CHAPTER III

CIVIL DEPARTMENTS

SECTION-A : REVIEWS

HEALTH DEPARTMENT

National Programme for Prevention and Control of Diseases

3.1 National Tuberculosis Control Programme (NTCP)

National Tuberculosis Control Programme (NTCP) introduced in Goa since 1963 is implemented as a 100 percent centrally sponsored scheme. The State had not spent Rs.66.34 lakh received as grants during 1996-97 - 2000-01. The targets prescribed were unrealistic and not based on survey/prevalence of disease. On an average about 70 beds per month in TB Hospital, Margao were utilized against availability of 160 bed strength during 1996-2001. The percentage of TB defaulter patients was 55 during 1996-2001 and infructuous expenditure on partial treatment of defaulters was Rs.3.82 crore (approx.). Evaluation of the programme was not carried out to ensure effective implementation.

Highlights

- Revised NTCP was not implemented in the State of Goa.

  (Paragraph 3.1.4)

- There was unspent grant of Rs. 66.34 lakh during 1996-97-2000-01.

  (Paragraph 3.1.5 – 3.1.9)

- About 70 beds were utilized in the T B Hospital, Margao out of 160 bed strength during 1996-2001.

  (Paragraph 3.1.10)

- Targets fixed were unrealistic and not based on survey/prevalence of disease.

  (Paragraph 3.1.11 – 3.1.13)

- Evaluation of the programme was not carried out to ensure effective implementation.

  (Paragraph 3.1.14, 3.1.15)

Introduction

3.1.1 The National Tuberculosis Control Programme (NTCP) was launched by Government of India in the year 1962. In 1992 it was reviewed by a committee of experts. Based on the findings of this review committee, a revised strategy for National Tuberculosis Control Programme was evolved with emphasis on cure of infectious cases through short course of chemotherapy to achieve a cure rate over 85 per cent. Emphasis was also laid on the augmentation of case finding activities to detect 75 per cent of estimated cases only after having a desired cure rate. The NTPC was introduced in the state of Goa in the year 1963 as a centrally sponsored scheme with 100 per cent finance from the Government of India.

Organizational set up

3.1.2 The Chief Medical Officer (CMO) is in charge of implementation for NTCP in the State of Goa under the overall supervision of the Director of Health Services, Panaji. The Chief Medical Officer is assisted by one Health Officer at State Headquarters, Panaji. The implementation of the programme is done in six hospitals, including two T B Hospitals located in North and South Goa, four Community Health Centres and twenty one Primary Health Centres in the State which are divided into ten x-ray centers and 21 microscopic centres. The technical monitoring of these centres is done by the Chief Medical Officer at the District Tuberculosis Centre, Panaji. Goa being a small state District Tuberculosis Officer (DTO) and Programme Officer (CMO) is one and the same.

Audit Coverage

3.1.3 A review of the implementation of the programme in the state was conducted during April to June 2001 with test check of records maintained at the Directorate of Health Services, Panaji, Chief Medical Officer, National Tuberculosis Control Programme, State Headquarters at Panaji, T B Hospital and Urban Health Centre, Margao, Community Health Centre, Ponda and six Primary Health Centres at Chinchinim, Cortalim, Betki, Corlim, Candolim and Bicholim with coverage of 33 per cent expenditure under the programme in the state.

Implementation of the programme

3.1.4 As per the National Tuberculosis Control Programme, each district should have one District Tuberculosis Centre (DTC) which acts as a referral centre and also as the headquarters. At the Sub-District level a T B unit (TU) should be created for about 5 lakh population. Each TU comprises of one Medical Officer, one Senior T B Laboratory Supervisor (STLS) and a Senior Treatment Supervisor (STS) both with formal training and orientation of the

revised NTCP. As Goa's population as per 1991 census is 11.69 lakh and the State has two districts, and as such at least two T B Units with above staff in each district were required. However there were no T B Units in Goa. It was stated that the proposal for another DTC in South Goa was submitted by the CMO, NTCP to the higher authorities in March 2001. As regards to non-establishment of T B Units it was further stated (March 2001) that the revised NTCP had been introduced by Government of India in the state of Goa only in August 2001.

Financial performance

3.1.5 The budget provision and expenditure incurred under Plan and Non-Plan schemes during 1996-97 to 2000-01 was as under♣:

TABLE 3.1

Year	Plan			Non-Plan			Total		
	Budget provision	Expe-diture	Excess(+) Savings (-)	Budget provision	Expen-diture	Excess(+) Savings(-)	Budget provision	Expen-diture	Excess(+) Savings(-)
	(Rupees in lakh)								
1996-97	1.00	0.98	(-) 0.02	20.76	21.41	(+) 0.65	21.76	22.39	(+) 0.63
1997-98	7.19	6.87	(-) 0.32	24.70	22.55	(-) 2.15	31.89	29.42	(-) 2.47
1998-99	2.90	2.86	(-) 0.04	34.96	31.14	(-) 3.82	37.86	34.00	(-) 3.86
1999-00	3.12	3.07	(-) 0.05	32.80	24.06	(-) 8.74	35.92	27.12	(-) 8.79
2000-01	1.10	--	(-) 1.10	35.04	29.77	(-) 5.27	36.14	29.77	(-) 6.37
Total	**15.31**	**13.78**	**(-) 1.53**	**148.26**	**128.93**	**(-) 19.33**	**163.57**	**142.71**	**(-)20.86**

3.1.6 The plan provision was mainly for the implementation of the scheme and fully funded by Government of India and Non-Plan provision was for pay and allowances, contingencies etc. to be met from State finances.

3.1.7 Out of the total grants of Rs.1.64 crore provided by the Central and State Government from 1996-97 to 2000-01 the department had spent Rs.1.43 crore during the above period and leaving unutilized grant of Rs.20.86 lakh (Central Grant Rs. 1.53 lakh and State Grant Rs.19.33 lakh) till March 2001. It was stated (June 2001) that the unutilized grants were due to transfer of surplus B C G Technicians to Anti-Malaria Section of Directorate of Health Services, Panaji in April 1998. Further one post of Health Officer attached to this programme was shifted to Primary Health Centre, Sanquelim in the year 2001.

3.1.8 The state Government is having a T B Hospital at Margao under the control of the Director of Health Services, Panaji. The entire expenditure of

♣ The figures in the above table were taken from Detailed Appropriation Account of the Government of Goa

the hospital was met from the State funds. The budget provision and expenditure incurred by the above hospital during 1996-97 to 2000-01 was as under:

TABLE 3.2

Year	Plan Expenditure			Non-Plan expenditure			Total expenditure		
	Budget provision	Expen-diture	Excess(+) Savings (-)	Budget provision	Expen-diture	Excess(+) Savings(-)	Budget provision	Expen-diture	Excess(+) Savings(-)
	(Rupees in lakh)								
1996-97	9.87	9.20	(-) 0.67	82.12	82.86	(+) 0.74	91.99	92.06	(+) 0.07
1997-98	12.05	11.22	(-) 0.83	88.30	85.91	(-) 2.39	100.35	97.13	(-) 3.22
1998-99	15.80	14.11	(-) 1.69	116.11	115.13	(-) 0.98	131.91	129.24	(-) 2.67
1999-00	15.70	13.52	(-) 2.18	115.40	115.10	(-) 0.30	131.10	128.62	(-) 2.48
2000-01	17.15	11.54	(-) 5.61	125.49	93.92	(-) 31.57	142.64	105.46	(-) 37.18
Total	70.57	59.59	(-) 10.98	527.42	492.92	(-) 34.50	597.99	552.51	(-) 45.48

3.1.9 It was noticed that out of Rs.5.27 crore provided by the State Government during 1996-97 to 2000-01, the department had spent Rs.4.93 crore during the above period leaving unspent grant of Rs.34.50 lakh as on 31 March 2001. It was stated in June 2001 that savings were due to vacancies of various posts.

Under-utilization of bed strength of T B Hospital, Margao

3.1.10 T B Hospital, Margao is functioning since pre liberation days (i.e. 1961) with bed strength of 160 patients. Subsequently (May 2001) 30 beds were earmarked exclusively for Drug Detoxification Centre Ward (DDC). The actual occupancy of bed strength was 60 to 70 patients per month on an average. This had resulted in under-utilization of hospital infrastructure. It was stated by the Medical Superintendent of the T B Hospital (June 2001) that patients preferred to be treated under domiciliary treatment rather than hospitalization. Secondly due to short course chemotherapy there were fewer complicated cases of empyema, hydropneumo thorax etc. and 30 beds were given (May 2001) for Drug Detoxification Centre (DDC) ward. Despite transfer of 30 beds for DDC ward still there remained 130 beds and occupancies thereof ranged between 46 to 54 per cent only.

Targets and achievements of the programme

3.1.11 The tuberculosis patients (T B) are detected either originally or after reference from referral centers with the help of sputum examination and x-rays. Once the patient is identified as positive, treatment is given immediately.

The treatment renders the patients non-infectious within 3 months and the minimum period of treatment is one year.

3.1.12 The targets and achievements under case detection, case treatment and cases discharge during 1996-97 to 2000-01 were as under:

TABLE 3.3

Year	Case detection		Case treatment		Case discharged	
	Target	Achie-vement	Target	Achie-vement♣	Target	Achie-vement♣
	(In numbers)					
1996-97	2000	2867	2000	3222	2000	1475
1997-98	1844	2866	1844	2321	1844	1199
1998-99	1874	2649	1874	2822	1874	1620
1999-00	1874	2306	1874	2498	1874	1448
2000-01	1874	2443	1874	2647	1874	1453

3.1.13 Audit scrutiny revealed that the average detection of T B cases during 1996-97 to 2000-01 was for 2626 cases per year, against which target prescribed was for 1893 T B cases. Accordingly the target prescribed is on lower side and has no relevance to actual detection of T B cases. The targets are required to be prescribed on the basis of survey and on realistic basis considering actual achievements and prevalence of disease. The prescription of lower targets for detection and treatment has resulted in exhibition of higher achievements viz. 123 per cent to 161 per cent. However the percentage of achievement of target under cases discharged is very less during 1996-97 to 2000-01 and is ranging from 65 per cent to 86 per cent.

Defaulters

3.1.14 The position of defaulter T B patients during 1996-97 to 2000-01 was as under:

TABLE 3.4

Year	No. of patients treated	No. of defaulters	Percentage of defaulters
	(In numbers)		
1996-97	3222	1756	55
1997-98	2321	1409	61
1998-99	2822	1916	68
1999-00	2498	1165	47
2000-01	2447	1117	46
Total	13310	7363	

3.1.15 The audit scrutiny of Primary Health Centres and hospitals revealed that there were average 55 per cent defaulters as compared to number of patients treated who have not availed of continuous treatment. Further their

♣ Covers backlog of patients uncured.

addresses were not properly noted in the treatment cards. As a result defaulters could not be contacted for continuation of treatment. It was noticed that the percentage of patients discontinuing regular treatment was extremely high. This is a very serous matter because all the patients discontinuing T B treatment become potential carriers of the disease and it will only spread the disease further rather than controlling effectively the spread of disease. All the expenditure on the medicines supplied to the discontinuing patients and other laboratory expenditure on them has become infructuous. Roughly calculated, the expenditure on these patients is Rs.382.37 lakh. It is therefore recommended that the State Government should take extreme care while registering the patients in recording full details of the patients including the address, telephone number etc. so that they could be traced out and persuaded to complete the treatment without which the society will be further endangered.

Monitoring and evaluation

3.1.16 The programme is monitored by monthly and quarterly progress reports. The National Tuberculosis Institute, Bangalore had observed from the quarterly reports of the programme that improvement in sputum examination and establishment of District Tuberculosis Centre in South Goa District were required. Evaluation of the programme is yet to be carried out to assess its impact.