HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT

3.3 National AIDS Control Programme

Highlights[·]

The Centrally sponsored "National Aids Control Programme" was implemented with the aim to slow down the spread of HIV infection, reduce the future mortality and strengthen the capacity to respond to HIV/AIDS on a long term basis. Implementation of the programme in the State suffered mainly due to the absence of specific direction by National AIDS Control Organisation (NACO), coupled with short-utilisation of funds by the State Society. Monitoring of the functioning of NGOs was ineffective. Society did not set any parameters to assess the performance of NGOs and judge the success of their effort. Physical targets for most of the components/sub-components of the programme were not fixed either by NACO or by the Society. The Society also failed to fix and communicate the district-wise targets. Up to 2001-02 the Society paid little attention for strengthening of STD clinics, establishment of modern blood banks and upgradation of the existing blood banks, delivery of condoms, etc. Resultantly, the incidence of HIV and AIDS cases increased. Monitoring of the programme was very poor.

- **Financial outlay of the Action Plans submitted by the State were drastically reduced by NACO every year. However, neither the Society nor NACO revised the physical/ financial targets, rendering implementation of the programme directionless. The Society also did not fix the district-wise physical/financial targets in any year.**

[Paragraph 3.3.5 (i)]

- **There was no involvement of the District Committees in the functioning/monitoring of the activities of the NGOs.**

[Paragraph 3.3.5 (ii)]

- **Up to 2001-02, the Society paid little attention to the activities of delivery of condoms, strengthening of STD clinics, setting up of voluntary testing clinics, establishment of modern blood banks/upgradation of existing major blood banks and establishment of care and support centres.**

[Paragraph 3.3.6 I]

- **AIDS counselling services were not provided through STI clinics/blood banks in the State. No zonal blood testing centres were established during 1999-2003. The Society did not supply any equipment to blood banks.**

[Paragraph 3.3.6 I (b)]

[·] The abbreviations used in this review are listed alphabetically in glossary vide Appendix XLIX (page 212)

- **HIV prevalence among STD clinic attendees increased from 22 per cent in 1998 to 29 per cent in 1999 and gradually declined to 23 per cent in 2002. The prevalence rate was very high (35 to 40 per cent) in Visakhapatnam, Chittoor and Warangal. No STD clinics were set up in Guntur and Karimnagar while such clinics in East Godavari and Warangal started in 2002-03.**

[Paragraph 3.3.6 II (a)]

- **Incidence of AIDS increased from 485 in 1999 to 1478 in 2002. As of 2002 death cases reported were 297. Prakasam, Chittoor, Kurnool and Hyderabad topped the list of AIDS cases with 10 to 17 per cent.**

[Paragraph 3.3.6 II (b)]

- **In 15 districts none of the computers installed (cost : Rs 22.61 lakh) at various Tele-counselling centres, for the purpose of a toll-free National AIDS Telephone helpline, were functioning for want of repairs or lack of trained operational staff.**

[Paragraph 3.3.8 (ii)]

- **Monitoring at State level was very poor.**

[Paragraph 3.3.9]

3.3.1 Introduction

The National Aids Control Programme (NACP), a 100 per cent Centrally Sponsored Scheme, was launched by Government of India in 1992 to develop a National Public Health Programme in HIV/AIDS[56] prevention and control. First phase of the programme was implemented between September 1992 and March 1999 with the aim to slow the spread of HIV, reduce future morbidity, mortality, and to minimise socio-economic impact resulting from HIV infection. The second phase of the programme commenced from November 1999 and expected to be completed by October 2004 with two key objectives

- to reduce the spread of HIV infection, and
- to strengthen capacity to respond to HIV/AIDS on a long-term basis.

Andhra Pradesh accounted for approximately 10 per cent (4 lakh) of the total HIV infected persons[57] in India as of March 2003.

The programme was under implementation in the State since 1992.

[56] Human Immuno Deficiency Virus/Acquired Immuno Deficiency Syndrome
[57] 40 lakh

3.3.2 Implementation arrangement

The programme was implemented at the National level by the Project Director, National Aids Control Organisation (NACO) in the Ministry of Health and Family Welfare. At State level, Project Director, AP State AIDS Control Society (Society), Hyderabad assisted by the District AIDS Prevention and Control Committees (DAPACC) was responsible for implementation of the programme under the supervision of the Director General of Health Services. The Principal Secretary to Government in Health, Medical and Family Welfare Department is the President of the Society. The Non-Government Organisations (NGOs) were critical partners for the Targeted Interventions, Voluntary Counselling and Testing, and Schools AIDS Education activities. NGOs were involved in care and outreach services for people living with HIV/AIDS.

3.3.3 Audit coverage

The implementation of the programme for the period 1998-2003 was reviewed (November 2002 – May 2003) by test-check of records of the Project Director of the Society at Hyderabad, and seven[58] (out of 23) District Committees. The results of the review are mentioned in the succeeding paragraphs.

3.3.4 Fund allocation and flow of expenditure

The Programme is 100 per cent Centrally Sponsored Scheme implemented with assistance both in cash and kind[59] to the Society. However, during 2002-03, GOI requested State Government to provide Rs 7.01 crore. The NACO released the funds in advance directly to the Society[60] in the form of Demand Drafts, based on the Action Plans approved by it, expenditure figures reported by the State and expenditure likely to be incurred before the close of the year. Releases were made in cash. Society had no information as to the equipment and material supplied by NACO directly to the Blood Banks and STD[61] clinics.

Details of funds approved/allocated by NACO, released and the expenditure incurred thereagainst during 1998-2003 were as follows:

[58] Chittoor, East Godavari, Guntur, Hyderabad, Karimnagar, Visakhapatnam and Warangal
[59] Consumable items like HIV test kits, drugs, equipment, vehicles, furniture, condoms, etc.
[60] Prior to 1998-99, the funds were being released by NACO through the State Government
[61] Sexually Transmitted Disease

(Rupees in crore)

Year	Action plan proposed by the Society	Action plan approved by NACO	Releases	Expenditure	Excess (+)/Short utilisation (-) (Percentage)
1998-99	19.19	12.76	6.50	7.29	(+) 0.79 (12)
1999-2000	40.89	14.98	12.22	8.33	(-) 3.89 (32)
2000-01	38.91	8.00	13.58	9.33	(-) 4.25 (31)
2001-02	*	11.06	18.80	17.75	(-) 1.05 (6)
2002-03	50.00	33.55	25.21[$]	21.67[#]	(-) 3.54 (14)
Total	**148.99**	**80.35**	**76.31[@]**	**64.37[&]**	**(-) 11.94 (6)**

* Action plan not prepared (reasons not furnished though asked for)
[$] NACO (Rs 20.21 crore) and State Government (Rs 5 crore)
[@] In addition to this, the Society had an opening balance of Rs 2.68 crore at the beginning of 1998-99
[#] NACO funds (Rs 20.33 crore) and State Government funds (Rs 1.34 crore)
[&] Priority Targetted Interventions against HIV/AIDS (Rs 22.43 crore), Preventive interventions for the general community (Rs 35.08 crore), Institutional strengthening (Rs 4.09 crore), Low cost care and capacity building (Rs 1.83 crore), and Intersectoral collaboration (Rs 0.94 crore).
Total expenditure included diversion and mistutilisation of Rs 13.03 crore (as shown in *Appendix XXXIX*) and Rs 13.56 crore released to the NGOs.

The Component-wise expenditure incurred by the Society vis-a-vis allocations are detailed in *Appendix XXXIV*. The following points emerged.

(i) The components 'Low Cost Care and Capacity Building' and Intersectoral Collaborations were not implemented for two years during 1998-2001.

Only 58 per cent of funds allocated for setting up of VCTCs were spent

(ii) Of Rs 2.40 crore allocated for setting up of Voluntary Counselling and Testing Centres (VCTCs), only Rs 1.13 crore (58 per cent) was utilised for setting up of 62 VCTCs.

The Society attributed (May 2003) the shortfalls to the shift in priorities and as per the needs identified. The contention was not acceptable as there cannot be shortfalls for all the components and there was overall short utilisation of funds (Rs 11.94 crore) during 1998-2003.

3.3.5 Programme implementation

Baseline surveys were conducted by the Society under the guidance of DFID[62] and FHI[63] on behavioural surveillance during December 1999 to January 2000, HIV among female sex workers of Kakinada and Peddapuram (East Godavari District) during April-May 2000, and health care providers survey during November 1999-September 2000.

Survey not conducted on HIV/AIDS

However, the Society did not conduct any survey of HIV/ AIDS. There was no proper mechanism with the Society to ascertain the exact number of AIDS cases in the State. Society registered those cases which were reported by the District Leprosy Officers (DLOs).

[62] Department for International Development, United Kingdom
[63] Family Health International, New Delhi

Surveillance of STD is an important component of prevention and control of HIV/AIDS. The Society established 70[64] surveillance centres during 1998-2003 to generate a system of reliable data.

Activity/component-wise targets not fixed either by NACO or by the Society

i) Targets not fixed: The Society prepared Annual Action Plans for the years 1998-2003 (except for 2001-02) based on its own targets, which were higher than the national targets, for approval by NACO. Though the financial commitments of these action plans were much reduced by NACO every year, NACO failed to communicate the revised physical targets to suit the action plans approved by it nor did the Society revise the physical/financial targets on its own. Thus, implementation of the programme was directionless. District-wise physical/financial targets were not also fixed/communicated in any year by the Society.

Society changed priorities unilaterally thereby neglecting certain components

Besides absence of the physical targets, the releases were also not made as per the approved Action Plans. This resulted in change in priorities unilaterally by the Society, thereby neglecting certain components of the scheme.

No proper check on the functioning of NGOs

ii) Functioning of NGOs not properly monitored: At the State level, Society implemented various components of the programme viz., Targeted Interventions for groups at high risk, Voluntary Counselling and Testing, and Community Care Centres, etc. through Non-Government Organisations (NGOs). Number of NGOs were between 16 and 114 during 1999-2003. The Society released the funds directly to the NGOs, but did not fix targets under the components and monitored the expenditure thereagainst. The Society did not set any verifiable parameters while releasing the funds to assess the performance of NGOs and judge the success of their effort.

The District Committees implemented only Family Health Awareness Campaign (FHAC[65]) and were not involved in functioning/monitoring of the NGOs. Thus, functioning of NGOs in the districts was not checked properly by the Society.

3.3.6 Programme performance

Against the national objectives of keeping HIV prevalence rate below three per cent and reducing blood borne transmission of HIV to below one per cent, State Government projected a higher target of below two per cent and below 0.5 per cent respectively. However, the State did not fix any targets for 'Attainment of awareness levels' and 'Achieving condom use among high risk groups' against the national target of not less than 90 per cent for both.

[64] 1998-99 : 7, 1999-2000 : 7, 2000-01 : 9, 2001-02 : 13 and 2002-03 : 34

[65] under IEC – Preventive interventions under general community till 2001-02 and from 2002-03 as a component by itself

I Component-wise targets/achievements

The main causes of spread of AIDS are infected blood, infected needles, multiple partners, infected mothers to her baby before birth and injectible drug abuse. The objectives of improving the quality of lives of persons infected by HIV and AIDS, generating awareness, advocacy and delivering interventions, ensuring adequate supply of safe and quality blood and training of NGOs, were sought to be achieved through components, viz., Priority targeted interventions for groups at high risks - implemented through NGOs, Preventive Interventions for the General Community, Institutional strengthening, Low cost AIDS care and Inter-sectoral collaboration. Physical targets for most of the sub-components were not fixed as detailed in *Appendix XXXV*. The following points were noticed:

	Objective/activity	Audit findings
	(a) Priority Targeted Interventions for groups at high risk – implemented through NGOs	
Delivery of condoms not implemented during 1998-2001	To reduce the spread of HIV in groups at high risk by (i) identifying target population, (ii) providing peer counselling, (iii) promoting condom use (iv) providing treatment of STIs and (v) organising client programmes through NGOs, CBOs[66] and public sector using generic/protocol	**(i)** The sub-component of "Injecting drug users" was not covered during the period 1998-2003. Similarly the counselling for "Men having sex with men" and the "delivery of condoms" were not implemented during 1998-2001 despite the availability of funds. **(ii)** Free distribution of condoms were made in all the seven test-checked districts during 1998-2003. However, Social Marketing was made only in Karimnagar and Visakhapatnam Districts. **(iii)** The Society had not furnished the information as to the number of drug de-addiction centres operative and the number of infected drug users in the centres. **(iv)** The details of total number of staff, targets fixed for the training, and category of staff to be trained were not furnished by the Project Director. 3957 medical staff and 13121 paramedical staff were trained during 1999-2003. However, the number of staff trained declined from 2335 (Medical) and 9804 (Paramedical) in 2001-02 to 847 (medical) and 422 (paramedical) in 2002-03. Reasons for poor achievements in 2002-03 were not stated by the Project Director.
	(b) Preventive Interventions for the General Community – voluntary counselling and testing	
Counselling services not provided through blood banks/STI clinics	Provision of increasing availability of and demand for voluntary testing of couples, training grass root level workers in HIV/ AIDS counselling services through all blood banks and STD clinics	**(i)** Voluntary Counselling and Testing Centres (VCTCs) were not established during 1998-2001. However, 88 VCTCs were established during 2001-03. **(ii)** Though 85 STI clinics and 151 blood banks existed during the period, counselling services were not provided through them. **(iii)** As of March 1998 there were 60 Modern blood banks with addition of only one during 2002-03.

[66] Community Based Organisations

		Against a target of six major blood banks with component separation facilities during 2001-03 only four were established. There was no addition to 12 Zonal blood testing centres that existed as of March 1999. Society did not supply any equipment to blood banks nor did it have any information regarding the equipment/HIV kits supplied by NACO. There was no response from the Society as to the medical practice being followed after the window period to find out sero-positivity among people at high risk.
	To develop an effective surveillance system, generating a set of data by establishment of surveillance centres	**(i)** 70 surveillance centres were established during 1998-2003 as targeted, and 5739 HIV/AIDS cases were covered. However, information regarding the category of persons covered was not available with the Project Director. **(ii)** Against a target of 12 surveys of STI surveillance to be conducted, eight were conducted during 2001-03, due to shortage of staff in the Medical Colleges. **(iii)** The Society had no information on the action taken in respect of protocol provided on behavioural surveillance, mode of surveillance conducted by private agencies, action taken on surveillance findings and surveys conducted.
Mother to Child transmission of HIV was 9.7 per cent	Prevention from Mother to child transmission of HIV (sub-component) Transmission rate of HIV from mother to child to be reduced to six per cent by administering AZT[67] from 36th week of pregnancy till delivery (300 TID)	Of 17718 women tested for HIV during April 2000 to September 2002, 367 were tested sero-positive. Of these, only 146 women enrolled for AZT and only 118 took AZT administration. The lower turn-out was stated to be due to return of women to parents' place during 3rd trimester, refusal of women/family to AZT etc. On conclusion of study of short term AZT interventions and primary preventions, ultra-short therapy of administration of Niverapine single dose was commenced from October 2001 to the 118 persons to reduce the transmission of HIV from mother to child. The ultimate transmission rate was, however, recorded as 9.7 per cent.
	(c) Low cost AIDS care and Capacity Building – implemented through NGOs	
Care and Support Centres were not established during 1998-2001	To Provide appropriate care and support to persons infected with HIV/AIDS, Formation of State and District level societies through partnership in Government and NGO sector	**(i)** No care and support centres were established during 1998-2001 and 11 such centres and three drop-in centres were established during 2001-03. **(ii)** The State Level Body - APSACS had been functioning without the Governing Body and Executive Body Since August 2001. **(iii)** During the year 1998-99, partnership with NGOs was not established. There were 16 NGOs functioning during 1999-2000, 104 during 2000-01 and 114 NGOs were functioning during 2001-03. The Society had not fixed any targets for training NGOs and the progress reports required to be sent to NACO on IEC and social mobilisation were not sent. The Society had no record regarding the expenditure incurred by the NGOs.

[67] Azido Thymidine/Zideovidine

	(iv) At the District Level, no Society was constituted. However, District AIDS Control and Prevention Committee was functioning with District Leprosy Officer as Convener.
(d) Inter Sectoral Collaboration	
Collaboration to focus on learning from innovative HIV/AIDS programmes that exists in other sections and sharing in work of generating awareness advocacy and delivering interventions	No programmes were conducted till 2001-02 and the Society initiated school and college AIDS awareness programme only during 2002-03. However, no feedback system was developed on the interventions.

Programmes for generating awareness, advocacy and delivering interventions not implemented till 2001-02

It is evident that up to 2001-02 the Society paid very little attention, especially to the activities of (i) delivery of condoms, (ii) strengthening of STD clinics, (iii) setting up of voluntary testing clinics, (iv) establishment of modern blood banks and zonal blood testing centres, upgradation of existing major blood banks and (v) establishment of care and support centres resulting in non-achievement of the overall objective of the programme. Reasons for shortfalls under the above components of the programme were not forthcoming from the Project Director (September 2003).

II Prevalence of HIV/AIDS

The incidence of prevalence rates of HIV/AIDS cases in the State (as reported in Sentinel Surveillance) were as follows:

Particulars	Prior to 1997	1998-99	1999-2000	2000-01	2001-02	2002-03
(i) HIV among STD clinic attendees						
Number of cases tested	NA	756	684	630	935	2740
Number of HIV positive cases	NA	167	198	178	261	630
Percentage	NA	22	29	28	27	23
(ii) HIV among Antenatal clinic attendees						
Number of cases tested	NA	1603	1600	2400	3600	9199
Number of HIV positive cases	NA	35	39	48	73	149
Percentage	NA	2.2	2.43	2	2.02	1.62
(iii) HIV of Sero positive (Blood donors) (percentage)	NA	1.17	0.95	0.94	0.92	0.91
(iv) AIDS cases (number)	45	NA	485	783	1478	618
(v) Reduction in Blood borne transmission of HIV	Out of 105732 cases screened during 2002-03, 15248 cases (14 per cent) were tested HIV positive. Of these, only in one per cent cases probable mode of transmission is blood transfusion (details for earlier years not furnished).					
(vi) Attaining awareness level	Information not available with APSACS (Society)					
(vii) Achievement in condom use among high risk categories						

NA: Not available

Very high HIV prevalence among the attendees of ante-natal and STD clinics

(a) In the State, during 1998-2002 there was reduction in HIV prevalence among Antenatal clinic attendees from 2.2 to 1.62 per cent while the national average (estimation) was

0.49 per cent in 2002. However, HIV prevalence among STD clinic attendees increased from 22 per cent in 1998 to 29 per cent in 1999 and gradually reduced to 23 per cent in 2002 as against the national average of 4.25 per cent. The prevalence rate was very high (35 to 40 per cent) in Visakhapatnam, Chittoor and Warangal Districts. The prevalence among sero-positive[68] rates for blood donors remained at 1.17 to 0.91 per cent during 1998-2003.

District-wise details are given in *Appendix XXXVI.* In the seven test-checked districts, Sentinel Surveillance of HIV infection at Ante-natal clinics (ANC) and STD clinics during 2002-03 was between 0.50 to 6.75 per cent and 30.40 to 40.40 per cent respectively. There were no STD clinics in Guntur and Karimnagar Districts while such clinics in East Godavari and Warangal Districts were in operation only from 2002-03.

Prakasam, Chittoor, Kurnool and Hyderabad topped the list of AIDS cases

(b) During 1998-2003, 3364[69] AIDS cases were reported in the State; incidence of the AIDS ranged between 485 to 618 with an abnormal high incidence of 1478[70] in 2002. Total deaths reported were 297. Prakasam (17 per cent), Chittoor (14 per cent), Kurnool (12 per cent) and Hyderabad (10 per cent) topped the list of AIDS cases as detailed in *Appendix XXXVII.*

(c) Of two lakh cases attended in STD centres in the State, 10374 cases (five per cent) were referred for HIV tests. In five of the seven districts, three per cent (Chittoor and Warangal Districts) to nine per cent (East Godavari District) of the cases were referred for HIV tests as shown in *Appendix XXXVIII.* No information was available about Karimnagar and Visakhapatnam Districts.

Two to five per cent of the antenatal cases screened were found HIV positive in Chittoor, Warangal and East Godavari Districts

In six of the seven[71] districts, two per cent (Chittoor and Warangal Districts) to five per cent (East Godavari District) of the antenatal cases screened were found HIV positive as detailed in *Appendix XXXVIII*.

III Non-fulfillment of the objective of Rehabilitation of Commercial sex workers infected with HIV

In May 1997, 65 commercial sex workers were rescued in Hyderabad. Of these, 21 were found positive for HIV. In order to rehabilitate these persons, Project Director released (October 1997) Rs 15 lakh to the Managing Director, AP Women Cooperative Finance Corporation for 'Rehabilitation of commercial sex workers infected with HIV' through an NGO[72]. Corporation released

[68] describes a person whose blood shows the presence of antibodies to the infection
[69] As per the information furnished by the Society – Male : 2054, Female : 1310
[70] Sexual (1348), Perinatal Transmission (16), Blood and Bloods products (12), Others (24), not specified (78)
[71] Information not available in respect of Karimnagar District
[72] PRATYAMNAYA

(October 1997 and January 1999) Rs 11.25 lakh to the NGO and kept the balances with it. The NGO however, provided shelter only for 24 women during October 1997-October 1998 at a cost of Rs 7.58 lakh and retained the balance amount of Rs 3.67 lakh.

The Project Director neither ascertained actual utilisation of the funds released nor did he assess the status of the completion of the Project.

3.3.7 Deficient reporting of implementation

Reports on financial progress delayed from 2 to 28 months

As per guidelines, monthly, quarterly and annual reports on progress of implementation were to be reported by the State AIDS Control Societies to NACO.

It was noticed that Society had neither furnished any monthly report on AIDS cases during 1998-2000 nor furnished the quarterly HIV screening sentinel reports to NACO. Thus the progress review by NACO was incomplete.

Submission of quarterly and annual reports on financial progress to NACO during 1998-2002 were delayed by two to 28 months.

3.3.8 Other points of interest

Society diverted Rs 32.40 lakh for construction of its building

i) Diversion of programme funds: In May 1996, Society placed Rs 25 lakh at the disposal of APHMHIDC[73] with the approval of NACO, for construction of a building at Hyderabad, which was completed (expenditure : Rs 25 lakh) and handed over to the Society in March 1999. In July 2000, the Society again paid Rs 32.40 lakh to APHMHIDC towards the cost of first floor by diverting the programme funds. No permission from NACO was obtained for the diversion of scheme funds.

Expenditure of Rs 22.61 lakh on Tele-counselling centres remained unfruitful

ii) Unfruitful expenditure on Tele-counselling centres: A toll-free National AIDS Telephone helpline was set up in all districts to provide access to information and counselling on HIV/AIDS related issues at a cost of Rs 22.61 lakh. The computers were however, not functioning in 15 centres[74] either for want of repairs or lack of trained operational staff. No records were maintained in respect of centre-wise calls/callers benefitted and access to personal counselling. Thus the expenditure of Rs 22.61 lakh paid towards the cost of computers remained unfruitful.

3.3.9 Monitoring and Evaluation

Monitoring at State level was very poor. Evaluation of the Project not conducted

Monitoring and Evaluation is an important component of strengthening the capacity to respond to HIV/AIDS epidemic. It

[73] AP Health, Medical Housing and Infrastructure Development Corporation Limited
[74] information not received in respect of eight districts

includes creation of a Computerised Management Information System (CMIS) at the State level, conducting the Annual Performance and Expenditure Review (APER).

The Society appointed the Monitoring and Evaluation Officer only in June 2002 and the CMIS started functioning from November 2002. Thus monitoring at State level was very poor. The Society had no information as to whether any APER reports were sent to NACO or not.

Evaluation of the Project was not conducted either by the State Government or by any other agency in the State.

3.3.10 Conclusions

The programme was not implemented effectively in the State. No physical targets were fixed for most of the components/ sub-components of the programme either by NACO or by the Society at State level. The Project Director of the Society failed to utilise the grants fully leaving certain major components unimplemented. Society did not set any parameters to assess the performance of NGOs and judge the success of their efforts. Functioning of NGOs in districts was not checked properly by the Society. While HIV prevalence rate among antenatal attendees reduced from 2.20 to 1.62 per cent the prevalence registered steep rise during 1998-2002 among STD clinic attendees.

3.3.11 Recommendations

- Greater attention needs to be paid for strengthening of STD clinics, establishment of blood banks/VCTCs/Care and Support centres and delivery of condoms.
- District-wise financial/physical targets component-wise need to be fixed on a realistic basis.
- AIDS counselling services are required to be provided through STI clinics and blood banks.
- The overall functioning of NGOs needs to be checked/monitored through the District Committees for effective implementation of the Programme.

Government did not offer any comments on the points raised by Audit except endorsing (October 2003) the replies of the Project Director of the Society.

Appendix XXXIV
(Reference to paragraph 3.3.4 page 65)

Component-wise financial achievements/short utilisation

(Rupees in crore)

Year	Allotment by NACO	Expenditure	Excess (+)/Short utilisation (-) (Percentage)
Priority Targeted Interventions Against HIV/AIDS			
1998-99	2.51	0.66	(-) 1.85(74)
1999-2000	4.04	0.29	(-) 3.75(93)
2000-01	3.74	5.10	(+) 1.36
2001-02	0.48	8.47	(+) 7.99
2002-03	15.07	7.91	(-) 7.16(48)
Total	**25.84**	**22.43**	**(-) 3.41**
Preventive Interventions for the General Community			
1998-99	6.93	6.19	(-) 0.74(11)
1999-2000	4.17	7.31	(+) 3.14
2000-01	2.62	3.25	(+) 0.63
2001-02	6.58	6.54	(-) 0.04(1)
2002-03	13.52	11.79	(-) 1.73(13)
Total	**33.82**	**35.08**	**(+) 1.26**
Institutional Strengthening			
1998-99	2.84	0.43	(-) 2.41(85)
1999-2000	3.00	0.74	(-) 2.26(75)
2000-01	1.39	0.93	(-) 0.46(33)
2001-02	1.94	1.43	(-) 0.51(26)
2002-03	2.50	0.56	(-) 1.94(77)
Total	**11.67**	**4.09**	**(-) 7.58**
Low Cost Care and Capacity Building			
1998-99	0.47	Nil	(-) 0.47(100)
1999-2000	2.74	Nil	(-) 2.74(100)
2000-01	0.15	0.05	(-) 0.10(66)
2001-02	1.39	0.50	(-) 0.89(64)
2002-03	1.50	1.28	(-) 0.22(14)
Total	**6.25**	**1.83**	**(-) 4.42**
Inter Sectoral Collaboration			
1998-99	Nil	Nil	Nil
1999-2000	1.03	Nil	(-) 1.03(100)
2000-01	0.10	Nil	(-) 0.10(100)
2001-02	0.67	0.82	(+) 0.15
2002-03	0.97	0.12	(-) 0.85(88)
Total	**2.77**	**0.94**	**(-) 1.83**
Grand Total	**80.35**	**64.37**	**(-) 15.98**

Note: Releases were made by NACO without indicating component-wise/sub-component wise financial targets. Hence short-utilisation is computed with reference to the releases made in lump amounts by NACO

Appendix XXXV
(Reference to paragraph 3.3.6 I page 67)

Component-wise details of physical targets and achievements

Item	Year	Targets		Achievements	
(i) Priority targeted intervention for groups at high risks* - Implemented through NGOs					
(i) Commercial sexual workers (Number of interventions)	1998-99	Not Fixed		Nil	
	1999-2000	6915		7190	
	2000-01	10957		11046	
	2001-02	24012		40967	
	2002-03	42154		60069	
(ii) Truck drivers (Number of interventions)	1998-99	Not Fixed		Nil	
	1999-2000	Not Fixed		349625	
	2000-01	196800		232457	
	2001-02	324248		236452	
	2002-03	367726		329636	
(iii) Men having sex with men (MSM) (Number of interventions)	1998-99	Not Fixed		Nil	
	1999-2000	Not Fixed		Nil	
	2000-01	Not Fixed		Nil	
	2001-02	5000		13194	
	2002-03	47000		43213	
	Year	**Free distribution**	**Social marketing**	**Free distribution**	**Social marketing**
(iv) Delivery of condoms (Number)	1998-99	Not Fixed	Not Fixed	Nil	Nil
	1999-2000	Not Fixed	Not Fixed	Nil	Nil
	2000-01	Not Fixed	Not Fixed	Nil	Nil
	2001-02	Not Fixed	Not Fixed	5566469	777203
	2002-03	Not Fixed	Not Fixed	13510437	786394
(v) Strengthening of STD clinics (Number)	1998-99	Not Fixed		21	
	1999-2000	Not Fixed		Nil	
	2000-01	Not Fixed		Nil	
	2001-02	Not Fixed		28	
	2002-03	Not Fixed		60	
(vi) Staff trained for quality control of VDRL tests (Number of members)	**Year**	**Medical staff**	**Paramedical staff**	**Medical staff**	**Paramedical staff**
	1998-99	Not Fixed	Not Fixed	Nil	Nil
	1999-2000	Not Fixed	Not Fixed	449	1915
	2000-01	Not Fixed	Not Fixed	326	980
	2001-02	Not Fixed	Not Fixed	2335	9804
	2002-03	Not Fixed	Not Fixed	847	422
Total				**3957**	**13121**
(ii) Preventive Interventions for the General Community*					
(i) Setting up of voluntary testing clinics (Number)	1998-99	Not Fixed		Nil	
	1999-2000	Not Fixed		Nil	
	2000-01	Not Fixed		Nil	
	2001-02	Not Fixed		26	
	2002-03	Not Fixed		62	
(ii) Voluntary HIV testing (Number of tests)	**Year**	**Targets**	**Number of tests conducted**	**Tests positive**	
	1998-99	Not Fixed	Nil	Nil	
	1999-2000	Not Fixed	1950	202	
	2000-01	Not Fixed	2350	226	
	2001-02	Not Fixed	10150	2764	
	2002-03	Not Fixed	105732	15794	

		Targets	Counselling centres established	Number of counselling done
(iii) Counselling centres (Number)	1998-99	Not Fixed	Nil	Nil
	1999-2000	Not Fixed	3	1950
	2000-01	Not Fixed	8	2350
	2001-02	Not Fixed	Nil	10150
	2002-03	Not Fixed	Nil	105732
		Total number of health care workers		**Number of trained workers**
(iv) Health care workers trained (Number of members)		Not Fixed		174
(v) Establishment of modern blood banks (Number)	upto 1997-98	Not Fixed		60
	1998-99	Not Fixed		Nil
	1999-2000	Not Fixed		Nil
	2000-01	Not Fixed		Nil
	2001-02	Not Fixed		Nil
	2002-03	2		1
(vi) Upgradation of existing major blood banks (Number)	upto 1997-98	Not Fixed		1
	1998-99	Not Fixed		Nil
	1999-2000	Not Fixed		Nil
	2000-01	Not Fixed		Nil
	2001-02	4		Nil
	2002-03	Not Fixed		3
(vii) Zonal blood testing centres (Number)	1998-99	Not Fixed		12
	1999-2000	Not Fixed		Nil
	2000-01	Not Fixed		Nil
	2001-02	Not Fixed		Nil
	2002-03	Not Fixed		Nil
(viii) Sentinel surveys (Number of tests to be conducted/actual)	1998-99	2350		2359
	1999-2000	2350		2284
	2000-01	3150		3030
	2001-02	4600		3535
	2002-03	11950		11939
(ix) Establishment of surveillance centres (Number)	upto 1997-98	6		6
	1998-99	7		7
	1999-2000	7		7
	2000-01	9		9
	2001-02	13		13
	2002-03	34		34
(x) Information, Education and Communication (Number)	1998-99	No targets		Conducted awareness campaign including mass media/traditional media
	1999-2000			
	2000-01			
	2001-02			
	2002-03			

(iii) Institutional strengthening*			
(i) Survey of STI surveillance (Number)	1998-99	Not Fixed	Nil
	1999-2000	Not Fixed	Nil
	2000-01	4	2
	2001-02	4	3
	2002-03	4	3
(ii) HIV cases surveillance (Number of cases)	**Year**	**Targets**	**Achievements**
	1998-99	750	750
	1999-2000	684	684
	2000-01	630	630
	2001-02	935	935
	2002-03	2740	2740
(iii) Surveys of STI surveillance (Number of surveys)	**Year**	**Targets**	**Achievement**
	1998-99	Not Fixed	Nil
	1999-2000	Not Fixed	Nil
	2000-01	4	2
	2001-02	4	3
	2002-03	4	3
(iv) Low cost AIDS care*			
Community care centres/training	2001-02	Not Fixed	1 centre
	2002-03	Not Fixed	13 centres
(v) Inter-sectoral collaboration*			
Training and workshop	2002-03	The Society initiated school and college AIDS awareness programme without signing any Memorandum of understanding and not developed any feed back system on the interventions	

- Components/sub-components not implemented at all

Component	Sub-component
Priority targeted intervention for groups at high risks	Minor civil works, Injecting Drug Users (IDU), Training and fellowships, STI drugs/equipment for STD clinics
Preventive Interventions for the General Community	Procurement of equipment for new blood safety units and VCTCs
Institutional strengthening	Civil works
Low cost AIDS care	Drugs for opportunistic infections, community care centres, training, operation research/studies
Intersectoral collaboration	Training and workshop.

Appendix XXXVI
(Reference to paragraph 3.3.6 II (a) page 70)

Sentinel surveillance for HIV infection at Ante-natal clinics (ANC) and STD clinics*

(Percentage)

District		1998-99	1999-2000	2000-01	2001-02	2002-03
Chittoor	ANC	NC	NC	2.00	1.75	1.00
	STD	9.60	30.00	23.60	12.90	39.20
East Godavari	ANC	2.00	2.00	2.00	4.00	3.00
	STD	NC	NC	NC	NC	30.40
Guntur	ANC	2.75	4.00	3.50	5.25	2.25
	STD	NC	NC	NC	NC	NC
Hyderabad	ANC	1.50	0.50	2.00	0.50	1.50
	STD	34.80	27.60	32.00	41.60	31.60
Karimnagar	ANC	NC	NC	NC	NC	1.50
	STD	NC	NC	NC	NC	NC
Visakhapatnam	ANC	NC	NC	NC	NC	0.50
	STD	21.60	29.50	30.00	38.40	35.60
Warangal	ANC	NC	NC	1.25	1.50	6.75
	STD	NC	NC	NC	NC	40.40
Average	ANC	0.89	0.92	1.53	1.85	2.35
	STD	9.42	12.44	12.22	13.27	25.31

NC : No clinic

* based on the tests conducted on 1200 to 9199 persons (ANC) and 630 to 2740 persons (STD)

Appendix XXXVII
(Reference to paragraph 3.3.6 II (b) page 70)

District-wise cases of AIDS and Deaths due to AIDS in Andhra Pradesh

S.No	District	up to 1997	Cases as of March 2003			Deaths as of March 2003		
			Male	Female	Total	Male	Female	Total
1.	Adilabad	3	0	0	3	3	0	3
2.	Anantapur	0	23	28	51	4	3	7
3.	Chittoor	0	302	188	490	14	3	17
4.	Cuddapah	0	0	0	0	7	2	9
5.	East Godavari	2	0	0	2	11	2	13
6.	Guntur	3	258	83	344	3	0	3
7.	Hyderabad & RangaReddy	11	205	141	357	35	5	40
8.	Karimnagar	4	0	0	4	11	3	14
9.	Khammam	2	0	0	2	2	1	3
10.	Krishna	2	78	35	115	31	1	32
11.	Kurnool	1	269	143	413	38	14	52
12.	Mahboobnagar	2	0	0	2	1	1	2
13.	Medak	0	0	0	0	3	0	3
14.	Nellore	2	82	53	137	4	1	5
15.	Nalgonda	7	31	11	49	9	0	9
16.	Nizamabad	2	0	0	2	3	0	3
17.	Prakasam	1	335	250	586	10	0	10
18.	Srikakulam	1	212	129	342	10	0	10
19.	Visakhapatnam	0	201	112	313	24	6	30
20.	Vizianagaram	0	2	0	2	1	0	1
21.	Warangal	2	52	136	190	10	0	10
22.	West Godavari	0	4	1	5	17	4	21
Total		**45**	**2054**	**1310**	**3409**	**251**	**46**	**297**

Appendix XXXVIII
(Reference to paragraph 3.3.6 II (c) page 70)

Status of HIV/STD cases in the test-checked districts

I. Voluntary HIV Testing

Year	C	E	G	H	K	V	W	T
Number of tests conducted								
2001-02	535	483	NA	2603	NA	3258	NA	6879
2002-03	1415	2094	NA	9161*	943	2350	812	16775
Total	**1950**	**2577**	**NA**	**11764**	**943**	**5608**	**812**	**23654**
Number of Tested positive								
2001-02	227	250	NA	678	NA	726	NA	1881
2002-03	420	933	NA	557*	217	640	177	2944
Total	647	1183	NA	1235	217	1366	177	4825
Percentage	33	46	NA	10	23	24	22	20

* Two units

Note : Information for the years 1998-99, 1999-2000 and 2000-01 are not available

II Performance of STD Centres

Year	C	E	G	H	K	V	W	T
Number of cases attended								
1998-99	1668	2900	1520	14140	NA	4285	1850	26363
1999-2000	1740	2850	1503	15600	NA	3976	2040	27709
2000-01	1730	3801	1299	18865	NA	4699	2073	32467
2001-02	2300	4595	1445	19940	NA	4838	2149	35267
2002-03	2425	5783	1552	21226	NA	5921	2512	39419
Total	**9863**	**19929**	**7319**	**89771**	**NA**	**23719**	**10624**	**161225**
Number of cases treated								
1998-99	1648	2650	1458	13784	NA	NA	1808	21348
1999-2000	1715	2550	1449	15180	NA	NA	1988	22882
2000-01	1700	3501	1251	18353	NA	NA	2005	26810
2001-02	2200	4245	1383	18922	NA	NA	2079	28829
2002-03	2350	5283	1482	19962	NA	NA	2434	31511
Total	**9613**	**18229**	**7023**	**86201**	**NA**	**NA**	**10314**	**131380**
Number of cases referred								
1998-99	20	250	62	356	NA	NA	42	730
1999-2000	25	300	54	420	NA	NA	52	851
2000-01	30	300	48	512	NA	NA	68	958
2001-02	100	350	62	1018	NA	NA	70	1600
2002-03	75	500	70	1264	NA	NA	78	1987
Total	**250**	**1700**	**296**	**3570**	**NA**	**NA**	**310**	**6126**
Percentage	**3**	**9**	**4**	**4**	**NA**	**NA**	**3**	

III Antenatal cases

Year	C	E	G	H	K	V	W	T
Number of Antenatal cases counselled								
2000-01	NA	NA	NA	29298	NA	NA	NA	29298
2001-02	8104	NA	NA	21435	NA	NA	4353	33892
2002-03	1220	7195	7399	NA	NA	2871	492	19177
Total	**9324**	**7195**	**7399**	**50733**	**NA**	**2871**	**4845**	**82367**
Number of ANCs screened for HIV								
2000-01	NA	NA	NA	17718	NA	NA	NA	17718
2001-02	2875	NA	NA	18826	NA	NA	3040	24741
2002-03	610	2947	5660	NA	NA	2609	586	12412
Total	**3485**	**2947**	**5660**	**36544**	**NA**	**2609**	**3626**	**54871**
Number of ANCs found HIV positive								
2000-01	NA	NA	NA	368	NA	NA	NA	368
2001-02	56	NA	NA	363	NA	NA	61	480
2002-03	23	154	182	NA	NA	69	7	435
Total	79	154	182	731	NA	69	68	1283
Percentage	**2**	**5**	**3**	**2**	**NA**	**3**	**2**	

Note : Information for the years 1998-99 and 1999-2000 are not available

C : Chittoor E : East Godavari G : Guntur H : Hyderabad
K : Karimnagar V : Visakhapatnam W : Warangal T : Total

IV Blood Bank

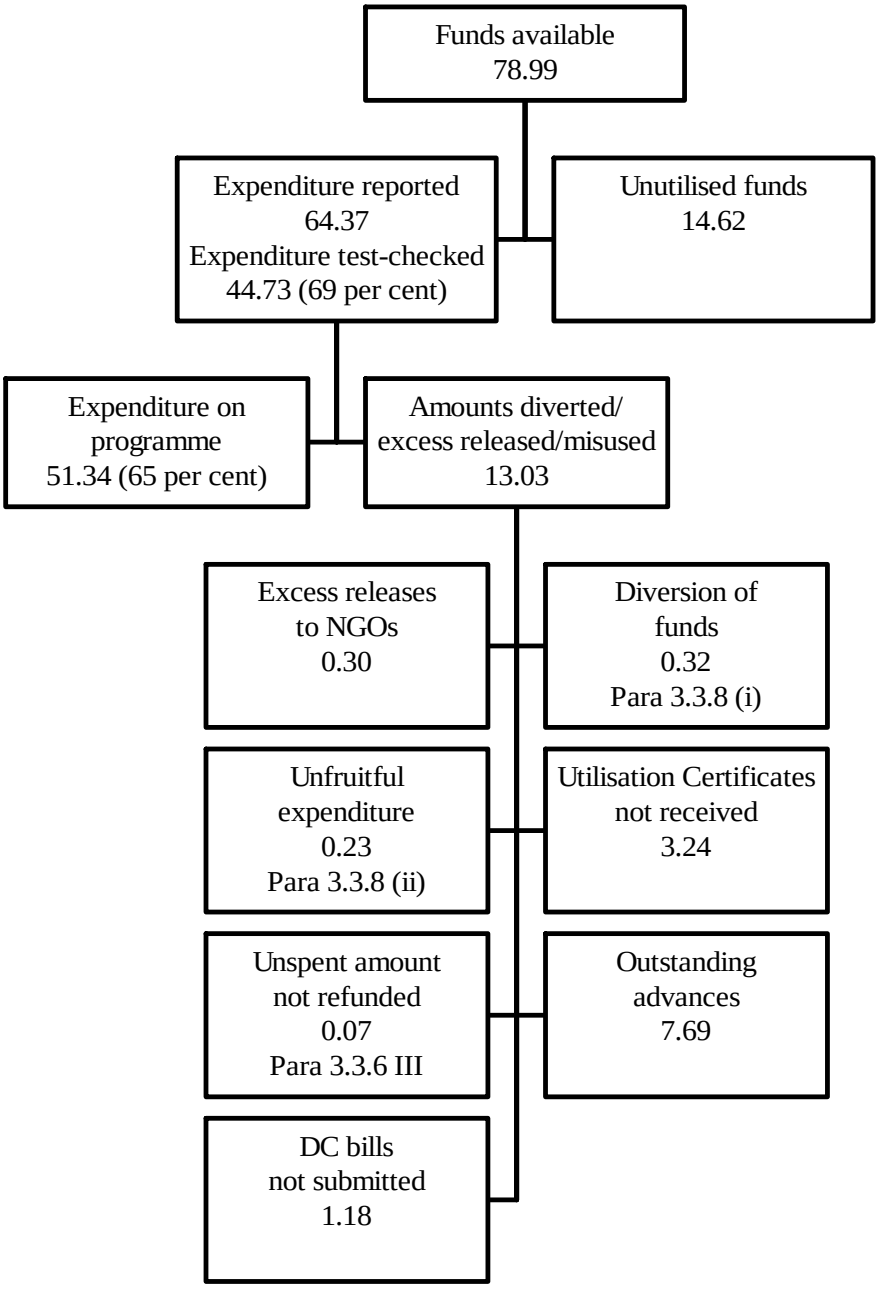
Year	C	E	G	H	K	V	W	T
Number of voluntary testing done								
1998-99	1952	NA	450	11982	332	3755	1573	20044
1999-2000	2251	NA	602	12714	520	3776	2130	21993
2000-01	2362	NA	630	13313	425	4121	2072	22923
2001-02	2534	NA	675	12092	399	5150	1986	22836
2002-03	2791	NA	675	7813	441	739	3122	15581
Total	**11890**	**NA**	**3032**	**57914**	**2117**	**17541**	**10883**	**103377**
Number of cases detected HIV positive								
1998-99	2	NA	6	148	3	62	45	266
1999-2000	7	108	8	123	4	91	50	391
2000-01	13	110	8	181	13	116	47	488
2001-02	16	204	10	229	4	110	82	655
2002-03	10	240	14	144	NA	18	72	498
Total	**48**	**662**	**46**	**825**	**24**	**397**	**296**	**2298**
Percentage	**0.40**	**-**	**1.52**	**1.42**	**1.13**	**2.26**	**2.72**	**2.22**

C : Chittoor E : East Godavari G : Guntur H : Hyderabad
K : Karimnagar V : Visakhapatnam W : Warangal T : Total

Appendix XXXIX
(Reference to paragraph 3.3.4 page 65)

Expenditure Tree
National AIDS Control Programme

(Rupees in crore)



ONGC	:	Oil and Natural Gas Corporation
PTC	:	Police Training College
SFAC	:	Standing Fire Advisory Committee
SFO	:	Station Fire Officer

National AIDS Control Programme

AIDS	:	Acquired Immuno Deficiency Syndrome
ANC	:	Antenatal Clinic
APER	:	Annual Performance and Expenditure Review
APHMHIDC	:	AP Health, Medical Housing and Infrastructure Development Corporation
APSACS	:	Andhra Pradesh State AIDS Control Society
AZT	:	Azido Thymidine/Zideovidine
CBO	:	Community Based Organisation
CMIS	:	Computerised Management Information System
DAPACC	:	District AIDS Prevention and Control Committees
DFID	:	Department for International Development, UK
FHAC	:	Family Health Awareness Campaign
FHI	:	Family Health International – New Delhi
HIV	:	Human Immuno Deficiency Virus
IEC	:	Information, Education and Communication
NACO	:	National AIDS Control Organisation
NGO	:	Non-Government Organisation
STD	:	Sexually Transmitted Diseases
STI	:	Sexually Transmission Infection
VCTC	:	Voluntary Counselling and Testing Centres

Functioning of Agriculture Department

DDO	:	Drawing and Disbursing Officer
JD	:	Joint Director
DD	:	Deputy Director
CAO	:	Chief Accounts Officer
AO	:	Agriculture Officer
CSS	:	Centrally Sponsored Schemes