424 targeted para medical staff under AIDS programme were given any training in the 9 work shops conducted between March 1999 and March 2001.**

(Paragraph 3.2.3.7)

- **Government organisations were irregularly reimbursed Rs.13.61 lakh towards Grants in Aid between 1996-97 and 1999-2000 for conducting eye camps in disregard of Government of India guidelines.**

{Paragraph 3.2.4.3(ii)}

- **Avoidable expenditure due to reimbursement of Rs.35.04 lakh to Non-Governmental Organisation without adjusting the amount of Rs.18.00 lakh involved in respect of 3000 IOL operations to be conducted free of cost under Blindness programme.**

{Paragraph 3.2.4.4(ii)}

- **There were persistent savings each year during 1997-2001 from 9 *per cent* to 50 *per cent* due to non-release and delayed release of matching grants by the State Government under TB Control Programme.**

{Paragraph 3.2.5.2(i)}

- **Although expenditure of Rs.4.71 crore was incurred out of Rs.5.41 crore of Central Assistance received, Utilisation Certificates for Rs.4.44 crore only were submitted to Government of India as of October 2001 under TB control programme.**

{Paragraph 3.2.5.2(iii)}

- **While the percentage of achievement in targeted identification of new TB cases declined from 77 in 1996-97 to 51 in 1998-99, the cure rate or number of cases completing treatment out of number of cases under treatment was less than 18 *per cent* for the State as a whole.**

{Paragraph 3.2.5.3(i)}

- **Procurement of anti-TB drugs in excess of requirement resulted in avoidable expenditure of Rs.21.67 lakh.**

{Paragraph 3.2.5.4(i)}

- **Deputy Director Medical Stores procured Short Course Chemotherapy drugs valuing Rs.1.02 crore between February 2000 and April 2001 out of the funds made available by Government of India during 1998-2001 in violation of Government of India's orders.**

{Paragraph 3.2.5.4(iii)}

3.2.1 Introduction

National Aids Control Programme and National Programme for Control of Blindness were being implemented in the State with 100 *per cent* Central Assistance while National Tuberculosis (TB) Control Programme was implemented on 50:50 basis upto 1996-97 and with 100 *per cent* Central Assistance thereafter. The thrust of the programmes was to contain the spread of HIV/AIDS, reduce blindness and to check the transmission of TB infection in the community.

3.2.2 Audit Coverage

The audit review was conducted between February and May 2001 through test check of records of Health and Family Welfare Department (Department), Directorate of Health Services, Orissa (DHS), 3 State Programme Officers (SPO), 1 Project Director (PD), State AIDS Cell (SAC), Deputy Director, Medical Stores (DDMS), Managing Director, Orissa Industrial Infrastructure Development Corporation (IDCO), Orissa State Health and Family Welfare Society (OSHFWS), 6[1] Chief District Medical Officers (CDMO) including 17 Primary Health Centres (PHC)/Community Health Centres (CHC), Superintendent, Anti TB Demonstration and Training Center, Cuttack (ATDTC), 2[2] TB Sanatoriams and 6[3] Voluntary Organisations for the period from 1996-97 to 2000-01.

The Executive Chiefs of the programmes were PD, SAC (AIDs), Joint Director of Health Services (Ophthalmology) and Deputy Director, Health

[1] Cuttack, Kalahandi, Koraput, Mayurbhanj, Puri and Sambalpur.
[2] TB Hospital, Uditnarayanpur (Kalahandi) and TB & ID Hospital, Puri
[3] **AIDs,** Puri-1, Koraput-1and Cuttack-2 **Blindness:**Dhenkanal-1 and Cuttack-1

Services (TB) (DDTB) and the monitoring of the programmes at the State level was also vested with them. The CDMOs concerned monitored the programmes at the district level. The programme-wise results of test check are given in the succeeding paragraphs.

3.2.3 National Aids Control Programme

3.2.3.1 Unutilised Central Assistance

The details of funds released by Government of India (GOI), and amounts spent during the period 1996-97 to 2000-2001 were as below :

(Rupees in lakh)

Year	Grants released by GOI	Grants released by State Government	Amount spent	Balance amount remained unutilised with reference to grants received from GOI
1996-97	50.00	25.00	23.08	26.92
1997-98	75.00	55.06	31.15	43.85
Sub-total	**125.00**	**80.06**	**54.23**	**70.77**
1998-99	100.00	--	5.04	94.96
1999-2000	200.00	--	152.97	47.03
2000-2001	238.50	--	103.93	134.57
Sub-total	**538.50**	**--**	**261.94**	**276.56**
Grand Total	**663.50**		**316.17**	**347.33**

Unutilised central assistance

It was noticed that State Government had unauthorisedly retained Rs.70.77 lakh up till 1997-98 when the funds were being routed through them. Out of a total release of Rs.1.25 crore by GOI during 1996-98, Rs.80.06 lakh (64 *per cent*) only were released of which Rs.54.23 lakh were spent under the programme leaving the balance amount of Rs. 25.83 lakh under Civil Deposit (Rs.23.73 lakh) and in Cash (Rs.2.10 lakh). Further, funds of Rs.5.39 crore were released to SAC by GOI through OSHFWS during 1998-2001, against which expenditure of Rs. 2.62 crore (*46 per cent*) only was incurred leaving an unspent balance of Rs.2.77 crore in the Bank. The non-utilisation was attributed by the PD to non-release of funds in time by State Government (1996-98), belated release of funds by GOI (1996-1999) and super cyclone (1999-2000). No reasons were however, stated for non-utilisation of funds during the year 2000-01. None of the reasons were acceptable since SAC could not fully utilise the amounts. The explanation that Super Cyclone led to non utilisation also seems like an after thought since maximum expenditure of Rs.152.97 lakh was reported during 1999-2000 the year of the cyclone. Even the available cash balance was not utilised.

3.2.3.2 Utilisation Certificates

Utilisation certificates for Rs.64.82 lakh not submitted to GOI.

Against the release of Rs 1.38 crore by SAC during 1999-2001 towards annual and one time grants, Utilisation Certificates (UC) for Rs.64.82 lakh were pending for submission to SAC by 23 Blood Banks, 7 Sexually Transmitted Diseases (STD) Clinics, 3 Voluntary Blood Testing Centres (VBTC) and 10 CDMOs as of 31 March 2001. Financial Advisor SAC stated (June 2001) that steps would be taken for incorporation of time limit for submission of utilisation certificate in the sanction order.

3.2.3.3 Programme implementation

(i) Targets and achievements: AIDS Control

The programme of Prevention of HIV infection in high risk population (Phase-II) was implemented in the State by SAC from 1999-2000 through 8[4] Non-Governmental Organisations (NGO) for educating, counseling and treating commercial sex workers, truckers and migrant labourers. While no targets were fixed for 1999-2000, against the targeted intervention/contact of 36637 in respect of the above categories of high risk population, only 31259 contacts were achieved during 2000-01 by the 8 NGOs resulting in shortfall of 5378 contacts (15 *per cent*). Deputy Director (STD), SAC stated (September 2001) that since SAC worked with skeleton staff, it did not embark upon any targeted intervention for high risk population during 1999-2000. The reply was not acceptable as the scheme was to be implemented through NGOs and possibility of engaging more NGOs for achievement of the target during 2000-2001 could have been explored.

(ii) Functioning of Blood Banks

To ensure safe blood supply to the patients, the SAC made HIV testing mandatory in all the 44 Blood Banks of the State and annual grants at the rate of Rs.1.25 lakh each were paid to them for purchase of consumables etc. necessary for the purpose. The State Blood Transfusion Council (SBTC), Bhubaneswar, Orissa, on conducting periodical inspection (December 2000 and July 2000) of the 2 Blood Banks (SCB Medical College and Baripada) pointed out deficiencies of non-functioning of voluntary blood donors association and non-collection of 20 *per cent* of the blood units of the total units collected in a year by organising blood donation camps, non-adoption of bio-safety measures, non-observance of quality control of arti-sera, manning of blood banks with untrained officers and laboratory technicians (Puri, Cuttack and Koraput) and non-establishment of blood component separation unit in Central Red Cross Bank at Cuttack.

Test check of records of 4 blood banks (Cuttack:2, Baripada:1 and Sambalpur:1) for 3 years (1998-2001) disclosed that of the total 107023 blood units collected only 5819 units were from voluntary donation which constituted 5.43 *per cent* against the 20 *per cent* limit prescribed by SBTC under voluntary donation.

(iii) Non-utilisation/non-functioning of equipments

Test check of records of 12 Blood Banks revealed that of 126 number of equipments like deep freezers, refrigerators, Generators etc. centrally procured and supplied by NACO between 1992 and 2000, 11 were yet to be installed (May 2001), 13 were not functioning (May 2001) for periods ranging from 1 to 4 years which affected the functioning of these Banks.

[4] Berhampur-1,Koraput-1, Cuttack-2, Puri-1,Bhubaneswar-2, Paradeep-1.

3.2.3.4 Control of Sexually Transmitted Diseases (STD)

(i) Performance of STD Clinics

Test check of records of 4 out of 15 STD clinics in the State (CDMOs Kalahandi, Koraput, Puri and Medical College Hospital,Cuttack) revealed that while the clinics at Puri and Kalahandi were managed by untrained staff nurses and Laboratory technicians, the clinics at CDMO Koraput and SCB Medical College, Cuttack were functioning without Venereal disease Investigator, Laboratory technician, staff nurses, Assistant Surgeons, sweeper etc. In the case of STD clinic at Cuttack collections of blood samples and screening of the same were not done at the clinic. Instead the same were reportedly undertaken by the Micro Biology department of the Medical College Hospital. Thus, expenditure of Rs.6.92 lakh incurred on those clinics was rendered unfruitful.

(ii) Condom Programming

Condom Programming including social marketing of condom is one of the strategic interventions for prevention and control of STD/HIV among high risk population. Against targeted distribution of 7.60 lakh condoms among NGOs and STD clinics during 2000-01 under the scheme 'Social Marketing of condom' the SAC as per NACO's instruction (March 1999) indented 7.60 lakh condoms as late as September 2000 and was able to procure them only in February 2001 at the fag end of the year. Consequently, against targeted distribution of 7.60 lakh condoms among the NGOs, STD clinics during 2000-2001 the SAC could distribute only 3.19 lakh as of May 2001 accounting for only 42 *per cent* of the target. SAC stated (May 2001) that remaining stock would be shortly distributed among 5 short listed NGOs. The fact, however, remains that belated procurement of condoms resulted in under achievement in distribution of condoms under the programme.

3.2.3.5 Information, Education and communication (IEC) activities

To increase awareness on HIV/AIDS, IEC activities like propaganda through audio cassettes, film shows, display hoardings, glow sign boards at strategic points and conducting of orientation workshops for high and low risk population and Family Health Awareness Campaign (FHAC) was envisaged in the programme.

(i) Non-procurement of glow sign board/Hoardings

Scrutiny of records of the Director State Institute of Health and Family Welfare revealed that although funds of Rs.7.70 lakh were provided for procurement of 43 glow sign boards, 149 hoardings under IEC activities, the same had not been purchased as of May 2001. Director while confirming (June, September 2001) the factual position stated that the supplier did not supply the material although work order was issued to him as far back as in November 1997 and that the same was cancelled in June 2001 and Director refunded (Rs.6.01 lakh) to SAC retaining Rs.1.69 lakh with him. Thus, the family Awareness Campaign Programme through sign board/hoardings suffered.

(ii) Non-submission of accounts on Family Health Awareness Campaign

Extent of awareness created in the community was unascertainable in view of non-submission of accounts by PHCs.

Rupees 56.56 lakh were provided by SAC to 30 CDMOs for conducting FHAC during 2000-2001 of which only 20 CDMOs rendered accounts for Rs.37.42 lakh which had been communicated to GOI by Project Director (June 2001). Test check of records of 2 out of 10 defaulting CDMOs revealed that under CDMO, Kalahandi. 3 PHCs (Borda, Chapuria and Koksara) and one Post Partum Centre (Bhawanipatna) did not render accounts for Rs.0.55 lakh and PHC, Kalampur failed to indicate the number of participants in the accounts on FHAC. Further, 14 PHCs/CHCs under CDMO, Cuttack did not render accounts to the CDMO as of May 2001 for an amount of Rs.2.65 lakh placed with them in May 2000.

As a result, the extent of awareness created in the community and the correctness of the expenditure incurred on the campaign could not be ascertained in audit.

3.2.3.6 Short-coverage of patients under sentinel surveillance

Against the targeted coverage of 7200 patients in 4 rounds of survey between February 1998 and October 2000, 4406 patients (Ante Natal Cases (ANC): 2370, and STD cases : 2036) were covered resulting in shortfall in coverage of 2794 patients (39 *per cent*).

Shortage of 39 *per cent* in coverage under sentinel surveillance.

Of the 4406 covered under surveillance, 56 cases (ANC-3, STD-53) were found to be HIV positive representing incidence rate of 1.27 *per cent* (0.13 *per cent* in ANC and 2.60 *per cent* in STD patients). However, no follow up action was initiated in these cases as of May 2001.

3.2.3.7 Training

Only 24 *per cent* of MOs and PP trained. No training imparted to para medical staff.

Against the targeted completion of training of 6505 Medical Officers (MO) including private practitioners (PP), 365 NGOs and 13424 para medical staff by 31 March 2001 through organising 17 workshops between March 1999 and March 2001; only 1574 MO and PP (24 *per cent*) were trained in 9 work shops conducted during the period. Noticeably none of the 13424 targeted para medical staff was given any training.

3.2.3.8 Monitoring and evaluation

Monitoring of the programme was inadequate due to failure on the part of SAC to ensure timely submission of reports and returns from the field units. No Monitoring and Evaluation Officer had been appointed by SAC for monitoring purposes. Although various reports/returns on examination of blood samples are consolidated in the SAC and reported to NACO, these were not evaluated either by NACO or SAC. In absence of any proper evaluation, figures of incidence of HIV in the State remained doubtful.

3.2.4 National Programme for Control of Blindness.

3.2.4.1 Programme objectives

The National Programme for Control of Blindness (NPCB) was launched in 1976 with the objective of reducing blindness from 1.4 to 0.03 *per cent* by 2000 AD through establishment of regional institutes of ophthalmology, upgradation of Medical College and district hospitals, development of mobile eye units, recruitment of required ophthalmic man power and provision of various ophthalmic services. The programme was implemented at the district level through the district Bilindness Control Societies (DBCS) under the Chairmanship of District Magistrate and OSHFWS being the State society was entrusted with receipt and distribution of funds to various DBCS for the purpose.

3.2.4.2 Financial outlay

The position of Central Assistance released, Budget provision and expenditure during the year 1996-97 to 2000-2001 under cash grants and kind are given below.

	GOI cash Grants				
Year	**Allocation**	**Released to State Government**	**Budget Estimates of State Government**	**Expenditure incurred by State Government**	**Excess (+) Savings (-)**
	(Rupees in lakh)				
1996-97	88.18	67.18	163.89	59.23	(-)7.95
1997-98	67.51	61.44	108.54	59.26	(-)2.18
1998-99	55.00	131.08	115.66	104.32	(-)26.76
1999-2000	NA	NA	208.83	147.24	NA
2000-2001	80.00	NA	177.70	145.34	NA

In addition, funds (cash grants) of Rs. 9.37 crore were directly released by Government of India to the 30 DBCS and also through OSHFWS to meet expenses towards remuneration, secretarial assistance, purchase of drugs, medicines, consumables, spectacles, maintenance of vehicles, IEC activities, grants-in-aid to NGOs and training of staff. The position of cash grants to DBCS and OSHFWS during 1996-97 to 2000-2001 was as indicated below:

Year	**Direct to DBCS**	**OSHFWS**	**Total**
	Rupees in lakh		
1996-97	111.00	--	111.00
1997-98	204.00	--	204.00
1998-99	220.00	--	220.00
1999-2000	141.00	150.00	291.00
2000-2001	--	111.00	111.00
Total	**676.00**	**261.00**	**937.00**

While total expenditure incurred by the DBCS was not available with OSHFWS, test check of 6 DBCS revealed that against Rs 2.50 crore received by them during 1996-2001 expenditure had been Rs.2.32 crore with unspent balance of Rs 0.18 crore lying with them as of March 2001. Also audit found that Rs.67.32 lakh including interest earned (Rs.4.97 lakh) meant for

distribution to the DBCS remained undistributed with the OSHFWS as of March 2001. Besides, Rs.9.46 lakh relating to the year 1994-95 was also locked up in civil deposits made by the Director as of March 2001 to avoid lapse of budget provision.

(i) Pendency in submission of Utilisation Certificates (UC s)

The position in 4 test checked DBCS revealed that against receipt of Central grant of Rs.1.47 crore UCs for Rs.15.63 lakh were pending for submission to GOI as of 31 March 2001. The position of pendency in submission of UCs for the State as a whole was however, not furnished by the State Programme Officer though called for (March 2001).

3.2.4.3 Programme implementation

NPCB was being implemented in the State through DBCS in each district with active participation of the NGOs. Further, funds were provided to the State Government for infrastructural development, renovation, upgradation of Operation Theatres and wards.

(i) Infrastructure development

Delay in execution of works under infrastructure development

GOI released Rs.17.52crore for civil works during 1995-2001 which included Rs.1.00 crore (2000-2001) for furnishing and renovation. While Rs.13.30 crore of the above funds were received by the State Government, the balance of Rs.4.22 crore was received by OSHFWS during 2000-2001.

Scrutiny of records of SPO and Managing Director, IDCO revealed that against the estimated cost of Rs.15.91 crore, Rs.15.52 crore were placed between March 1997 and December 2000 with the executing agency i.e. IDCO by the Department as deposit work for construction of 20 bedded eye wards (28) at District Headquarters Hospitals, 10 bedded Eye wards (25) at Sub-Divisional headquarters, 176 Dark rooms at PHCs/CHCs and 91 bedded referral Eye Hospital at SCB Medical College, Cuttack. Expenditure of Rs.15.63 crore was incurred upto March 2001 on the works. As of October 2001, construction of 4 twenty bedded Eye wards, 3 ten bedded Eye wards though completed were yet to be handed over to CDMOs, SDMOs concerned and 1 Referral Eye Hospital was yet to be completed. The remaining amount of Rs.2 crore which included amount meant for furnishing and renovation was drawn in March 2001 and the same was retained by the Director under Civil Deposits without utilisation. Scrutiny further revealed that in respect of works completed and handed over, power connection was yet to be given to 2 twenty bedded Hospitals and 3 ten bedded Hospitals as of October 2001. Reasons for delay in completion of the works were still awaited from the Department (October 2001).

(ii) Irregular payment of grants-in-aid (GIA)

Irregular payment of grants in aid of Rs.13.61 lakh to Government organisations

As per GOI guidelines for DBCs and clarifications thereto, voluntary organisations registered under Societies Registrations Act alone were permitted to conduct eye camps and to claim reimbursement of GIA. The Government Employees Associations registered under the Act however were

not under the purview of this scheme. Scrutiny revealed that Government organisations like Zilla Swasthya Seva Samiti, Koraput, Medical Officers of PHCs and Officer's Club (a Government employees organisation), Jeypore were reimbursed Rs.13.61 lakh towards GIA between 1996-97 and 1999-2000 for conducting eye camps in disregard of GOI guidelines . Additional CDMO, Koraput while admitting the objection stated (April 2001) that the camps were organised through such organisations to achieve the targets fixed by GOI.

(iii) Non-supply of Intra Ocular Lenses (IOL) and Sutures to NGOs

As per the scheme for participation of voluntary organisation under NPCB, the DBCS was expected to provide IOL and sutures supplied by GOI to the NGOs. If due to any reason the same were not provided in kind, the NGO would be reimbursed the cost of IOL (at the rate of Rs.200 per case) and sutures (at the rate of Rs.50 per case). Scrutiny of records of one NGO at Cuttack revealed that IOL for 7146 surgery cases conducted during 1999-2000 to 2000-2001 and sutures for 10276 cases conducted during 1997-2001 were not supplied to it by the DBCS, Cuttack although sufficient stock of IOL and sutures was available with DDMS. As a result, Rs.19.43 lakh payable to the NGO was avoidable. On this being pointed out, the State Programme Officer stated (July 2001) that compliance would be furnished on receipt of reply from DBCS, Cuttack. Final reply was awaited (November 2001).

(iv) Targets and achievements of cataract operation

The State level target and achievement in respect of Cataract operations during 1996-2001 was as under:

Year	Targeted no of operations	Achievement	Shortfall	Percentage of Shortfall
	(In numbers)			
1996-97	1,00,000	60,517	39,483	39
1997-98	1,12,000	74,713	37,287	33
1998-99	1,23,200	79,271	43,929	36
1999-2000	1,25,200	63,399	61,801	49
2000-2001	1,30,000	84,231	45,769	35

Percentage of shortfall in achievement of targets in respect of cataract operation ranged between 33 and 49 during 1996-2001.

It would be seen from the above that the shortfall in achievement of targets ranged between 33 and 49 *per cent* during 1996-2001. No reasons for the shortfall could be advanced by SPO though called for.

In 3[4] out of 4 test checked DBCS, however, the shortfall in achievement of targets in respect of Cataract operations during 1996-2001 ranged between 31 and 78 *per cent*. The DBCS concerned attributed (March and April 2001) the shortfall to non-involvement of large number of NGOs and lack of patients. The contention of the DBCs concerned was not tenable since there was no evidence on record to show that they had made efforts to involve voluntary agencies to motivate the patients to come forward to ensure success of the programme.

[4] Kalahandi, Koraput and Puri

(v) Functioning of Dark Rooms

Functioning of dark room affected due to non-supply of essential equipments.

Scrutiny of records of 9[5] PHC/CHCs revealed that due to non-provision of mirrors required to check refractive error, and non-supply of medicines, consumables, furniture and non-functioning/non-supply of Opthalmoscope, the functioning of the Dark rooms in the PHCs/CHCs concerned had been adversely affected defeating the very purpose for which the same were constructed.

3.2.4.4 Implementation of the Scheme through Non-Government organisations (NGO)

The World Bank assisted cataract Blindness Control Programme was also being implemented in the State since 1994-95 through involvement of voluntary organisations. For this purpose non-recurring grants are provided by GOI direct to NGOs for establishment of independent facility eye care centres viz. construction/renovation of Hospital buildings, purchase of vehicles and equipments in rural and tribal areas. According to GOI instructions, permanent assets thus acquired out of non-recurring grants should not be disposed of by the NGOs without prior sanction of GOI. In case, the same were disposed of with due sanction of GOI, the sale proceeds received on such disposal should be credited to GOI. Conditions for sanction of non-recurring grant to NGOs by the GOI *inter alia* stipulate (1999) that the NGOs perform 3000 IOL or 4000 cataract surgery cases free of cost over a period of 3 years for which no reimbursement was to be claimed by them from the DBCs.

Test check of records of 2 NGOs out of 5 who received non-recurring grant of Rs.65.50 lakh (Cuttack-Rs.47.75 lakh, Dhenkanal:Rs.17.75 lakh) during 1996-2000 revealed the following:

(i) Irregular disposal of vehicle by one NGO

It was noticed in audit that JPM Rotary Eye Hospital & Research Institute an NGO at Cuttack procured (August 1997) one Jeep at a cost of Rs.3.32 lakh out of non-recurring grant received by it from GOI in 1997-98. The vehicle was subsequently disposed of (November 2000) for Rs.1.50 lakh by the NGO but without sanction of GOI as required and the sale proceeds were not credited to the GOI as of May 2001. The NGO stated (May 2001) that the competent authority had been moved and informed about the decision to dispose of the vehicle. The reply was not tenable since no prior permission of the GOI was obtained and sale proceeds were not credited to GOI.

(ii) Avoidable excess expenditure

Scrutiny of records of NGO and DBCS at Cuttack revealed that the NGO received non-recurring grant of Rs.47.75 lakh (prior to August 1996-Rs.20 lakh; 1997-98-Rs.17.75 lakh, 1999-2000-Rs.10.00 lakh) and conducted 10276 (IOL) and 3618 cataract operations during 1997-2001 and claimed reimbursement of Rs.73.34 lakh (@Rs.600 per IOL and Rs.400 per cataract operation) of which Rs.35.04 lakh was reimbursed as of March 2001. The

[5] Kalahandi-4 (Pastikudi, Narla, Madanpur Rampur, Jaipatna), Puri-2 (Algum & Gop), Koraput –2 (Baipariguda and Nandapur), Cuttack-1 (Salipur)

above reimbursement was made by the DBCS Cuttack without adjusting Rs.18.00 lakh involved on 1st 3000 IOL operations which the NGO was required to conduct free. Thus, there was an excess reimbursement of Rs.18.00 lakh to the NGO of which Rs.4.25 lakh was adjusted by the DBCS Cuttack against the pending claims of the NGO as of May 2001. Reply from the SPO in this regard was still awaited (June 2001). It was, however, seen that the GOI did not impose condition of conducting first 3000 IOL/cataract operations free of cost while making payment of non-recurring grant to the NGO at Cuttack, the same was imposed at the time of payment of non-recurring grant to another NGO at Dhenkanal. Thus non-imposing of condition of conducting first 3000 IOL/cataract operations free of cost while making payment of non-recurring grant to NGO at Cuttack resulted in the above excess payment.

3.2.4.5 Monitoring and Evaluation

Check of records revealed that in Cuttack and Kalahandi, no evaluation reports were available. DBCS, Puri stated that monitoring had not been done. State level position was not found consolidated. In effect, therefore, both monitoring and evaluation of the programme were weak. Besides, no survey was conducted to ascertain the prevalance rate of blindness in the State as of July 2001. In absence of effective monitoring and survey the extent of control of blindness in the State against the targeted 0.03 *per cent* remained unascertainable.

3.2.5 National Tuberculosis Control Programme (NTCP)

3.2.5.1 Objectives of the programme

The objective of NTCP was to control Tuberculosis in the community by detecting TB patients out of the chest symptomatics attending the peripheral Health Institutions and providing them domiciliary treatment to check transmission of TB infection by following two types of drug regimens viz., Standard Resima (SR) and short course chemotherapy (SCC). The treatment facility was provided to TB patients in the State through 13 District TB centres (undivided). From December 1996 with the assistance of DANIDA 14 out of 30 districts of the State were selected for implementation of Revised National Tuberculosis Control Programme (RNTCP) in a phased manner with emphasis on cure of infection cases through administration of directly observed shortcourse chemotherapy to achieve cure rate of over 85 *per cent* and 6 districts (Mayurbhanj, Keonjhar, Sundergarh, Sambalpur, Deogarh and Jharsuguda) were brought under operation. The implementation of the programme scheduled to start in Koraput, Rayagada, Malkanagiri and Nowrangpur from 15 August 2000 and in Kalahandi, Nuapada, Gajapati and Phulbani during 2001 were yet to be operationalised. The executive Chief was the Deputy Director of Health Services, TB (DDTB) who was also responsible for monitoring at the State level. At the District level, the programme was to be monitored by the District Tuberculosis Centers headed by the District Tuberculosis Officers.

3.2.5.2 Financial Outlay

(i) The provision of funds both cash grants and commodity assistance for the programme in Orissa during the period from 1996-97 to 2000-2001 was as below: The State received cash grants under Central Plan for purchase of medicines during the period.

(Rupees in lakh)

Year	Grants received from GOI	Budget provision				Expenditure				Savings(-) Excess(+)
	Central plan	Central plan	Centrally sponsored plan	State share under centrally sponsored plan	Total	Central plan	Cent-rally sponso-red plan	State share under cent-rally sponso-red plan	Total	
1996-97	-- --	--	40.00	40.00	80.00	--	0.08	NIL*	0.08	(-)79.92 (99.99%)
1997-98	73.69 -	73.69	40.00	45.00	158.69	73.68	NIL	10.30	83.98	(-)74.71 (47%)
1998-99	NIL	NIL	40.00	40.00	80.00	NIL	NIL	40.00	40.00	(-)40.00 (50%)
1999-2000	85.09	85.09	10.00[6]	10.00	105.09	84.59	NIL	NIL	84.59	(-)20.50 (20%)
2000-01	214.85	214.85	10.00[6]	10.00	234.85	214.84	NIL	NIL	214.84	(-)20.01 (9%)
Total	**373.63**	**373.63**	**140.00**	**145.00**	**658.63**	**373.11**	**0.08**	**50.30**	**423.49**	**235.14**

Analysis revealed that there were savings in each year during 1997-2001 ranging from 9 *per cent* to 50 *per cent* due to non-release of matching grants and delayed release of funds by the State Government. State Government made provisions in a haphazard manner and showed defective budgeting.

(ii) In addition, Government of Denmark (DANIDA) provided assistance of Rs.1.67 crore between 1998-99 and 2000-2001 for implementation of the RNTCP*** in the districts. The expenditure of Rs.4.23 crore during 1996-2001 on the programme did not represent the actual expenditure as funds of Rs.62.74 lakh were lying unutilised with different agencies/DDOs as discussed below.

It was noticed during test check that Rs.0.93 lakh (State Plan:Rs.0.32 lakh and Central Plan : Rs.0.61 lakh) was lying under Civil Deposit from 1997-98 to 1999-2000 with the Deputy Director (TB). Besides, Rs.50.82[7] lakh remained unutilised as of March 2001 and there were outstanding advances of Rs.10.99 lakh with 4[8] agencies as of March 2001 meant for purchase of consumables and conducting training programme.

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* GOI released 100 *per cent* assistance under Central Plan from the year 1997-98. No funds were released under CSP by GOI though budgeted by the State Government.

6 Relates to previous year.

*** 14 out of 30 districts of the State had been selected for implementation of Revised National Tuberculosis Control Programme.

7 (1) OSHFWS:Rs.27.58 lakh, (2) DTC, Baripada: Rs. 1.01 lakh, (3) CDMO, Koraput :
Rs. 18.02 lakh, (4) CDMO, Sambalpur: Rs.4.21 lakh.

8 (1) Advisor DANTB: Rs.7.52 lakh, (2) PHC, Kuntara: Rs.0.04 lakh, (3) DTO, Baripada: Rs. 1.00 lakh, (4) CDMO, Koraput: Rs.2.43 lakh

(iii) Pending Utilisation Certificates

Non-submission of utilisation certificates to Government of India

Even though expenditure of Rs 4.71 crore out of Rs.5.41 crore of Central Assistance received by State Government and OSHFWS during 1997-98 to 2000-2001 was incurred (March 2001), Utilisation Certificates only for Rs.4.44 crore were submitted to GOI as of October 2001. UCs for the balance amount were yet to be sent to GOI (October 2001).

3.2.5.3 Programme Implementation

(i) Implementation of the programme in NTCP districts

The information on identification of cases, treatment and cases discharged during the years 1996-97 to 2000-2001 in respect of the State under NTCP as furnished by DDHS was as under:

Year	Number of Cases identified			Total	Number of cases brought under treat-ment	Number of cases discharged		Percentage of discharge after treatment
	Old cases registered	New cases				After completion of treatment	Other reasons	
		Target	Detected					
1996-97	54,350	44,100	33,866	88,216	88,216	NA	NA	NA
1997-98	55,551	44,100	29,793	85,344	85,344	8165	138	9.56
1998-99	55,488	47,507	24,390	79,878	79,878	6930	176	8.67
1999-2000	46,246	-	24,881	71127	71127	12,195	152	17.14
2000-01	44,497	-	20262	64759	64759	8511	71	13.14

The percentage of cure out of number of cases under treatment was less than 18 for the State as a whole.

The above data revealed that the percentage of identification of new cases as against the target set declined from 77 in 1996-97 to 51 in 1998-99. The cure rate or number of cases completing treatment out of number of cases under treatment was less than 18 *per cent* for the State as a whole.

(ii) Implementation of the programme in RNTCP districts

(a) Creation of TB units and microscopy centres

As per programme guidelines a TB unit (TU) was to be created for about 5 lakh population. The diagnostic component (Microscopy centre) was to be located in the PHC/CHC based on the work load in the district subject to a maximum of one per 1 lakh population.

Scrutiny of records of SPO revealed (August 2001) that there was shortfall in creation of 2 TUs i.e. one each in 2 RNTCP districts (Mayurbhanj and Koraput) and 18 in 3 NTCP districts (Cuttack-6, Kalahandi-3 and Puri-9), while there were 97 microscopy centres created in excess of the population norm. The details are given in the Appendix-XIX.

(b) Identification of new and retreatment cases

The position of identification of new and retreatment cases of RNTCP districts registered for the years 1997-98 to 2000-2001 indicated that the prevalence rate of sputum positive patients varied between 0.02 *per cent* and 0.06 *per cent*:

Year	Population covered (In lakh)	Sputum positive cases (In number)	Prevalence rate (Percentage)
			RNTCP districts (Orissa)
1997-98	10.16	221	0.02
1998-99	48.45	2346	0.05
1999-2000	58.93	3795	0.06
2000-2001	103.56	5064	0.05

(c) Increasing trend in registration of re-treatment cases

The number of re-treatment cases registered which stood at 68 in 1997-98 increased to 1215 in 2000-2001 (Relapse cases:17 to 290, failure cases:2 to 61, default cases 45 to 476, Others : 4 to 478). This was mainly due to wrong declaration of TB patients as cured by physicians in relapsed cases and non-administration of anti TB drugs consecutively for 2 months or more in defaulted cases. In view of large number of relapsed and default cases, the reasons for increase in registration of retreatment cases need investigation by Government.

(d) Treatment of new and re-treatment cases

The position of results of treatment of new and re-treatment cases (after 12 to 15 months of their registration) during 1998-2001 was as under:

Year	Number of retreat-ment cases regist-ered	Number of new cases registered	Total number of cases	Number of cases cured	Number of cases whose treatment completed	Numbe r of death cases	Number of defaulted cases	Trans-ferred to other districts	Number of failure cases
1998-99	69	368	437	224 (51%)	142 (32%)	20	43	5	2
1999-2000	777	4758	5535	2360 (43%)	2388 (43%)	376	357	8	43
2000-2001	958	7412	8370	3747 (44%)	3566 (42%)	440	414	9	52
Total	**1804**	**12538**	**14342**	**6331**	**6096**	**836**	**814**	**22**	**97**

It would be seen from the above that the percentage of achievement in cured cases declined from 51 in 1998-99 to 44 in 2000-2001 indicating department's failure to motivate the patients, their relatives for regular intake of drugs by the patients which was essential for cure. On the otherhand, the number of death, default and failure cases were on the increase between 1998-2001. This indicated the failure of the department to ensure proper treatment of patients through home visits by health workers/visitors.

(e) Sputum conversion of new, relapse and failure case

Under RNTCP, the index for successful implementation of programme was that the cure rate exceeded 85 *per cent* in respect of new smear positive cases. The sputum conversion of new, relapse and failure cases during 1997-2001 are given in the Appendix-XX.

It could be seen from the Appendix that while the conversion rate of 85 *per cent* was achieved in case of new sputum positive cases, the intended conversion rate could not be achieved in the case of relapse and failure cases

which required greater attention of the department for motivation and follow up of defaulters since cases where patients were not completing the treatment and untraceable under all the three categories were on the increase.

(f) Shortfall in deployment of staff

Audit scrutiny revealed that 13 categories of posts were lying vacant (varied between 4.5 *per cent* and 100 *per cent*) as of 31 March 2001 as detailed in the Appendix-XXI. Further, the post of Medical Officer, State headquarters and full time Director, State Tuberculosis Demonstration Centre (STDC) were lying vacant. The post of Medical Officer STDC was held by an officer not trained in RNTCP.

The percentage of shortfall in 2 (Sambalpur and Mayurbhanj) out of 3 test checked RNTCP districts ranged between 8 and 9 respectively. As a result of large number of vacancies in different categories of field staff[9], the affected community was deprived of the intended services.

3.2.5.4 Procurement/distribution/Utilisation of drugs

(i) Procurement of Anti-TB drugs in excess of requirement

Procurement of anti-TB drugs worth Rs. 21.67 lakhs in excess of requirements.

Scrutiny of records of Deputy Director of Health Services Medical Stores (DDMS) revealed that 6 types of anti TB drugs worth Rs.21.67 lakh were procured by him (March 2001) in excess of the indented quantity of DDTB under annual purchase programme approved in February 2001. The DDMS stated (June 2001) that the excess purchases were made for utilisation of surplus funds as per the decision of a Sub-committee held under the Chairmanship of Director of Medical Education and Training (DMET), Orissa. The reply was not acceptable since the same was not included in the annual purchase programme and expiry of shelf life of the drugs purchased in excess could not be ruled out.

(ii) Purchase of Sub-standard drugs

DDMS procured (March 2001) 3.00 lakh Ethambutol Hydrochloride tablets - IP-400 mg (batch No.-TF-054) at a cost of Rs.1.96 lakh which were found to be sub-standard and declared (May 2001) unfit for use by Drugs Inspector, Khurda. It was noticed that although the payment to the supplier was to be made after receipt of the test reports from Government Analyst and Drugs Inspector, Orissa, the same was effected even before the receipt of the test reports (May 2001). No further action was taken by the Department to recover the cost paid for the sub-standard tablets from the supplier as of June 2001.

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[9] (1) Designated Medical Officer, TB/TB Unit : 1, (2) Medical Officer (Sub-District/ CHC/PHC/Others): 17, (3) Pharmacists: 8, (4) Health Assistants : 2, (5) MPHS:44, (6) MPHW:100, (7) Anganwadi worker:270, (8) Laboratory Technician/Microscopist : 1, (9) LHV:1, (10) Staff Nurse:2 and (11) TB Health Visitors : 2.

(iii) Irregular purchase of short course Chemotherapy Drugs and X-Ray materials

Procurement of inadmissible medicines.

As per stipulation in the orders of Director General of Health Services (TB Division), GOI (January 1999) anti-TB drugs such as tablets - INH, Ethambutol 800 mg, and combination tablets of INH-150 mg plus Thiacitazone 75 mg were to be purchased for sputum negative cases of Non-RNTCP districts and not short course chemotherapy (SCC) drugs such as Refampicine and Pyrazinamide out of the cash assistance received from GOI.

Scrutiny of records of DDMS (February/May 2001) however, revealed that the inadmissible SCC medicines (Refampicine and Pyrazinamide) were procured between February 2000 and April 2001 at a cost of Rs.1.02 crore out of the GOI funds during 1998-2001 without obtaining its approval.

Similarly DDMS procured (March/April 2001) X-Ray photo films, X-Ray fixtures, Developer reagents worth Rs.9.31 lakh out of the above cash assistance despite GOIs directions not to do so and to purchase the same from the funds of State Share. DDMS stated (June 2001) that the SCC drugs were procured as per the recommendations of purchase sub-committee and after receipt of approval of the State Government.

Government stated (September 2001) that they felt a need for some leeway in the matter of spending the funds and had approached GOI to allow the afore mentioned purchases out of Central cash assistance. The reply was not tenable since the State Government's request for the same in February 2001 had already been turned down by GOI.

(iv) Short supply of Anti-TB drugs to Peripheral Health Institutions

Audit scrutiny of the records of the DDTB Orissa (February 2001) and test checked districts revealed that full supply of medicines/anti-TB drugs indented were not made to the districts from the central store of GOI ranging from 100 to 22.6 *per cent*. The details of anti-TB drugs indented, supplied and short supply made during the period from 1997-98 to 2000-2001 to the 7[10] districts are given in the Appendix-XXII.

The short supply had adversely affected the identification, treatment and follow-up of patients during the period from 1997-98 to 2000-2001 in the 7 districts as reported by the DDTB.

(v) Huge Stock of time barred anti-TB drugs

The Superintendent, ATDTC, Cuttack reported (September 1998) to the DDTB that he had a stock of 12.84 lakh INH 100 mg tablets with expiry as November 1998 as against the requirement of 1.20 lakh tablets. The excess store of 11.64 lakh tablets were however, not lifted by the DDTB for distribution elsewhere before their expiry.

[10] 1.Balasore, 2.Cuttack, 3.Ganjam, 4.Kalahandi, 5.Phulbani, 6.Puri, 7.Sambalpur

Similarly, the Medical Officer, UGPHC, M.Rampur was supplied (February 2001) by the Central Store, Bhawanipatna 80 pouches of Combipack with expiry date of June 2001 against his requirement of 2 pouches per month. The ADMO, Kalahandi stated (March 2001) that the MO would be directed to return the excess quantity for distribution elsewhere. However, the same were not returned by the Medical Officer to Central store, Bhawanipatna as of August 2001.

Scrutiny of records of Additional District Medical Officers (ADMO) revealed rolling stock of anti-TB drugs such as Thiacetazone-50 mg (28644 tablets), Thiacetazone-100 mg (2000 tablets), INH-300 mg (315225 tablets), INH-100 mg (575000 tablets) whose expiry dates were long over between April 1996 and November 1998 were lying with ADMO, Puri as detailed in the Appendix-XXIII.

(vi) Distribution of Microscopes in RNTCP district

Irregular distribution of Microscopes in RNTCP districts

Out of a consignment of 59 microscopes allocated by the Director, LRS Institute of TB and Allied Diseases, New Delhi in July 1998 for use in the RNTCP districts, although 29 had been distributed (May 2001) in Cuttack district alone which was a non-RNTCP district, the remaining 30 microscopes were lying in stock of ATDC, Cuttack undistributed.

The superintendent, ATDTC, Cuttack stated (May 2001) that action was being taken to distribute the remaining Microscopes after identifying the PHIs. Non-distribution of 30 microscopes in Cuttack was particularly objectionable in view of the high death rates prevailing in the district.

(vii) Non-functioning of X-Ray units under District TB Centres

Scrutiny of records of 4 test checked districts and DDTB between February and April 2001 revealed that 3 X-Ray machines out of 7 were out of order for periods ranging from 3 to 5 years with DTC, Puri (August 1996), TB and Infectious Diseases (ID) hospital, Puri (August 1998), TB hospital Uditnarayanpur, Kalahandi (July 1996).

Reasons advanced by DTCS, Dhenkanal, Koraput and TB&ID Hospital, Puri for non-functioning of these machines were non-supply of essential materials like X-Ray fixer and developer, refrigerator, dark room timer, pressure glass plates and MMR roll films.

3.2.5.5 Death cases

3.2.5.5.(i) In NTCP districts

The year wise position of death cases are as below :

Year	Number of cases for the State as a whole	Number of cases in the test checked districts.			
		Cuttack/ (Percentage to State)	Puri/ (Percentage to State)	Kalahandi/ (Percentage to State)	Koraput/ (Percentage to State)
1996-97	NA	NA	58	NA	NA
1997-98	138	49(35.5)	1(0.7)	15(11)	11(8)
1998-99	176	67(38)	10(6)	19(11)	18(10)
1999-2000	152	49(32)	3(2)	22(14)	26(17)
2000-01	71	36(51)	NIL(-)	16(23)	3(4)

It may be seen from the above that the proportion of death cases ranged from 32 *per cent* to 51 *per cent* in comparison with State figures for undivided Cuttack district alone. The Deputy Director (TB) stated (November 2001) that the incidence of high death cases was due to coverage of a large population of 63.22 lakh.

However, figures for death cases in the State as a whole under RNTCP had increased from 20 in 1998-99 to 440 in 2000-2001 indicating failure of the programme in arresting mortality from this disease.

3.2.5.5(ii) Wrong reporting of data (NTCP) districts

The information on identification of new cases, new sputum examination cases, total TB patients treated and new sputum positive cases reported by the four districts (Cuttack, Kalahandi, Koraput and Puri) test checked and consolidated and reported by the DDTB (in respect of four selected districts) to the GOI for the year 1997-98 to 2000-2001 were as indicated below:

Sl.No.	Types of cases reported	Figures reported by 4 Districts to Deputy Director (TB)	Figures reported by Dy. Director (TB) to GOI
1.	Identification of new cases	25,837	37,502
2.	New sputum examination	1,82,786	1,57,800
3.	Total TB patients treated	54,757	1,15,767
4.	New sputum positive cases	26,928	11,939

It was, therefore, evident that wrong figures were reported to GOI.

3.2.5.6 Training Programme

Under RNTCP, 4 training programmes were required to be arranged at the district level for DOTs providers, re-orientation training of LIs, training of other MOs, initial training of MOs and DOTs providers and at the State level training of MO/STs/STLS/LT (path and non-path). Besides, a workshop for training of trainers was also to be organised.

Test check of records of DDTB and 4 districts between January and May 2001 revealed that Rs.47.28 lakh was provided to the 10 RNTCP districts (Rs.25.28 lakh) and State Society (Rs.22 lakh) between 1999-2001 for conducting the 4 programmes at district level and 1 work shop and 1 programme at the State level. Test check, however, revealed that expenditure on the training programme and 1 workshop incurred was Rs.17.96 lakh during 1999-2001 leaving an unspent amount of Rs.13.30 lakh with State Society (Rs.9.23 lakh), CDMO, Koraput (Rs.2.46 lakh) and CDMO, Sambalpur (Rs.1.61 lakh).

The SPO(TB) did not fix any target of training programme. Hence, no training programme was conducted under NTCP activities during the period

1996-2001. However, under RNTCP, only 11 training programmes were conducted during 2000-01.

Further, the SPO did not have any information on DOTS provider Training, Re-orientation Training of LTs and Training of other MOs by 9 RNTCP districts.

3.2.5.7 Monitoring and Evaluation

Test check of the monthly and quarterly reports and returns at State Headquarters revealed that there was delay in submission of monthly reports ranging between 1 month and 4 months in case of NTCP and that of quarterly report under RNTCP ranging between 1 month and 10 months. State TB Officer attributed (June 2001) the delay to late receipt of reports from District TB center under NTCP and initial teething problems of RNTCP implemented districts. Even the reports submitted, lack reliability in view of wrong reporting of data as pointed out in paragraph 3.2.5.5(ii). Further, no annual review meetings were conducted by the SPO and attended by the district programme officer as reported by the 4 test checked districts. It was, thus, evident that the programme was poorly monitored both at district and State level.

On the whole, there were deficiencies in the implementation of the programme in the form of shortfall in achievement of targets, wrong reporting of data, increasing trend in re-treatment and death cases, irregular procurement and rolling stock of time expired drugs.

The above matter was referred demi-officially to the Commissioner-cum-Principal Secretary to Government, Health and Family Welfare Department in July 2001. No reply was received (November 2001).

APPENDIX - XIX

{Refer paragraph 3.2.5.3(ii) (a) at 62}

Statement showing the creation of TUs and Microscopy Centres in RNTCP districts

Sl. No.	Name of the RNTCP districts	Population (In lakh)	Numbers of TUS			Numbers of Microscopy Centres.			
			As per population norm	Number of TUs planned	Number of TUs operat-ional	As per population norm	Number of Centres planned	Number of Centres operat-ional	Excess creation of microscopy centres
1.	Mayurbhanj	22.22	5	4	4	23	35	35	12
2.	Keonjhar	15.62	4	4	4	16	36	36	20
3.	Sundergarh	18.29	4	4	4	19	35	35	16
4.	Sambalpur	9.29	2	3	3	10	21	21	11
5.	Deogarh	2.74	1	1	1	3	6	6	3
6.	Jharsuguda	5.09	1	1	1	6	11	11	5
7.	Koraput	11.78	3	2	2	12	21	21	9
8.	Rayagada	8.23	2	2	2	9	20	20	11
9.	Malkangiri	4.80	1	1	1	5	11	11	6
10.	Nowarangpur	10.18	2	2	2	11	15	15	4
NTCP DISTRICTS									
1.	Cuttack	28.14	6	Nil	Nil	--	--	--	--
2.	Kalahandi	13.10	3	Nil	Nil	--	--	--	--
3.	Puri	41.16	9	NA	NA	--	--	--	--

APPENDIX - XX

(Refer paragraph 3.2.5.3(ii)(e) at page 64)

Statement showing the details of sputum positive conversion cases during 1997-98 to 2001 in the RNTCP districts

I. Sputum conversion of New Cases

Year	Total number of new sputum positive patients	Sputum conversion to negative			Percentage of conversion	Not available cases
		At two months	At three months	Total		
1997-98	221	186	12	198	90	22
1998-99	2423	1979	116	2095	86	297
1999-2000	3800	3347	142	3489	92	288
2000-2001	5028	4311	256	4567	91	415

II. Sputum conversion of relapse cases

Year	Total number of smear positive relapse cases	Sputum conversion to negative at three months	Percentage of conversion	Not available cases
1997-98	17	13	76	2
1998-99	86	64	74	14
1999-2000	166	138	83	25
2000-2001	291	235	81	38

III. Sputum conversion of failure cases

Year	Total number of smear positive failure cases	Sputum conversion to negative at three months	Percentage of conversion	Not available cases
1997-98	2	2	100	Nil
1998-99	34	24	71	8
1999-2000	62	51	82	9
2000-2001	63	48	76	10

APPENDIX-XXI

(Refer paragraph 3.2.5.3(ii)(f) at page 64)

Statement showing shortfall in deployment of staff

Sl. No.	Name of the post	No. of posts		Shortfall	
		Sanctioned	In place	Number	Percentage
1.	Medical Officer of the DTC	11	10	1	9
2.	Designated Medical Officer TB-TB Unit	24	21	3	12.5
3.	Sr. Tuberculosis Laboratory Supervisor (STLS)	27	25	2	7.4
4.	Treatment Organiser	2	Nil	2	100
5.	Medical Officer (Sub-districts/CHC/PHC/ Other)	1066	931	135	12.6
6.	Pharmacist	333	301	32	9.6
7.	Lady Health Visitor	243	232	11	4.5
8.	Staff Nurse	165	142	23	14
9.	Health Assistant	25	19	6	24
10.	Multipurpose Health Supervisor	313	180	133	42
11.	Multipurpose Health Worker	2805	2565	240	8.5
12.	Anganwadi Worker	9126	6845	2281	25
13.	Trained Dai	344	314	30	8.7

Statement showing shortfall in deployment of staff in 3 test checked RNTCP districts

Sl. No.	Name of the District	Total sanctioned strength	Total men in position	Percentage	Total staff trained	Percentage of staff trained with reference to men in position
1.	Koraput	1186	1184	100	1182	100
2.	Mayurbhanj	3363	3052	91	2869	94
3.	Sambalpur	1689	1550	92	1205	75

APPENDIX-XXII
{Refer paragraph 3.2.5.4(iv) at page 65}

Statement showing the details of anti TB drugs indented by 7 districts and short supply effected by the Central Store of GOI during 1997-98 to 2000-2001

Sl. No.	Name of the medicine or Anti-TB drug	Period	Quantity			Percentage
			Indented	Supplied	Short supply	
			(In numbers)			
1.	Combipack	1997-2001	441830	81165	360665	81.6
2.	I.N.H-300 mg	1997-2001	10155664	4203852	5951812	58.6
3.	Ethambutol-800 mg	1997-2001	13321484	5305572	8015912	60.1
4	Combination drugs	1997-2001	4372500	3380000	992500	22.6
5.	I.N.H.-100 mg	1997-2001	2726000	Nil	2726000	100
6.	Thiacitazone (50mg + 150 mg)	1997-2001	2778000	40000	2738000	98.5
7.	Inj: Streptomycin-0.75mg	1997-2001	2415840	856169	1559671	64.5
8.	Ethambutol-400 mg and 200 mg.	1997-2001	2680000	Nil	2680000	100
9.	Refampicine-150 mg.	1997-2001	1279760	NIl	1279760	100
10.	Refampicine-450 mg.	1997-2001	1990690	83942	1906748	95.7
11.	Pyrazinamide-500mg.	1997-2001	2903100	279620	2623480	90.3

APPENDIX - XXIII

(Refer paragraph..3.2.5.4(v).at page 66)

Statement showing the details of expired anti-TB drugs rolling down in the stock books of ADMOS/CHCS

Name of the ADMO	Name of the Medicine	Balance quantity in stock (in numbers)	Date of receipt/ supply	Date of Expiry	Supplied by
Puri	(1) Thiacitazone-50 mg (2) 1 NH-300 mg (3) 1 NH-100 mg	20000 309600 575000	Sept'1996 Nov'1995 Nov'1995	Oct'1998 Aug'1998 July'1998	DDTB,Orissa DGHS, New Dehli DGHS, New Delhi
CHC,Satipur	(1) 1NH- 300 mg (2) Thiacitazone- 50 mg (3) Thiacitazone-100 mg	800 tablets 400 tablets 2000' tablets	- - -	Nov'1998 Apr'1996 Nov'1998	- - -
UGPHC, Maniabandh	1 NH- 300 mg Thiacitazone	4825 tablets 8244 tablets	June/Aug,1996 Nov/1995 May/June 1996	Time expired	-