HEALTH AND FAMILY WELFARE DEPARTMENT

3.2 Prevention and Control of Diseases

Highlights

The programme for Prevention and Control of Disease was characterised by non utilisation of funds, disproportionate establishment expenditure, lack of penetration of facilities to a better part of the State, non-accountal of drug and diversion of funds as under:

Revised National Tuberculosis Control Programme was not implemented in the State.

(Paragraph 3.2.11)

The Department was unaware of the total number of TB patients in the State and the programme was characterised by high drop-out rate.

(Paragraphs 3.2.17 to 3.2.19)

The Department could not utilise the central financial assistance of Rs 20.52 lakh during 1996-97 to 2000-01 received for blindness prevention programme

(Paragraph 3.2.23)

The Blindness Control Programme suffered from severe lack of infra-structural capacity as three out of the four districts in the State did not even have any opthalmologist or ophthalmic assistant.

(Paragraph 3.2.27)

The District Leprosy Control Societies could not utilise Rs. 25.10 lakh during 1996-97 to 2000-01.

(Paragraph 3.2.39)

The major portion of expenditure (55 to 74 per cent) by the Leprosy Societies was on pay and allowances and other establishment related expenditure.

(Paragraph 3.2.41)

Anti Leprosy drugs valuing Rs. 9.30 lakh were not accounted for in the records of the Department.

(Paragraph 3.2.48)

Rs. 56.18 lakh could not be utilised by the Aids Cell/ Society as at the end of 2000-01.

(Paragraph 3.2.55)

All the blood-testing facilities were concentrated in the East District leaving the other districts without even the basic facility for detecting AIDS patients or HIV carriers.

(Paragraph 3.2.62)

Introduction

3.2.1 Prevention and control of diseases is the greatest concern of any living being. Over the years, Government of India (GOI) had launched a number of centrally sponsored schemes to mitigate this concern. Amongst others, the following four were the main programmes in this direction.

(a) National Tuberculosis Control Programme (NTCP)

The GOI launched the programme in 1962 with the main aim of detecting a large number of TB patients and to treat them effectively. A Revised National Tuberculosis Control Programme (RNTCP) was evolved with emphasis on administration of Direct Observed Treatment (DOT) to all TB-diagnosed patients to achieve a cure rate of over 85 per cent.

(b) National Programme for Control of Blindness (NPCB)

The Programme was launched in the State in 1976-77 as a centrally sponsored scheme with the aim of providing eye-health education through media of mass-communication and eye-care to the masses in the remotest areas in the shortest possible time and establishing a permanent infrastructure of eye-care within the general health care delivery system at peripheral, intermediary and central level. The programme also aimed at reducing blindness from 1.4 per cent to 0.3 per cent by 2000 AD.

(c) National Leprosy Control Programme (NLCP)

The Programme, conceived as a control programme, was launched in 1954-55. It was launched in Sikkim in 1976-77. The Multi-Drug Therapy (MDT) was introduced in all hyper endemic districts. The programme was redesignated as National Leprosy Eradication Programme (NLEP) in the year 1983 with the objective of achieving elimination of leprosy by the end of year 2000 by reducing the caseload to less than 1 per 10000 population. Under NLEP, Modified Leprosy Elimination Campaign (MLEC-I) was launched in 1998, which was further intensified in 2000 as MLEC-II.

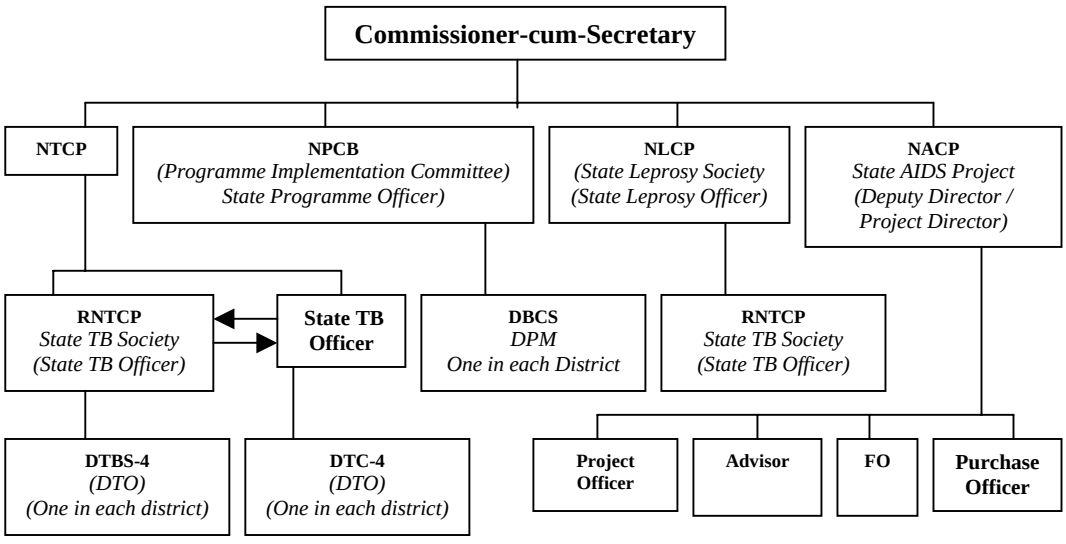
(d) National Aids Control Programme (NACP)

Acquired Immune Deficiency Syndrome (AIDS) is a fatal disease caused by Human Immuno Deficiency (HIV) virus. AIDS is transmitted through sexual contact, sharing blood-contaminated needle and syringes, multiple blood transfusion of infected person's blood, transmission from infected mother to child before, during or shortly after the birth. The estimated number of HIV infected adults (15 to 49 years) in the country, as in mid-1998 was 3.5 million. In 1992, GOI negotiated an IDA credit of US$ 84 million to support the implementation of a five year National Aids Control Project (NACP-I) from September 1992 as a hundred per cent centrally sponsored scheme in all the States/UTs and was later extended up to 31 March 1999. The objectives of the NACP-I were (i) to slow down the spread of HIV; (ii) to decrease morbidity and mortality associated with HIV infection and (iii) to minimise socio- economic impact resulting from HIV infection. To strengthen India's capacity, NACP-II was launched in 1999 with two key objectives, namely; (i) to reduce the spread of HIV infection in India and (ii) strengthen India's capacity to respond to the HIV/AIDS on a long-term basis.

Organisational Set up

3.2.2 In Sikkim, the Commissioner-cum-Secretary of Health and Family Welfare Department (HFW) was the head of the implementing agencies (Department, Committee, Societies etc.) in respect of all the programmes. The flowchart of the set up is given below:

Chart-3.2



Note: ***DTO - District TB Officer, DPM – District Programme Manager, FO – Finance Officer.***

a) The designated State level officers monitor the activities in the State, while at the district level, the Chief Medical Officer/Chief District Health Officer is the principal health functionary and is responsible for all medical and public health activities including control of the diseases under report. The District TB Officer (DTO) is specifically responsible for organisation of TB activities in the district.

b) The State Programme Officer-in-charge of NPCB acts as Member-Secretary of the Committee looking after implementation of the schemes. District Blindness Control Societies (DBCS) were formed during February 1999 so as to manage the activities at district level through the District Programme Manager. Only the Society in the South district carried out substantive activity till the end of March 2001.

c) Regarding NLCP, the State Leprosy Officer coordinates the implementation of the Programme through District Leprosy Officer of the concerned District Leprosy Society (DLS).

d) Regarding NACP, the Phase I of the project was implemented through the Aids Control Cell created under the Health and Family Welfare Department and headed by a Deputy Director. After establishment of Sikkim State Aids Project Society (June 1999) in Phase II, the activity of the Aids control is being looked after by the Society headed by a Project Director.

Audit Coverage

3.2.3 A review on Prevention and Control of Diseases for the period from 1996-97 to 2000-2001 was conducted during April – May 2001 from the records maintained by the State TB Officer, State and District TB Control Societies, State Programme Officer and the District Blindness Control Societies, Directorate of Health and Family Welfare, District Leprosy Societies and Aids Control Cell and the Sikkim State Aids Project Society covering 56 per cent of the total expenditure of Rs. 5.00 crore. The results of the review are summarised in the succeeding paragraphs.

A. National Tuberculosis Control Programme

Financial Arrangement

3.2.4 During the period from 1996-97 to 2000-01, no Central assistance was received for the National Tuberculosis Programme (NTP), except the grants for purchase of anti-TB drugs as detailed below:

Table-3.2

(Rupees in lakh)

Year	Grants released by GOI	Expenditure
1996-1997	NA	NA
1997-1998	1.08	1.08
1998-1999	1.24	1.24
1999-2000	1.78	1.78
2000-2001	1.69	1.69

Source - Information obtained from Finance Accounts.

3.2.5 The assistance received for purchase of anti-TB drugs was utilised by the State in full.

3.2.6 After establishment of the Societies at the State and District level during 1997-99, the GOI released grants directly to them for undertaking various activities under RNTCP.

State Tuberculosis Control Society

3.2.7 The State Tuberculosis Control Society was set-up on 26 March 1998. The grants received by the Society and the expenditure incurred since its inception till the end of 2000-01 is detailed below:

Table-3.3

(Rupees in lakh)

Year	Grants released by GOI	Expenditure	Balance
1998-1999	9.92	-	9.92
1999-2000	Nil	4.47	5.45
2000-2001	Nil	3.72	1.73
Interest earned			0.31
Closing Balance as on 31.03.2001			2.04

Source - Information furnished by the Department and accounts of the Society.

3.2.8 It was seen that the grants were received during February to April 1999. An amount of Rs.4.47 lakh was spent in 1999-2000 for purchase of vehicle, photocopier and repair of microscopes. The expenditure of Rs. 3.72 lakh during 2000-01 was on salary and contingencies.

Non-utilisation of funds by District Societies

3.2.9 The District Societies in the four districts of the State were established between May 1997 and November 1999 but the funds were passed on to them only during the years 2000-01 as detailed below:

Table-3.4

(Rupees in lakh)

District TB Control Society	Date of establishment	Grants received	Expenditure	Balance
East	May 1997	11.15	1.17	9.98
West	25.11.99	11.51	Nil	11.51
North	28.11.97	10.39	Nil	10.39
South	31.03.97	11.51	1.93	9.58

Source - Information furnished by the Department and accounts of the Society.

3.2.10 It was noticed that grants were released to the Societies mainly for purchase of vehicle, computer, photocopier, minor civil works, training, printing etc. Though the bulk of the grants were received during October 2000 to January 2001, the Societies could not utilise the funds in time, resulting in delay in implementation of the Programme.

Programme implementation

RNTCP not implemented in Sikkim

3.2.11 Though RNTCP had been launched since 1993-94 in a phased manner, it was not extended to Sikkim and grants were being released to the Societies since 1998-99 for development of infrastructure for implementation of RNTCP. No annual action plan was prepared either by the State Society or by the District TB Societies. Although such grants were being received by the State, no Microscopy Centre under RNTCP had been established in the State. The existing 24 PHCs in all the four districts were treated as Microscopic Centres under NTCP, which was continued in the State till March 2001. Though 5 TB Units and 18 Microscopy Centres were targeted to be opened in the State, the achievement in this regard was nil as the RNTCP had not been taken up in the State till the end of the year 2000-01.

Detection of TB cases

3.2.12 The position of new TB cases registered and re-treatment cases in the State was as under:

Table-3.5

		Number of new TB cases registered				
Year	**Population covered** *(In lakh)*	**Sputum positive**	**Sputum negative**	**Extra pulmonary**	**Total**	**Relapse cases**
1996-97	--	--	--	--	2162	--
1997-98	--	--	--	---	1999	--
1998-99	4.85	402	1127	486	2015	--
1999-00	4.91	406	1012	485	1970	67
2000-01	5.07	433	769	620	1886	64

Note: Before 1998-99 only target for total case detection and sputum examination at PHCs was provided by GOI. Hence no detailed break up was recorded.

Inconsistency in fixation of targets

3.2.13 The detection of positive cases was one of the main objectives under NTCP. The targets and achievements of sputum examination and detection of new TB cases were as under:

Table- 3.6

Year	Sputum Examination			Detection of new cases		
	Target	*Achievement*	Percentage	Target	Achievement *(% of sample)*	Percentage
1996-97	3700	3723	100	1300	2162 (58)	166
1997-98	3700	2916	79	1300	1999 (69)	154
1998-99	7275	9764	134	655	2015 (21)	308
1999-00	7365	8676	118	660	1970 (23)	298
2000-01	8415	6764	80	757	1811 (27)	239

Source - Information furnished by the Department.

3.2.14 It was seen that the targets for detection of new cases had no consistency with those fixed for sputum examination.

Arbitrary collection of samples

3.2.15 It was seen that the achievements fell short by 21 per cent and 20 per cent of target of sputum examination in 1997-98 and 2000-01 though all the PHCs had microscopic facilities. Targets for new cases detection were pegged at 35 per cent of the targets for sputum examination during 1996-97 and 1997-98, whereas from 1998-99 onwards targets for detection were brought down considerably to 9 per cent of the targets for sputum examination. During 1996-97 and 1997-98, 58 and 69 per cent of the samples respectively were detected to be positive cases. The percentage of detection during 1998-99 to 2000-01 abruptly came down ranging from 21 to 27 per cent, which indicated that the samples were collected arbitrarily without considering primary symptoms.

Treatment

Abnormal drop out in treatment

3.2.16 Out of the 1970 cases detected during 1999-2000, 256 had been cured by 2000-2001, 891 had completed treatment while 50 died. Treatment had failed in the case of 41 patients, 573 had defaulted and the remaining 159 patients had migrated. While almost 5 per cent of the cases either died or could not be cured even after being brought under treatment, a further 29 per cent live cases remained at large after having defaulted treatment causing health concerns for other citizens also as TB was a highly infectious disease. Similar outcome figures for the previous years were not available with the Department.

3.2.17 The Department intimated that all positive cases detected were brought under treatment but the numbers of cases brought under treatment from old cases during 1996-97 to 1998-99 were not on record. Further, no targets were fixed for new cases to be brought under treatment after detection. No records were also maintained in respect of patients brought under treatment prior to 1999-2000 or of patients referred by private practitioners for diagnosis and treatment.

3.2.18 The Department did not maintain proper records in respect of patients discharged during 1996-97 to 1997-98 on completion of treatment or for other reasons. No target was fixed for discharge of patients on completion of treatment. The number of cases discharged during 1998-99 to 2000-2001 were as under:

Table-3.7

			No. of cases discharged for other reasons		
Year	**Target**	**No. of cases discharged on completion of treatment**	**Died**	**Migrated**	**Defaulter**
1998-1999	NA	789	41	NA	417
1999-2000	NA	717	37	100	382
2000-2001	NA	1114	26	130	541

Source - Information furnished by the Department.

Heavy backlog of untreated patients

3.2.19 It was noticed that against the total number of 5871 cases of TB detected in the State from 1998-99 to 2000-01, 2620 cases were treated till 31 March 2001. Thus, a backlog of 3251 cases (55.37 per cent) was created during the period. In the absence of the details of treatment prior to 1998-99, no conclusive comment could be made about the total number of TB patients in the State as on 31 March 2001. There was no record regarding preventive/follow up action, if any, taken in case of patients migrating to other states. The death cases were 20 to 24 per 1000. Though it indicated a downward trend it still remained to be brought down to the minimum.

Monitoring and Evaluation

3.2.20 Non-implementation of RNTCP with assured cure rate of 85 per cent, coupled with large number of drop outs, ranging between 59 and 61 per cent during 1998-99 and 1999-00, rendered the neighbourhood susceptible to easy infection defeating the objective of the Programme. The Department had not analysed the reasons for huge drop out of treatment and its consequences. No proper record was maintained to indicate the number of old cases brought under re-treatment despite huge dropouts.

Inactive societies affected programme implementation

3.2.21 The Societies formed during 1997-99 remained inactive till March 2000 delaying the implementation of RNTCP. As a result, the intended benefits could not reach the target population. The targets of detection were unrealistic and treatment remained ineffective as indicated by the high incidence of death cases.

B. National Programme for Control of Blindness

Financial Arrangement

3.2.22 The central assistance received and expenditure incurred during the years 1996-97 to 2000-2001 were as under:

Table-3.8

(Rupees in lakh)

Year	Cash grants received from GOI	Revised Budget	Actual Expenditure	Saving (-) Excess (+)
1996-97	3.83	4.86	5.04	(+) 0.18
1997-98	2.83	3.65	3.52	(-) 0.13
1998-99	6.90	5.46	4.42	(-) 1.04
1999-00	7.52	6.25	6.31	(+) 0.06
2000-01	23.60	21.10	4.87	(-) 16.23
TOTAL	**44.68**	**41.32**	**24.16**	**(-) 17.16**

Source - Appropriation Accounts.

Huge savings from funds received from GOI

3.2.23 As evident from the above table, the State failed to spend an amount of Rs. 20.52 lakh on blindness prevention programme even though the funds were made available to them. The receipt of Rs. 23.60 lakh from the GOI during 2000-01 included the sum of Rs. 15 lakh for construction of eye-ward, but no action was taken for utilisation of the money till March 2001.

Inactive DBCS

3.2.24 The GOI released Rs. 3.00 lakh to each of the four District Blindness Control Societies in July 1999. The Societies did not take up any activities under NBCP except for DBCS, South, which organised an eye-camp in 2000-2001 but details of the activities and accounts thereof were not produced to Audit. The fund of Rs. 9 lakh received by the other three Societies remained idle till March 2001.

Programme implementation

3.2.25 The Blindness Prevention Programme had four components viz. Cataract Surgery, Refractive errors, Ocular injuries and Rehabilitation of the incurably blind. The benefits were to be achieved through creation of State ophthalmic cell, Up-gradation of District Hospitals, Development of District Mobile Unit, Up-gradation of Primary Health Centres, Grants-in-aid to Non-Governmental Organisations (NGOs), Procurement of sutures and other consumable items, Training (CME), Information, Education and Communication (IEC) etc.

3.2.26 The component-wise financial performance for the year from 1996-97 to 2000-01 was as under:

Table-3.9

Component	**1996-97**	**1997-98**	**1998-99**	**1999-00**	**2000-01**
	(Rupees in lakh)				
State Ophthalmic Cell/OE	0.91	1.56	3.76	6.09	2.87
Renovation	-	-	-	-	2.00
Upgradation of PHCs	0.55	0.42	0.53	0.22	-
Training	2.37	1.22	-	-	-
IEC	0.39	0.32	0.14	-	-
Grants to NGOs	0.82	-	-	-	-
Grants to DBCS	-	-	-	-	-
	5.04	**3.52**	**4.43**	**6.31**	**4.87**

Source - Information obtained from the Department.

Lack of basic infrastructure for eye-care

3.2.27 Following the instructions issued by GOI, the Department set up a State mini-ophthalmic cell in 1996-97. Though the District Hospitals/Community Health Centres (CHCs) at Namchi and Geyzing were proposed for up-gradation during 1997-98 and 1998-99, no action was taken to this effect. There was not even an Ophthalmologist or Ophthalmic Assistant in any of the District Hospitals located at Namchi, Geyzing and Mangan. In the absence of any medical/para-medical manpower dealing in eye-care, the entire population of these 3 districts remained deprived of eye-care to be provided under NPCB. Two Ophthalmologists and one Ophthalmic Assistant available in the State were all posted at STNM Hospital in Gangtok. Though 8 PHCs were targeted to be up-graded, these also could not be made functional due to lack of specialised manpower like Ophthalmic Assistants. Further, District Mobile Units (DMUs) were to be deployed in each of the four districts. But there was only one DMU in the State and that too was non-functional due to shortage of manpower and well-equipped vehicle. The Department reported the requirement of 35 Ophthalmic Assistants for the entire State against which only one Ophthalmic Assistant was provided till March 2001.

3.2.28 Grants to the NGOs amounting to Rs. 0.82 lakh were released by the State in 1996-97 but details of the NGOs and activities undertaken by them were not produced to Audit.

No training of personnel after 1997-98

3.2.29 The Department spent an amount of Rs. 3.59 lakh on training during 1996-97 and 1997-98 but details thereof indicating the number of courses held and number of personnel trained could not be furnished to Audit. No training was attended/organised during 1998-1999, 1999-2000 and 2000-01.

Low level of IEC activity

3.2.30 IEC activities included identification and motivation of potential beneficiaries, information through media, educating voluntary groups and teachers and other relevant persons. The delay in formation of DBCS and failure to activate the Societies to the desired level could not yield expected results in creating awareness in low performing areas and backward districts. During the last 5 years, there were 14 radio talks, 4 film shows, 12 group meetings (6 each at State and District levels). No folk shows or cultural programmes were organised to educate the rural masses and no group meeting was ever held at the block/sub-centre/village level.

Cataract Surgery

3.2.31 The fixed facility of cataract surgery was available only at STNM hospital at Gangtok. Patients from other districts were screened at peripheral PHCs/CHCs and selected patients were referred to STNM Hospital at Gangtok for surgery. The details were as under:

Table-3.10

Year	No. of DBCS	No. of cataract surgery targeted	No of cataract surgery performed	Remarks, if any
1996-97	-	600	563	As reported, there was no unsuccessful case.
1997-98	-	672	948	
1998-99	4	750	675	
1999-00	4	950	572	
2000-01 (upto 2/01)	4	1000	621	
TOTAL		**3972**	**3379**	

Source - Information obtained from the Department.

3.2.32 Due to non-maintenance of details of post surgery results, the claim of the Department that there were no cases where vision could not be restored after surgery could not be cross-verified in Audit.

3.2.33 The Department also organised camps at peripheral areas to perform cataract surgery. The details were as under:

Table-3.11

Year	Organised			No. of post operation complication
	No. of camps	No. of patients	Patients operated	
1996-1997	1	NA	245	NA
1997-1998	2	3116	582	NA
1998-1999	1	796	153	NA
1999-2000	1	NA	65	NA
2000-2001	1	NA	96	NA
TOTAL			**1141**	

Source - Information obtained from the Department.
NA means "Not Available".

3.2.34 Information regarding proposed number of camps to be organised vis-à-vis patients to be checked was not available. Out of 3379 cataract operations done during 1996-97 to 2000-2001, 1141 operations were done in camps.

Non maintenance of records on refractive error

3.2.35 The Department did not maintain any record regarding screening for refractive error and provision for spectacles, number of cases of incurable blindness and action taken for their rehabilitation.

Monitoring and Evaluation

Programme suffered from severe infrastructural constraints

3.2.36 The performance of the programme was to be monitored through perusal of annual State plan, annual district action plans, minutes of the DBCS, progress reports and also through review meetings with all DBCS. In the absence of any action plan of the DBCS, the performance of the State Ophthalmic Cell could not be compared with the ultimate objectives. Moreover, due to non-availability of eye-care facilities in the District Hospitals and PHCs, the eye-care facilities were not extended to the rural masses. Services rendered through occasional camps could not substitute the referral services contemplated under the Programme. Thus, the benefits intended under the Programme could not be extended to the people at desired level.

C. National Leprosy Control Programme

Financial Arrangement

3.2.37 The Programme was financed in full by the GOI as under:

Table-3.12

(Rupees in lakh)

Year	Central Assistance	Expenditure	Saving/excess with reference to central assistance
1996-97	20.00	17.46	(-) 2.54
1997-98	20.50	20.87	(+) 0.37
1998-99	21.50	34.99	(+) 13.49
1999-00	33.00	23.47	(-) 9.53
2000-01	18.71	21.05	(+) 2.34
TOTAL	**113.71**	**117.84**	**(+) 4.13**

Source – Detailed Appropriation Accounts.

3.2.38 The expenditure as above was incurred mainly on pay and allowances of the staff involved in the activities of the Programme and office expenses etc.

3.2.39 The additional releases from the GOI to the Societies located in the four districts are given below:

Table-3.13

(Rupees in lakh)

	East District		West District		North District		South District	
	Receipts	**Exp.**	**Receipts**	**Exp.**	**Receipts**	**Exp.**	**Receipts**	**Exp.**
Opening Balance of unspent grant	1.97		7.30		NA		4.15	
1996-97	10.23	7.55	10.00	6.64	3.42	2.51	3.00	6.10
1997-98	7.00	7.09	3.50	8.35	3.50	8.15	22.10	7.88
1998-99	10.00	12.02	7.00	9.72	5.00	4.51	5.00	14.07
1999-2000	18.55	15.80	26.74	9.10	7.15	8.08	11.92	18.18
2000-2001	Nil	Nil	Nil	7.86	5.00	3.48	10.00	5.25
Total grants From GOI	47.75		54.54		24.07		56.17	
Bank interest and other receipts	0.95		1.85	-	0.82	-	1.29	-
TOTAL	**48.70**	**42.46**	**56.39**	**41.67**	**24.89**	**26.73**	**57.46**	**51.48**
Unspent balance as on 31.03.2001		**6.24**		**14.72**		**(-)1.84**		**5.98**

Source – Accounts of the Societies.

3.2.40 It would be seen from the above table that against the available fund of Rs.187.44 lakh during the period, only an amount of Rs. 162.34 lakh was actually utilised by the Societies, resulting in an idle fund of Rs. 25.10 lakh, a major portion of the savings being in the West District.

Meagre expenditure on programme components

3.2.41 The analysis of component-wise expenditure incurred by the three Societies of West, North and South districts – break-up in the case of East district was not available – revealed that as much as Rs. 22.85 lakh, Rs. 18.65 lakh and Rs.38.24 lakh was spent on meeting day to day establishment related requirements like pay and allowances, POL and other office expenses by the West, North and South district respectively. This constituted 54.67 per cent, 63.83 per cent and 74.28 per cent of the total expenditure of the three respective districts during this period, leaving a paltry sum for meeting programme objectives. In fact, in the North and South districts only Rs. 2.34 lakh (8 per cent) and Rs. 1.58 lakh (3.07 per cent) was incurred on primary components of the programme, viz. project, training and other supporting activities.

Programme implementation

Inconsistency in figures of detection of new cases

3.2.42 The two main activities under the NLEP are identification of new cases and providing them with treatment. The overall achievements against targets during 1996-97 to 2000-01 are given below:

Table-3.14

		New cases			
Year	**Old cases**	**Target**	**Detected**	**Cases discharged**	**Increase/ decrease in number of cases**
1996-97	82	50	38	32	(+) 06
1997-98	88	50	39	46	(-) 07
1998-99	81	100	65	39	(+) 26
1999-00	107	25	29	63	(-) 34
2000-01	73	20	46	41	(+) 05
TOTAL		**245**	**217**	**221**	

Source - Information obtained from the Department.

3.2.43 While the Department was stated to have detected 217 new cases during 1996-97 to 2000-01, scrutiny of monthly reports and other records revealed that 236 new cases were actually detected and brought under treatment. No reasons were furnished for variation in figures of detection of new cases.

Short-fall in treatment of identified case

3.2.44 Due to the limitations like long treatment period, severe side-effects etc. of the earlier pursued Dapsone monotherapy, Multi-Drug Therapy (MDT) was introduced, which was implemented in Sikkim in 1984. The details of cases brought under treatment, both old and new, were as under:

Table-3.15

		No. of cases brought under treatment from new cases		No. of cases that could not be brought under treatment	
Year	No. of cases brought under treatment from old cases	Target	Actual	Old	New
1996-97	82	50	38	1	-
1997-98	88	50	39	-	2
1998-99	81	100	65	1	3
1999-00	107	25	29	10	2
2000-01	73	20	46	-	-

Source - Information obtained from the Department.

3.2.45 The shortfall in coverage of all the patients was due to migration and default on the part of the patients.

Cases discharged considerably lower than those brought under treatment

3.2.46 The targets and achievement of discharge of patients after completion of treatment or for other reasons were as detailed below:

Table-3.16

			No. of cases discharged for other reasons		
Year	Target	No. of cases discharged on completion of treatment	Died	Permanently migrated	Others
1996-97	100	32	-	1	-
1997-98	80	46	-	2	-
1998-99	150	39	-	-	2
1999-00	120	76	1	3	9
2000-01	50	44	-	-	-

Source - Information obtained from the Department.

3.2.47 While the number of patients under treatment in any of the years from 1996-97 to 2000-01 varied between 119 to 146, the discharge after completion of treatment was only between 32 and 76, which indicated that a considerable number of patients were irregular in attending treatment. During 1996-97 to 2000-01, there were only 3 cases of relapse, 1 in 1997-98 and 2 in 1998-99, and 1 case of reaction in 1998-99. The reasons of relapse were not on record. The number of cases under surveillance varied from 20 to 43 and smear positive cases varied from 28 to 52.

Drugs worth Rs. 9.30 lakh missing

3.2.48 The quantum of anti- leprosy drugs required was finalised on the basis of prevalence of leprosy and estimated new cases expected during the year. The quantum of drugs so arrived at was sanctioned and supplied to the State by the GOI through Government Medical Depots. During 1997-98 to 2000-01, GOI allocated 43,130 blisters of different anti-leprosy drugs to the State, out of which

only 24,700 blisters of drugs were received during this period. Whereabouts of remaining 18,430 blisters of drugs valued at Rs. 9.30 lakh was not on record. The matter was not brought to the notice of the GOI.

Expired drugs

3.2.49 Scrutiny of stock register and other relevant records also revealed that 7091 blisters of different anti-leprosy drugs valued at Rs. 2.47 lakh expired at Leprosy Hospital at Sajong and NLEP wing at Gangtok. The actual date of receipt and reasons for non-consumption of these drugs was not on record. It was further noticed that 4,40,000 capsules of Clotazimine and 22,000 caps of Dapsone also expired due to non-utilisation of those medicines in time. The loss to the Government could not be ascertained due to non- recording of cost prevailing at the time of procurement/supply.

High prevalence in two districts

3.2.50 The estimated number of leprosy cases in Sikkim in 1981 were 1600 against the population of 3.20 lakh, representing a prevalence rate of 50 per 10000. The rate came down to 10 per 10000 in 1992. The district-wise prevalence rate from 1996-97 onwards was as under:

Table-3.17

As on 1st April	Prevalence rate per 10000			
	East District	West District	North District	South District
1996	3.30	1.00	2.63	1.87
1997	2.48	1.85	2.88	2.85
1998	2.50	0.90	2.80	1.44
1999	2.58	1.00	4.40	1.42
2000	1.3	0.34	0.5	1.2

Source - Information obtained from the Department.

3.2.51 The overall prevalence rate of the State as on 01 April 2001 was recorded as 0.9 per 10000. It was, however, noticed that the prevalence rate in East and South districts continued to be above 1 per 10000, which was the target to be achieved by the end of the year 2000.

Monitoring and Evaluation (ME)

3.2.52 ME being a continuous and a decision oriented management tool, it was necessary to analyse the information and data to ensure future course of action. The unusual increase in new cases in 1998-99 to 2000-01 was not analysed properly leaving a wide gap between actual prevalence and detection.

D. National Aids Control Programme

Financial Arrangement

3.2.53 The Aids Control Cell and the Society prepared the annual action plan projecting anticipated expenditure under various components. The National Aids Control Organisation (NACO) after approval of annual action plan, released the grants to the Aids Control Cell/Society.

Mismatch between programme activity and receipt of grants

3.2.54 There were substantial balances lying unspent at the end of the respective years out of the grants received by the Aids Cell and the Society as shown below:

Table-3.18

(Rupees in lakh)

Year	Allocation	Grants received	Expenditure	Cumulative unspent Balance
OB	-		-	6.04
1996-1997	77.73	50.00	23.62	32.42
1997-1998	53.84	25.00	25.10	32.32
1998-1999	75.89	75.01	36.71	70.62
1999-2000	123.84	25.04	44.66	51.00
2000-2001	68.00	56.00	50.82	56.18
TOTAL	**399.30**	**231.05**	**180.91**	**56.18**

Source - Information obtained from the Department and accounts of the Cell/Society.

3.2.55 During the period from 1996-97 to 2000-2001, the Aids Cell/Society received Rs. 2.31 crore against which the expenditure was only Rs. 1.81 crore, resulting in an idle fund of Rs. 56.18 lakh as on 31 March 2001. The savings were stated to be mainly due to non-receipt of bills, delay in receipt of grants and non-utilisation of funds under certain components. The reasons furnished by the Society were not tenable as the grants were released in time. Moreover, the amount of bills, which were received belatedly, was also insignificant.

Programme Implementation

3.2.56 The component-wise details of the annual action plans along with the funds approved by the Government of India during 1996-97 to 2000-2001 were as under:

Table-3.19

a) Phase-I

(Rupees in lakh)

Component	1996-1997		1997-1998		1998-1999	
	Prov.	Exp.	Prov.	Exp.	Prov.	Exp.
Programme management	14.00	7.08	9.36	6.70	30.00	12.90
Improved blood safety	5.09	0.98	5.09	3.10	6.95	2.29
IEC and Condom promotion	51.00	13.57	29.00	12.38	30.00	15.89
Surveillance and clinical management	1.89	0.23	1.89	0.89	2.943	2.33
STD control	0.75	-	1.00	0.98	1.00	0.95
Training	5.00	1.77	7.50	1.05	5.00	2.34
TOTAL	**77.73**	**23.63**	**53.84**	**25.10**	**75.893**	**36.70**

b) Phase-II

(Rupees in lakh)

Component	1999-2000		2000-2001	
	Prov.	Exp.	Prov.	Exp.
Priority targeted intervention against HIV/Aids	25.44	2.54	13.15	3.64
Preventive interventions for the general community	22.05	12.30	12.66	8.15
Institutional strengthening	59.90	30.23	39.19	33.71
Low cost Aids care	11.45	-	1.00	-
Intersectoral collabaoration	5.00	-	2.00	-
TOTAL	**123.84**	**45.07**	**68.00**	**45.50**

Source - Information obtained from the Department and accounts of the Cell/Society.

Weakened management capacity as key posts remained vacant

3.2.57 The strengthening of the management capacity for HIV control was one of the most important components of the project. Accordingly, adequate staffing support was provided under the project. Thirty posts were sanctioned for the Aids Society of Sikkim. However, only 19 posts were filled in, of which key posts like Project Officer and three posts of Deputy Directors were being managed on part-time basis. Eleven vacancies also included important posts like Statistical Officer, Technical Assistant (blood safety), Monitoring and Evaluation Officer etc. The management capacity for control of HIV, therefore, remained understrength.

Public awareness, community support and extension aspects neglected

3.2.58 Public awareness and community support was given high priority both in Phase I and II of the project. Campaigns through own organisational set up, non-governmental organisations, private sector advertising agencies, and radio, TV, newspaper and billboard advertisements were to be carried out to promote safe sexual practice, use of sterilised needles including disposable syringes and use of uninfected blood and blood products as well as improving the knowledge and behavioral pattern of high risk groups, potentially vulnerable groups and health

services. Adequate provision of training for trainers, health staff and social workers was to be made to disseminate information and health education about HIV and AIDS through existing health personnel and by mobilizing social and community leaders.

3.2.59 Belying the importance of this aspect, the annual provisions under this component came down progressively from Rs. 51.00 lakh in 1996-97 to Rs. 12.66 lakh in 2000-01. Even with the reduced outlays, the expenditure fell far short of the provisions and the savings ranged from Rs. 37.44 lakh in 1996-97 to Rs. 4.51 lakh in 2000-01. Against the total expenditure of Rs. 13.57 lakh spent on IEC during 1996-97, Rs. 9.02 lakh was spent on items like purchase of folders, grants to various clubs, printing of calendars and diaries, which were not included in the guidelines.

Absence of blood testing facilities in three districts

3.2.60 Programmes for upgrading blood banking capabilities and expansion of HIV screening of blood was to be taken up so as to increase coverage of HIV screening from the current level of about 30 per cent to about 90 per cent of all blood donated in the country. This included expanding testing capabilities and establishing zonal and reference testing centres. Such reference centres were to be linked to blood screening facilities for quality control. In addition, blood component separation equipment and supplies was to be provided. Under phase II, the component was to provide mandatory screening of all blood units for Hepatitis-E-virus, facilitating communication counselors for blood banks in public and private sectors.

3.2.61 There were three Sentinel Centres in Sikkim and only one zonal Blood Testing Centre, all located at Gangtok. The details of blood testing reports of the attenders of Sentinel Centres and Blood Bank were as under:

Table-3.20

	1997		1998		1999		2000		2001 (March)	
Attenders / Name of Centers	Total	Positive	Total	Positive	Total	Positive	Total	Positive	Total	Positive
STD Clinic Gangtok	0	0	138	0	60	0	139	0	0	0
ANC (R) Pakyong	0	0	311	1	133	0	129	0	0	0
ANV (U) Gangtok	0	0	1027	1	400	1	400	0	0	0
Blood Testing Centre Gangtok	107	2	61	4	84	5	83	1	40	0
TOTAL	**107**	**2**	**1537**	**6**	**677**	**6**	**751**	**1**	**40**	**0**

Source - Information obtained from the Department.

3.2.62 Due to the concentration of all the Sentinel Centres in East District alone, the prevalence of HIV in other 3 districts could not be ascertained. The failure to proliferate testing facilities throughout the State compromised the objective of increasing HIV screening. Though testing of blood for Hepatitis-E-virus was made compulsory under phase II of the project, NACO supplied kits only in May 2001. The Society, through the existing blood-testing centres, implemented it from June 2001.

3.2.63 The year-wise detection of HIV positive and full bloom AIDS cases during 1995-96 to 2000-2001 were as follows:

Table-3.21

Year	HIV positive cases detected	Full bloom AIDS cases detected	Status
1995-96	1	0	
1996-97	0	0	
1997-98	2	1	Absconding
1998-99	4	1	Dead
1999-00	5	0	
2000-01	1	0	
TOTAL	**13**	**2**	

Source - Information obtained from the Department.

3.2.64 The detection indicated above was from the East district alone. There were no detection facilities provided in any of the remaining three districts of the State.

Low performance in targeted intervention programme

3.2.65 An important project component was strengthening institutional capability at State level for monitoring the development of HIV/AIDS epidemic and planning and programming interventions to control such epidemic. This component was given added importance by the NACO and renamed as "Priority Targeted Intervention for HIV/AIDS". This involved participatory approaches, locating groups at highest risk, determining the access and demand for health services among the groups of high risk, and developing strategies based on out reach, peer education and partnership.

3.2.66 The 'Targeted Intervention Programme' was entrusted to three NGOs in the State. The outreach of this Programme was limited due to the inexperience of the NGOs. This was also reflected by meagre expenditure of Rs. 2.54 lakh and Rs.3.64 lakh during the years 1999-2000 and 2000-2001 respectively against the provisions of Rs. 25.44 lakh and Rs. 13.15 lakh.

3.2.67 The details of population of high-risk groups covered under the 'Targeted Intervention Programme' organised through 3 NGOs during 1999-2000 and 2000-2001 were as follows:

Table-3.22

(Rupees in lakh)

Year	Target groups	Number targeted	Amount allocated	Amount released
1999-2000	Jail inmates	84	50,000	50,000
2000-2001	Taxi drivers & labourers	500	2,70,000	1,21,500
	Migrant labourers	2000	1,19,300	53,685
	Construction & hotel workers	512	1,60,650	72,293
TOTAL		**3096**	**5,99,950**	**2,97,478**

Source - Information obtained from the Department.

3.2.68 The balance amount for the latter three programmes was to be released on satisfactory performance. During 2000-2001, the Society also procured 12000 condoms from the NACO at the cost of Rs. 3,072 and sold them at the same rate to the three NGOs as a part of 'Targeted Intervention Programme'.

Monitoring and Evaluation (ME)

3.2.69 NACO was to be responsible for all operational aspects of project implementation and for project monitoring and evaluation. A national ME agency was to be selected in the first year of the project and each AIDS Control Society was to have an ME Officer and evaluation was to be conducted by outside agencies at baseline, interim and final year. The State AIDS Control Society had not yet appointed an ME Officer to take up the activities at State level. However, analysis of annual action plans, financial flows and annual expenditure indicated a wide gap between the annual action plan and actual performance under various components of the project.