3.5 National AIDS Control Programme

Highlights

The programme for prevention and control of Acquired Immuno Deficiency Syndrome is a cent per cent Centrally sponsored scheme implemented in the State since 1992-93. The first phase of the National AIDS Control Project was implemented during September 1992 to March 1999 and the second phase is being implemented since November 1999. The main focus was on priority targeted intervention for groups at high risk, preventive intervention for the general community and low cost AIDS care.

Incidence of the HIV infection was very high in the State and the number of AIDS cases is increasing. Despite incurring huge expenditure on the main components of blood safety measures and standardisation of blood banks, no proper evaluation was done to streamline the system. The sentinel surveillance conducted in the State revealed that the high risk groups of Sexually Transmitted Diseases (STD) clinic attendees and Intravenous Drug Users (IVDU) continued to be vulnerable with higher percentage of HIV prevalence; funds available for targeted interventions among high risk groups were only partly utilised and so several HIV cases remained undetected. The coverage of population under Family Health Awareness Campaigns was low. Poor attendance in Voluntary Testing and Counselling Centres revealed that the message had not reached the public. The above deficiencies must be viewed from the angle that people carrying AIDS could spread the infection to others resulting in more number of AIDS cases.

- Out of 31336 AIDS cases reported in the country upto December 2001, 16677 cases (53 *per cent*) were from Tamil Nadu, indicating that the spread of infection was substantial in the State.

(Paragraph 3.5.11)

- The expenditure on targeted interventions among high risk groups ranged between 54.9 and 72.2 *per cent* of the approved outlay during 1998-2001. Also the number of targeted interventions was less than planned. Key indicators relating to the Non-Government organisations were not compiled in order to evaluate their performance.

(Paragraphs 3.5.16 and 3.5.17)

- Only 3.5 to 3.9 *per cent* of the targeted population attended the Family Health Awareness Campaigns conducted for early detection and treatment of STD/Reproductive Tract Infection.

(Paragraph 3.5.35)

- 86 to 87 *per cent* of the Voluntary Counselling and Testing Centres had attendance below 50 patients per day during 2000-2003. Equipment had not been supplied to 25 centres, resulting in their poor functioning. Although a large number of health care workers were trained in counselling on HIV/AIDS, no counselling was done in Sexually Transmitted Infection clinics.

(Paragraphs 3.5.42 to 3.5.45)

- Sentinel Surveillance revealed that the prevalence of HIV positive cases among the high risk group of STD clinic attendees has increased from 7.7 *per cent* in 1996 to 13.70 in 2002. HIV positive cases among Intravenous Drug Users group was 24.6 to 33.8 *per cent* needing more targeted interventions.

(Paragraph 3.5.53)

- Training of nurses and field workers in Primary Health Centres and Doctors, Nurses and Field Health workers in Medical college hospitals was not adequate. 72 *per cent* of existing Doctors were untrained in Chennai Corporation area, whereas none of the para medical staff was trained till date (March 2003).

(Paragraph 3.5.54)

- Utilisation certificates for Rs 5.22 crore had not been received by the State Society as of March 2003.

(Paragraph 3.5.69)

Introduction

3.5.1 Acquired Immuno Deficiency Syndrome (AIDS) is a fatal disease caused by a virus called Human Immuno Deficiency Virus (HIV), which is transmitted through sexual contact, sharing blood contaminated needles and syringes, multiple blood transfusion of infected persons and transmission from infected mother to child before, during or shortly after birth. There is no effective drug for treatment of this disease or vaccine for protection against HIV infection. The most advanced stage of HIV infection when the patients contract variety of opportunistic infections like TB due to destruction of the immune system of the infected persons is known as AIDS. The 2001 estimate for the HIV/AIDS infected adult population in the country stood at 3.97 million. As per the present scenario published by National Aids Control Organisation (NACO), the cumulative number of AIDS cases in India, upto September 2002 was 40708 (Males: 30643 and Females: 10065). In Tamil Nadu 25779 AIDS cases have been reported as of December 2002.

3.5.2 For containing AIDS in the country, Government of India (GOI) approved National AIDS Control Project (NACP) with assistance from the World Bank. The first phase of the project was implemented during September 1992 to September 1997 as a cent *per cent* Centrally Sponsored Scheme and was later extended upto 31 March 1999.

3.5.3 National AIDS Control Programme – Phase II (NACP-II) was launched by GOI in November 1999. The objectives of the programme are grouped into five sub-components (a) priority targeted intervention for groups at high risk; (b) preventive intervention for the general community; (c) low cost AIDS care; (d) institutional strengthening and (e) intersectoral collaboration.

Organisational set up

3.5.4 The Programme is implemented through the National AIDS Control Organisation (formed during 1992) at the National level and Tamil Nadu State AIDS Control Society (TNSACS) (formed during 1995) at the State Level. Secretary, Health and Family Welfare (H&FW) Department is

the President of the Governing Body and the Executive Council of the State Society while Project Director of the Society is the Member Secretary.

3.5.5 The various programmes for prevention and control of HIV/AIDS are implemented by TNSACS directly and through the Directorate of Medical and Rural Health Services (DMRHS), Directorate of Medical Education (DME), Directorate of Public Health and Preventive Medicine (DPHPM) and District Collectors. TNSACS released funds to the officers/institutions directly or through the respective Directorates. Consumables for blood banks and drugs for STD clinics are purchased by TNSACS through Tamil Nadu Medical Services Corporation (TNMSC). Funds to Non-Governmental Organisations (NGO) were released directly by TNSACS.

3.5.6 In Chennai there was a separate society registered (August 1998) as Chennai Corporation AIDS Prevention and Control Society (CAPACS). The Commissioner, Corporation of Chennai is the President of the Society and the Deputy Commissioner (Health) is the Project Director who implements the programme.

Audit coverage

3.5.7 A review of the project appeared in the Report of the Comptroller and Auditor General of India – Government of Tamil Nadu (Civil) – 1995-96 (Para 6.8); Public Accounts Committee (PAC) of the State discussed the Report in December 2000; its recommendations are awaited.

3.5.8 During the current review, records relating to the implementation of NACP for the period 1998-2003 were generally reviewed during December 2002 to April 2003 in H&FW Department in the Secretariat, TNSACS, CAPACS and Directorates[1]. The records of District officers *viz.*, Joint Director of Health Services and Deputy Director of Health Services in five sample districts (Kancheepuram, Namakkal, Madurai, Tiruchirappalli and Salem) and in Chennai Corporation were also reviewed.

Prevalence of HIV/AIDS

3.5.9 There is no mandatory testing of a person for HIV/AIDS. To assess the magnitude of HIV infection in the community, there is a system of Sentinel Surveillance in selected sites, usually the hospitals, whereby the blood samples of high risk and low risk groups of population attending the sites are collected and analysed. AIDS cases are reported by Government Hospitals where patients with HIV and opportunistic infections come for treatment.

3.5.10 Tamil Nadu was classified into Group I along with other States like Maharashtra, Karnataka, Andhra Pradesh, Manipur and Nagaland where HIV infection had crossed one *per cent* or more in antenatal women.

3.5.11 The following statistical details compiled by NACO in respect of AIDS cases in the country and in Tamil Nadu as on December 1999-2001 reveal that the spread of infection was substantial in the State.

[1] Directorates of Medical Education, Medical and Rural Health Services, Public Health and Preventive Medicine and Drugs control.

Number of AIDS cases is on increasing trend in the State.

As on	All India	Tamil Nadu	Percentage
31.12.1999	9966	4354	44
31.12.2000	17997	8979	50
31.12.2001	31336	16677	53

Government stated (November 2003) that special action to deal with HIV infection, by establishing community care centres and drop-in centres in high prevalence districts was being taken.

Performance under various components/activities

Priority targeted intervention for groups at high risk

3.5.12 The project aims to reduce the spread of HIV in groups at high risk[2] by identifying target populations and providing peer counselling, condom promotion, treatment of Sexually Transmitted Infection (STI) and client programmes. This component is implemented through NGOs. Rupees 7.19 crore were sanctioned during 1998-2002 to 183 NGOs for 254 programmes. The details regarding physical and financial achievement on the targeted interventions made during 1998-2003 are furnished in Appendix XXVIII.

The following remarks are offered in this connection.

Release of funds to NGOs was not based on the number of AIDS cases prevalent in the district.

3.5.13 A comparison of district-wise release of funds to NGOs under this component *vis-à-vis* the number of cases revealed that in Salem District with second largest number of AIDS cases reported (1098), only Rs 16.25 lakh were released to five NGOs during the period 1998-2002. However in four other districts[3] more funds were sanctioned despite less number of reported AIDS cases.

3.5.14 Government stated (November 2003) that reported AIDS cases are not a correct indicator for launching targeted interventions. Targeted interventions are launched in places where there is a high concentration of high risk groups. It is the contention of Audit that high prevalence district ought to be high risk district requiring targeted intervention.

Ineligible NGO was sanctioned with two projects.

3.5.15 As per guidelines of NACO, only those NGOs which had been registered for a minimum period of three years have to be considered for projects. However, one NGO (Health First, Chennai), registered in May 1999 was sanctioned two projects by TNSACS under this component in July 1999 (cost Rs 7.50 lakh) and in January 2001 (cost Rs 7.50 lakh). The second project was sanctioned despite NACO directing (May 2000) that the approval be withdrawn. Government stated (November 2003) that TNSACS sanctioned the projects to the NGO only after the approval of the Executive Committee (EC). It is however reiterated by Audit that the sanction was contrary to NACO instructions.

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2 Commercial Sex Workers (CSW), Truck Drivers (TD), Intravenous Drug Users (IVDU), Industrial Workers, Migrant workers, Slum Population and Men having Sex with Men (MSM).

3 Coimbatore, Kanyakumari, Thanjavur and Tirunelveli.

Utilisation of funds for targeted interventions ranged only between 54.9 and 72.2 *per cent* during 1998-2001. Planned number of targeted interventions were not conducted for certain high risk groups.

3.5.16 The utilisation of funds for "Targeted Interventions through NGOs" as compared to the approved outlay for the component, ranged only between 54.9 and 72.2 *per cent* during the period 1998-2001. This was in spite of the fact that the total funds available with TNSACS were more than the approved outlay. The planned number of targeted inventions were not conducted for commercial sex workers during 1999-2003, truck drivers during 1999-2000 and 2001-2003, MSM during 1998-2003. For IVDUs, against 30 targeted interventions proposed during 1998-2003, only one was conducted. The poor performance under this important component would defeat the very purpose of the programme. The results of the targeted interventions already conducted disclosed increase in the prevalence of HIV infection among such high risk groups. Government in reply (November 2003) stated that NACO has fixed cost per intervention as between Rs 6.04 lakh and Rs 12.08 lakh whereas cost per NGO as fixed by TNSACS was very low and ranged between Rs 1.50 lakh and Rs five lakh. It is observed that the discrepancy under this vital component needed to be addressed for taking suitable remedial action for improving the performance.

Non-evaluation of the performance of NGOs due to non-compilation of key indicators by TNSACS.

3.5.17 Certain key indicators under demonstration, condom distribution, out-reach activities, health education, Information, Education and Communication (IEC) activities were incorporated by TNSACS in the agreements with NGOs. However, TNSACS had not made any efforts to compile these key indicators, so as to evaluate the performance of these NGOs till December 2002. TNSACS began the compilation of these key indicators only from January 2003.

No studies were conducted for assessing the effectiveness of NGOs role.

3.5.18 There was no study on the effectiveness of role of the NGOs till 2001-2002. Behavioural Surveillance Survey-Rural Round II conducted in February-June 2002 by an agency stated that NGO's role regarding creating awareness on HIV/AIDS was poor with only four *per cent* of the respondents mentioning that their source of information on HIV/AIDS was NGOs.

No target fixed for targeted intervention by CAPACS.

3.5.19 No targets were fixed by CAPACS for conducting the targeted intervention programme among high-risk groups, although the Metropolitan Urban area was prone to easy spread of infection.

Condom promotion

3.5.20 85 *per cent* of HIV infection is transmitted through sexual route. Condoms play a vital role in preventing the spread of HIV and other sexually transmitted diseases. The specific goals of condom promotion are to improve accessibility and availability of condoms at affordable cost to the community.

3.5.21 Condoms are distributed by GOI for the programme under two categories. Under free distribution, condoms are supplied by GOI at 100 *per cent* subsidy for distribution to the needy, through dispensaries, hospitals, PHCs and Health Sub Centres, Government clinics, NGOs etc. Under social marketing, condoms are provided by GOI at highly subsidised price through the designated social marketing organisations.

3.5.22 Details of condoms distributed in the State during 1998-2003 under the two modes are as given below:

(Number in lakh)

Mode	TNSACS					CAPACS	
	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003	2001-2002	2002-2003
Free distribution	35.71	24.73	10.08	15.54	8.28	0.46	4.82
Social Marketing	-	-	10.08	23.80	1.61	Nil	1.09
	35.71	**24.73**	**20.16**	**39.34**	**9.89**	**0.46**	**5.91**

Decrease in condom distribution.

3.5.23 There was a sharp decrease in condom distribution by TNSACS during 2002-03. Although TNSACS was to purchase the entire requirement of condoms directly from the manufacturers from April 2002, no procurement was made as of July 2003 due to delay in following the purchase procedures prescribed by NACO.

3.5.24 No condoms were distributed through CAPACS upto March 2001. Even subsequently the distribution of condoms was very poor. Finance Manager, CAPACS stated (April 2003) that a tender for 15 lakh condoms had been floated in March 2003.

STD clinics

3.5.25 As Sexually Transmitted Diseases (STD) increase the chances of HIV infection, STD control occupies a major role in the programme strategy. The risk of becoming HIV infected after a single sexual exposure is increased 10-30 fold in the presence of genital ulcer.

Various kinds of STD diseases are increasing.

3.5.26 Details of various STD cases treated in STD clinics during 1999-2001 indicated that STD cases are on the increase from 42063 to 66694 during 1999-2001. The number of cases with genital ulcer has increased[4] substantially, which is likely to eventually lead to more number of HIV cases. Government stated (November 2003) that action was being taken by TNSACS to strengthen and monitor the STD clinics.

Non-release of funds of Rs 11.12 lakh intended for STD clinics by TNSACS.

3.5.27 TNSACS released (December 1999) Rs 12 lakh to DMRHS for civil works for setting up five new STD clinics in the newly created district headquarters hospitals. The civil works were completed during November 2000 to September 2001. NACO had also approved Rs 11.12 lakh towards appointment of counsellors, furniture and equipment, etc. TNSACS had not released the amount to DMRHS. However, Government stated (November 2003) that the STD clinics have been set up and functioning.

Preventive Intervention for General Community

IEC and awareness campaigns

3.5.28 This component includes activities of conducting campaigns through media and various platforms and organising family health awareness campaigns on a regular basis to generate awareness and provide service delivery for control of Sexually Transmitted Infection (STI) and Reproductive Tract Infection (RTI). Expenditure totalling Rs 15.66 crore was incurred on this component during 1998-2003.

3.5.29 Important observations under this component are given in the succeeding paragraphs.

[4] 1999: 3776; 2001: 8042.

Of Rs one crore released in May 2001 without the approval of NACO, for conducting awareness programme in 24 districts, Rs 36.81 lakh only was utilised upto November 2002.

3.5.30 TNSACS had submitted to NACO, a proposal for conducting awareness programmes in 24 districts (low and moderate risk districts) at a cost of Rs one crore during 2001-2002. Even though the action plan approved by NACO for 2001-2002 did not include this programme, TNSACS released (May 2001) Rs one crore to the District Collectors of 24 districts.

3.5.31 TNSACS gave instructions (August and September 2001) to the district Collectors to utilise the amount for various purposes *viz*., conduct of blood donation day, setting up Voluntary Counselling and Testing Centres (VCTCs) and conduct of World AIDS day. Only Rs 36.81 lakh[5] were utilised and the balance amount of Rs 63.19 lakh was lying unutilised with various District Collectors as of November 2002. TNSACS clarified (November 2002) that the balance funds could be utilised towards activities like repainting of worn-out wall paintings in PHCs, Government Hospitals, Block Development Offices, Municipalities etc. The diversion of the funds was made without the approval of NACO, and was therefore irregular.

3.5.32 Government in reply (November 2003) stated that funds were released from IEC head and since the diversion was within the component, NACO's prior approval did not arise. However, it is pointed out by Audit that NACO while approving action plan clearly stated that no change in the allocation among different components shall be made except with the approval of NACO. As NACO allotted funds activity wise under each component based on priorities, it is the contention of Audit that approval of NACO would be required for taking up a different activity.

Family Health Awareness Campaign

3.5.33 Family Health Awareness campaign (FHAC) is an effort to address some of the key issues related to reproductive health in the community, especially in rural areas. It is a strategy through which target population is sensitised towards the problems and efforts are made for early detection and treatment of STD/RTI by full involvement of the community.

3.5.34 The campaign was conducted in three rounds during 1999-2002. The number of persons who attended all the three rounds of the campaign and received treatment are given in Appendix XXIX.

Following observations are made in this regard.

Population coverage by the campaigns was poor.

3.5.35 The number of persons who attended the three rounds of campaign was only 3.5 to 3.9 *per cent* of the target population. As a result, 96 *per cent* of the population remained unscreened for STD/RTI.

Attendance of females ranged between 4.5 to 6.6 *per cent* while that of males was poor at 1.3 to 1.7 *per cent.*

3.5.36 While 4.5 to 6.6 *per cent* of the targeted female population attended the camps, the attendance of the male population was even poorer at 1.3 to 1.7 *per cent.* Thus despite instructions to make all efforts to involve male health workers/supervisors as well as male workers in other departments and NGOs in these campaigns to motivate men to attend the camps in large numbers, the attendance of males was poor.

3.5.37 Intersectoral coordination at various levels should be strengthened so as to mobilise more people to attend these camps.

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[5] Utilised for Blood Safety on Blood Donation Day: Rs 5.95 lakh; Training: Rs 19.86 lakh; World AIDS Day: Rs 11.00 lakh

3.5.38 Government stated (November 2003) that the attendance during 2003 campaign has increased to 10.94 lakh. It is observed by Audit that the increase from 9.23 lakh in 2002 to 10.94 lakh was very marginal compared to the total estimated targeted population.

AIDS Prevention Education Programme in Schools

3.5.39 Its main objective was to create awareness about HIV/AIDS among school students of age group 15-18 by imparting basic knowledge, basic information about blood donation and STD/RTI and to nurture positive and healthy sexual behaviour. The programme, commenced during 1999, was implemented by Directorate of Teacher Education, Research and Training (DTERT).

3.5.40 DTERT selected ten schools in each district consisting of boys and girls in rural/urban areas on random sampling basis. During 1997-2002, about five lakh students in 1662 schools of 29 districts have been covered. An expenditure of Rs 48.14 lakh was incurred on the programme. It is observed that (i) out of 8309 High Schools and Higher Secondary Schools in the State as of March 2002, only 1662 schools (20 *per cent*) were covered during five years. There was no action plan for covering all the schools within a given time frame. Government stated (November 2003) that TNSACS has planned to cover all the Government and Aided Schools next year; and (ii) though the programme has a significant impact on students, an analysis done by DTERT indicated that the awareness of students was low in eight districts, which needed special attention for chalking out programme strategies in future. It was suggested that blood donation camps and poster competitions be conducted in schools.

Even after five years, 80 *per cent* of schools were not covered.

DTERT studies revealed that the awareness of students was low in eight districts.

Voluntary testing and counselling

3.5.41 The activities under this component involve increasing availability of and demand for voluntary testing, especially joint testing of couples, training of grass root level health care workers in HIV/AIDS counselling and providing counselling services through all blood banks and STI clinics. To achieve this purpose, it was envisaged that one Voluntary Counselling and Testing Centre (VCTC) would be established in each district.

3.5.42 Though NACO's guidelines specifically envisaged provision of one time grant in the form of equipment like Elisa Reader, Micro Pipettes, Centrifugal Machine, Incubator, etc., no such equipment were supplied to 25 VCTCs established in District Headquarters Hospitals, during 1998-2002. In the absence of such equipment, VCTCs could not function effectively.

Equipment not supplied to 25 VCTCs.

3.5.43 The number of cases tested positive for HIV at VCTCs was found to have increased substantially during the period 1998-2003 , from 1701 out of 26208 (7 *per cent*) to 13948 out of 56757 (25 *per cent*) cases.

3.5.44 Further, it was observed from the information furnished by TNSACS that the attendance during 2000-2003 in 86 to 87 *per cent* of existing VCTCs was poor (below 50 patients per day) needing immediate steps for increasing the coverage of the population. Poor attendance was attributed (November 2003) by Government to lack of infrastructure facilities such as separate place in the hospital, equipment and staff. Government also stated that effective steps were being taken to improve the functioning of the VCTCs.

The attendance in VCTCs very poor.

Despite availability of huge number of trained health care workers, no counselling was done in STI clinics.

3.5.45 2,56,679 health care workers had been trained in HIV/AIDS counselling. Yet no counselling was done in the STI clinics as of March 2003.

3.5.46 In Chennai Corporation area, no counselling was provided in the 13 STI clinics.

Blood safety

Functioning of blood banks

3.5.47 A well-organised Blood Transfusion Service (BTS) with integrated strategy for Blood Safety is required for elimination of transfusion-transmitted infections.

3.5.48 One hundred and ninety three licenced blood banks[6] were functioning in the State as of 31 March 2003, under Government/private sectors and voluntary organisations, of which 73 were functioning under Government. This included 62 Government blood banks functioning without renewal of licence. Though Director of Drug Control (DDC) stated (June 2003) that the applications were already submitted to Government, specific reasons for the non-renewal of licences have not been made available (June 2003) by him.

3.5.49 Details of blood units collected and the results of testing blood samples in the blood banks in the State during the period 1998-2003 are given in Appendix XXX. The number of HIV positive cases have been continuously increasing during the period 1998-2002.

Low cost AIDS care

3.5.50 Under this component, funds were provided to home-based and community-based care, including increasing the availability of cost-effective interventions for common opportunistic infections, and for establishing small community-based hospitals and drop-in care centres.

Refund of Rs 14.41 lakh given for Pilot care centre at Namakkal without utilisation.

3.5.51 TNSACS released Rs 31 lakh (Civil work: Rs 13 lakh and furniture and medicines: Rs 18 lakh) to DMRHS in November 1999 to establish a pilot care centre at the District Headquarters Hospital at Namakkal. Civil works were completed during 1999-2000 at a cost of Rs 12.96 lakh. DMRHS released Rs 18 lakh in March 2000 to the JDHS, Namakkal. However, JDHS spent only Rs 3.59 lakh and refunded the balance amount of Rs 14.41 lakh to TNSACS instead of utilising it for medicines for the pilot care centre. Government stated (November 2003) that most of the needed furniture had been purchased by JDHS. However, it is observed that the funds were meant for purchase of medicines also. Moreover, the poor utilisation of funds in high -risk district Namakkal indicated laxity in implementation of the project.

STI/HIV/AIDS Sentinel Surveillance

3.5.52 Sentinel surveillance involves collection and testing of samples in selected sites representing various groups. These sites were in medical college hospitals and district headquarters hospitals and surveillance is conducted every year from August to October, generally. The target was to

[6] Government sector: 73 (including 11 in Chennai Corporation area); Private sector including quasi Government: 120 (including 25 in Chennai Corporation area).

cover 400 Antenatal mothers, 250 STD patients, 250 MSM, 250 TB patients, 250 IVD users in each site every year.

3.5.53 During 1998-2002, sentinel survey was conducted in 84 sites. It was observed that in eight out of 84 sites, fewer samples were taken for testing as compared to the target fixed in respect of IVD users and STD group. Government attributed (November 2003) the shortfall under IVDU to difficulty in identifying a dependable agency to conduct the survey. The data of HIV positive cases among the various sentinel groups revealed the following (i) STD clinic attendees are very vulnerable as the percentage of HIV positive cases in this group had increased from 7.7 in 1996 to 24.40 in 2000 and 13.7 in 2002. The high increase was due to the newly selected (1999) site at Tiruchirappalli during 2000 which showed the highest prevalence of 48 *per cent*; (ii) Though Antenatal cases (ANC) were considered to be the low risk groups in the community, the sentinel survey revealed an increase in percentage of HIV positive cases from 0.50 in 1996 to 1.4 in 2001 and 1.0 in 2002. This clearly indicated that the infection is spreading. In Namakkal and Tirunelveli, the percentage of HIV positive cases during 1999 was as high as 6.30 and 1.25; these areas need special emphasis and extra efforts; (iii) For arresting this infection, programme of prevention of mother to child transmission of HIV was being implemented in various medical college hospitals and District Headquarters hospitals in the State since January 2000 (phase I) and October 2001 (phase II). As per information compiled by TNSACS from various Government Hospitals, against 144315 antenatal cases the number of women counselled was 100418. Of this, only 67411 (67 *per cent*) women accepted HIV test, and 407 were positive. The counselling activity needs to be intensified; and (iv) Similarly, the sentinel survey conducted among IVDU group in Chennai revealed that the HIV positive cases ranged between 24.6 and 33.8 *per cent*. These groups are vulnerable, due to their risk behaviour, sexually active age and their potential to spread the infection to general population. This high risk group needed to be targeted for intervention.

Prevalence of HIV among STD clinic attendees continued to be high.

Higher prevalence of HIV infection among antenatal mothers in Namakkal and Tirunelveli.

HIV positive cases among IVDU group were 24.6 to 33.8 *per cent* needing more targeted intervention.

Training

3.5.54 NACO envisaged imparting training to all medical and para medical staff upto grass root level, besides training of NGOs on various aspects through various agencies. Only an insignificant proportion of nurses in PHCs (2 *per cent*) and Field Health Workers in Medical College hospitals (four *per cent*) were trained upto December 2002. The training of Doctors, Nurses and Field Health Workers needs to be accelerated as seen from the table below:

Percentage of training of nurses in PHCs and Field Health Workers in Medical College Hospitals was very poor.

Category		Sanctioned Strength	Trained upto 12/2002	Percentage yet to be trained
Doctors in Medical College Hospitals (MCHs)		2240	626	72
Nurses (MCHs)		1600	878	45
(PHCs)		11000	202	98
Lab Technician	(PHCs)	650	478	26
Field Health Workers	(MCHs)	2500	89	96
	(DHs)	2000	1430	28
	(PHCs)	3000	1143	62

3.5.55 Government stated (November 2003) that every year various categories of staff are being trained within the budget allocation.

In Chennai, 72 *per cent* of Doctors and entire para medical staff not given training.

3.5.56 In the Chennai Corporation area, 72 *per cent* of 1700 Doctors and the entire para medical staff (1015) were yet to be given training as of March 2003.

Procurement of equipment and other stores

3.5.57 Under NACP II, NACO was responsible for procurement of HIV test kits, equipment and certain drugs. AIDS Control Societies were responsible for civil works, installation of the equipments, procurement of drugs and NGO services for various activities.

3.5.58 TNSACS did not have any information regarding the equipment supplied to blood banks, as the same were supplied by NACO directly to the concerned institutions. Thus, although TNSACS was responsible for monitoring the implementation of the programme in the State, it had no system to ascertain the details of equipment available with various agencies/units and their working condition. Government replied (November 2003) that hospital authorities in districts have been requested to furnish the information at the year end.

Financial Arrangements

Funds received and expenditure incurred by TNSACS

3.5.59 NACO released funds under the programme to TNSACS through State Government till 1997-98 and directly to TNSACS after 1997-98. The budget approved every year by NACO, funds released and expenditure incurred by TNSACS during the period 1998-2003 were given in Appendix XXXI (a). Componentwise expenditure incurred under the programme during the above period is also given in Appendix XXXI (b).

Poor utilisation of programme funds by TNSACS

3.5.60 Although NACO released less funds than the approved outlay, TNSACS had sufficient funds with them taking into account the huge unutilised balances of earlier years. However the expenditure was only in the range of 77 to 89 *per cent* of the approved outlay during 1998-2003 except in 2001-2002, leading to unutilised funds amounting to Rs 3.74 crore as of March 2003.

3.5.61 Government in reply (November 2003) stated that the funds released are for a specific campaign and so funds that could not be utilised in a particular year had to be spent during the subsequent years; also NACO released funds at the fag end of the year.

3.5.62 Audit's contention is that the funds are released for expenditure to be incurred during the particular year for which action plan is approved. Further, as commented above, in spite of the availability of funds at the beginning of each year the utilisation was poor.

Funds received and expenditure incurred by CAPACS

3.5.63 Details of allocation and funds released by NACO to CAPACS during 1998-2003 along with the expenditure incurred are given in Appendix XXXII (a).

3.5.64 Component-wise allocation and expenditure incurred by CAPACS during the above period is also given in Appendix XXXII (b).

Poor utilisation of programme funds by CAPACS.

3.5.65 Funds released by NACO were much less than the outlay approved by it and was in the range of 15 to 80 *per cent* of the allocation during 1999-2003. However the expenditure incurred by CAPACS was poor as compared to the available funds and ranged between 19 and 65 *per cent*. Such poor utilisation of funds hampered the pace of the programme.

No expenditure under certain components by CAPACS during 1999-2002; expenditure under two major components was poor even after 2001.

3.5.66 CAPACS incurred no expenditure during 1999-2002 under the components Blood Safety, Low cost AIDS care, Intersectoral collaboration. The PD, CAPACS stated (April 2003 and August 2003) that the requisite officers and staff were appointed only in June 2001 after the activities within Chennai city limit was transferred from TNSACS to CAPACS during February 2001. However, the expenditure under major components like 'priority targeted intervention' and 'preventive intervention for the general community' was very poor even after June 2001. As a result, Rs 1.44 crore was lying unutilised with CAPACS as of March 2003.

Parking of funds

Programme funds credited to Personal Deposit Account of TNSACS till March 2001 in violation of NACO guidelines.

3.5.67 Consequent to the release of funds directly to TNSACS, NACO issued instructions (August 1998) that a current account should be opened in the name of the state society in any nationalised Bank. However TNSACS opened a current account only in March 2001. Rupees 8.04 lakh being the balance amount in Personal Deposit account was transferred to the current account only in March 2002. TNSACS also kept funds in two savings bank accounts till transfer to Current Account. An amount of Rs 22.01 lakh accrued as interest in the savings bank account during 1998-2002 was retained by TNSACS till date without transfer to NACO contrary to NACO instructions. Government stated (November 2003) that due to administrative reasons current account could not be opened immediately. It further stated that GOI instruction for remitting the interest earned on SB Account was not received. Audit noticed that NACO had instructed (August 2001) the Director of TNSBTC who is also the PD of TNSACS to refund the interest amount already earned on NACO funds released to TNSBTC and kept in Savings Bank Account.

Non - receipt of Utilisation Certificates

Advances to agencies treated as final expenditure.

3.5.68 TNSACS treated all funds released by it to implementing agencies as final expenditure. Audit observed that the unutilised funds amounting to Rs 2.56 crore refunded to TNSACS during 1999-2003 were taken as receipts. The expenditure reported by TNSACS in the earlier years was thus inflated to the extent of such receipts shown in subsequent years. Government replied (November 2003) that from 2003-2004 releases to implementing agencies would be treated as advances.

Utilisation certificates for Rs 5.22 crore not received by TNSACS.

3.5.69 Test-check revealed that utilisation certificates (UCs) have not been received by TNSACS for Rs 5.22 crore as of March 2003 (Appendix XXXIII). While Government stated (November 2003) that UCs from NGOs, DPH, DMRHS and other Medical College Hospitals were received, particulars of receipt of UCs were not furnished to Audit. Government added that reminders are being sent periodically for UCs from the remaining institutions.

3.5.70 Though the closing date of the project for 14 NGOs expired in February and March 2003, the UCs for the grants of Rs 42.37 lakh released to them are yet to be received by CAPACS (May 2003).

3.5.71 Due to non-receipt of UCs, it could not be ensured whether the purposes for which the funds were released to various executing agencies were actually achieved.

Advances given by CAPACS

3.5.72 Out of advances given by CAPACS, Rs 76.57 lakh was pending as of March 2002.

Advances to the tune of Rs 16 lakh were pending from 1999-2000.

3.5.73 Two advances totalling Rs 16 lakh paid to Communicable Diseases Hospital, Tondiarpet towards civil works (Rs ten lakh) and Corporation of Chennai towards India Population Project V (Rs six lakh) during 1999-2000 were pending adjustment. No reasons were given by CAPACS for the non-adjustment of these advances.

Advances given by CAPACS without requirement.

3.5.74 Corporation of Chennai refunded (May 2002 and March 2003) the entire amount of Rs 48.50 lakh received from CAPACS during December 2001, towards AIDS School Education Programme, conducting workshop for employees working in companies and factories, improvements to Central Blood Bank, renovation works in CAPACS building and printing of modules and IEC materials. This showed that the feasibility of its utilisation was not studied before the release of advance. As a result, the intended components were not at all implemented.

Irregular utilisation of NACO funds

In contravention of NACO's directions, Rs 14 lakh was spent by TNSACS towards purchase of refrigerators and A/C machines.

3.5.75 DMRHS addressed (February 1998) the Government in Health and Family Welfare Department to arrange for supply of refrigerators to 32 Blood Banks to enable them to get the licence. Government sought (April 1998) concurrence for this proposal from NACO. TNSACS without waiting for the approval from NACO released Rs 14 lakh to DMRHS towards purchase of 20 refrigerators required for as many blood banks. Subsequently NACO refused sanction. Meanwhile the refrigerators and air conditioners had been purchased by DMRHS at a cost of Rs 14 lakh.

Monitoring and Evaluation

Monitoring

Non-appointment of M & E officer.

3.5.76 As per the guidelines issued by GOI, each AIDS Control Society should have a Monitoring and Evaluation (M & E) officer. Monitoring and evaluation should be conducted by outside agencies at baseline, interim and final years. However, no M & E officer had been appointed in the State. Government stated (November 2003) that the post would be filled up if and when necessity arises.

3.5.77 Government constituted (May 1998) a Technical Sub-committee (TSC) to assist TNSACS on technical matters and settle inter-departmental issues. The Health Secretary to Government is the Chairman of the TSC and the PD, TNSACS is its convener. Though TSC was to meet once in three months or as often as required to discuss the technical aspects of the implementation of the programme, procurement of materials etc., only two meetings were held during July 1998 and June 2000.

3.5.78 Government also reconstituted (July 1996) the District Level AIDS Advisory Committees, with the District Collector as Chairman, JDHS as the member-secretary with various other District Officers and representatives of various organisations. The Committee was required to meet at least once in three months. However, perusal of records revealed that these District

Committees had been activated only after the issue (February 2001) of a Government order. In test-checked districts, the District Committee at Kancheepuram held only six meetings during 2000-2003. The particulars regarding number of meetings held were not furnished by District Collector, Salem.

Evaluation

3.5.79 A complete evaluation of the implementation of NACP Phase I in the State was not conducted either by any agency of State Government or by TNSACS, although such an evaluation was required at three points of time - baseline, interim and final year.

Absence of evaluation of the major component of "Blood Safety".

3.5.80 As a huge expenditure of Rs 6.42 crore was incurred during 1998-2002 (upto March 2002) under the main component of "Blood safety measures and standardisation of blood banks", a proper evaluation of this important component is necessary with a view to streamline the system and overcome the deficiencies.

Findings of Second round Behavioural Surveillance Survey - Rural.

3.5.81 The second round of Behavioural Surveillance Survey (BSS) Rural was planned by TNSACS across the State in 40 villages in 20 Community Development Blocks to obtain information on trends of high-risk behaviour and to assess the impact of the targeted intervention programmes. The survey conducted by a company (February-June 2002) pointed out certain major deficiencies and recommended certain measures as detailed below.

	Deficiency pointed out	Recommendation made
(i)	Awareness about at least two acceptable prevention methods of STD among total number of various target group respondents (6131) ranged only between 43 *per cent* in case of female workers and 84 *per cent* in case of clients of CSW.	Publicity should be increased and more information on various STDs should be made available. The preventive use of condoms for STDs and the symptoms of STDs can be disseminated to the masses through specific STD awareness camps in villages
(ii)	RTI/Urethritis disease symptoms among female workers are high across all the selected zones, as 20 *per cent* among the 2000 female workers covered reported disease symptoms.	Separate medical camps, prevention programmes should be conducted exclusively for females with the participation of numerous Self Help Groups operating in the villages.
(iii)	Though knowledge of condoms as prevention method ranged between 79 and 96 *per cent* among various groups, only 17 to 52 *per cent* reported having used the condoms.	Efforts have to be made in educating the public by emphasising on the risk aspect of sexual behaviour and psychological experts could be consulted in designing publicity materials, posters, pamphlets etc.
(iv)	Very few of the respondents (four *per cent*) had mentioned NGOs as source of information on HIV/AIDS	The operation of the NGOs has to be further streamlined and adequate monitoring needs to be done.
(v)	The awareness level among 200 practitioners of Indigenous system of Medicine surveyed regarding critical issues are much lower – Post exposure prophylaxis (PEP) (12 *per cent*), VCTCs (24 *per cent*), NACO guidelines (39 *per cent*) and opportunistic infection (65 *per cent*).	Specific training camps had to be organised exclusively for them.
(vi)	Out of 600 respondents, 22 *per cent* among allopathic doctors and five *per cent* among indigenous practitioners were not willing to treat HIV/AIDS cases. 35 *per cent* of the doctors who had fear/doubts about contracting HIV/AIDS had actually been trained in handling such cases.	TNSACS should play a decisive role in selecting appropriate doctors, re-examining the training modules and designing the training methodologies.

3.5.82 Government replied (November 2003) that necessary action was being taken on all aspects of the recommendations.

3.5.83 Government reply was received in November 2003, but the points relating to CAPACS have not been covered.

Recommendations

3.5.84 Special camps and prevention programmes should be conducted for early detection and treatment of STD/RTI cases with the full involvement of the community in areas that have high risk groups.

3.5.85 Targeted intervention programmes through NGOs have to be conducted for the high risk groups of commercial sex workers, intravenous drug users, truck drivers, etc.

3.5.86 A study on the effectiveness of the role of NGOs under various components of the programme should be conducted in districts with high prevalence of HIV positive cases. The performance of the NGOs has to be closely monitored to ensure that the grants are utilised fruitfully.

3.5.87 The deficiencies in Blood safety measures and standardisation of blood banks should be removed.

Appendix XXVIII

(Reference: paragraph 3.5.12; page 88)

Details of Targeted Interventions conducted during 1998-2003

Physical

Year	Commercial sex workers (CSW)		Truck Drivers (TD)		Intravenous Drug users (IDU)		Men having sex with men (MSM)		Industrial workers (IW)		Migrant workers (MW)		Prisoners		Care		Research study		PLWHAs network		Others	
	Planned (P)	Actually covered (C)	P	C	P	C	P	C	P	C	P	C	P	C	P	C	P	C	P	C	P	C
1998-1999	25	32	-	11	5	-	10	1	-	15	12	14	5	-	-	4	-	-	-	3	6	26
1999-2000	15	11	10	5	3	1	6	2	-	5	10	5	-	-	-	-	-	2	-	2	15	7
2000-2001	18	14	13	13	10	-	10	2	-	10	21	5	-	1	-	3	-	2	-	7	10	4
2001-2002	18	12	13	7	10	-	10	-	-	11	21	12	-	-	3	2	2	3	7	3	10	-
2002-2003	26	15	20	15	2	-	3	2	22	11	20	6	4	3	3	1	7	1	10	6	5	2
Total	**102**	**84**	**56**	**51**	**30**	**1**	**39**	**7**	**22**	**52**	**84**	**42**	**9**	**4**	**6**	**10**	**9**	**8**	**17**	**21**	**46**	**39**

Financial **(Rupees in lakh)**

Year	CSW		TD		IDU		MSM		IW+MW		Prisoner, Care, Research study, PLWHAs network and others		For all targeted interventions	
	Allotted (A)	Utilised (U)	A	U	A	U	A	U	A	U	A	U	A	U
1998-1999	Break up details not available												311.00	235.67
1999-2000	Break up details not available												207.32	116.59
2000-2001	50.00	33.31	50.00	31.65	25.00	0.44	25.00	4.60	30.00	9.57	62.50	69.46	242.50	149.03
2001-2002	40.00	55.36	30.00	51.45	10.00	-	15.00	4.59	60.00	94.16	35.00	45.96	190.00	251.52
2002-2003	90.00	43.19	45.00	32.33	5.00	-	5.00	4.61	115.00	55.46	96.00	45.34	356.00	180.93
											Total		**1306.82**	**933.74**

Appendix XXIX

(Reference: paragraph 3.5.34; page 91)

Family Health Awareness Campaign

(Numbers in lakh)

Sl.No.			(By TNSACS)			(By CAPACS)		
			I round	**II round**	**III round**	**I round**	**II round**	**III round**
1.	Total estimated target population	Male	144.62	118.38	134.38	22.92	23.73	24.22
		Female	141.24	118.29	131.38	22.08	22.94	23.44
		Total	**285.86**	**236.67**	**265.76**	**45.00**	**46.67**	**47.66**
2.	Number of persons actually attended the camps	Male	1.92(1.3)	1.69(1.4)	2.26(1.7)	0.21	0.42	0.60
		Female	9.31(6.6)	6.65(5.6)	6.97(5.3)	1.38	0.81	1.33
		Total	**11.23(3.9)**	**8.34(3.5)**	**9.23(3.5)**	**1.59**	**1.23**	**1.93**
3.	Number of RTI/STI cases treated	Male	1.15	0.97	1.36	0.02	0.06	0.04
		Female	7.60	5.15	5.27	0.46	0.30	0.47
		Total	**8.75**	**6.12**	**6.63**	**0.48**	**0.36**	**0.51**
	(a) Treated for ulcers	Male	0.09	0.05	0.05	0.002	0.004	0.004
		Female	0.18	0.11	0.08	0.004	0.004	0.002
		Total	**0.27**	**0.16**	**0.13**	**0.006**	**0.008**	**0.006**
	(b) Treated for discharges	Male	0.55	0.22	0.31	0.004	0.006	0.017
		Female	3.32	3.83	3.86	0.348	0.239	0.390
		Total	**3.87**	**4.05**	**4.17**	**0.352**	**0.245**	**0.407**
	(c) Treated for other STD/RTI cases	Male	0.51	0.71	1.01	0.013	0.046	0.016
		Female	4.10	1.20	1.35	0.111	0.060	0.079
		Total	**4.61**	**1.91**	**2.36**	**0.024**	**0.106**	**0.095**

(figures in bracket indicate percentage)

Appendix XXX

(Reference: paragraph 3.5.49; page 93)

Screening of Blood units collected

Year	Nature of Donors	Blood units collected		HIV positive		HBs Ag		VDRL		Malaria		Other diseases	
		Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
	Voluntary	98388	47.7	224	0.23	1207	1.23	102	0.10	47	0.05	-	-
1998	Replacement	108018	52.3	463	0.43	1656	1.53	491	0.45	53	0.05	-	-
	Total	**206406**		**687**	**0.33**	**2863**	**1.39**	**593**	**0.29**	**100**	**0.05**	**-**	**-**
	Voluntary	110939	45.7	296	0.27	1513	1.36	146	0.13	39	0.04	-	-
1999	Replacement	132080	54.3	536	0.41	2240	1.70	545	0.41	34	0.03	-	-
	Total	**243019**		**832**	**0.32**	**3753**	**1.54**	**691**	**0.28**	**73**	**0.03**	**-**	**-**
	Voluntary	151006	49.7	413	0.27	2037	1.35	227	0.15	93	0.06	-	-
2000	Replacement	153091	50.3	490	0.32	2082	1.36	560	0.37	17	0.01	-	-
	Total	**304097**		**903**	**0.30**	**4119**	**1.35**	**787**	**0.26**	**110**	**0.04**	**-**	**-**
2001	Voluntary	180751	50.4	414	0.22	2936	1.62	344	0.19	49	0.03	436	0.24
	Replacement	177863	49.6	693	0.38	2036	1.14	544	0.31	209	0.12	467	0.26
	Total	**358614**		**1107**	**0.31**	**4972**	**1.39**	**888**	**0.25**	**258**	**0.07**	**903**	**0.25**
2002	Voluntary	237778	50.9	1213	0.26	6272	1.34	1273	0.27	43	0.01	858	0.18
	Replacement	229746	49.1										
	Total	**467524**											

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Appendix XXXI

(Reference: paragraph 3.5.59; page 95)

(a) Details of funds released and expenditure incurred by TNSACS

(Rupees in lakh)

Year	Outlay approved by NACO	Opening balance	Funds received from NACO	Other receipts	Total available funds	Project Expen-diture	Other Expen-diture	Closing balance	Percentage of Project expenditure to allotment
1998-1999	1595.13	858.43	1100.00	8.84	1967.27	1383.20	35.77	548.30	87
1999-2000	1571.99	548.30	885.58	66.68	1500.56	1400.13	10.93	89.50	89
2000-2001	999.40	89.50	1027.00	77.29	1193.79	769.15	3.69	420.95	77
2001-2002	1619.38	420.95	1490.65	92.66	2004.26	1621.11	5.05	378.10	100
2002-2003	1524.88	378.10	1295.50	90.15	1763.75	1349.15	40.81	373.79	88

(b) Component wise allocation and expenditure (TNSACS)

(Rupees in lakh)

Name of the component	1998-1999			1999-2000		
	Allocation	Expenditure		Allocation	Expenditure	
Blood Safety	333.50	155.96	(47)	437.78	211.57	(48)
STD	126.50	255.21	(100)	262.50	435.95	(100)
Training	128.00	142.58	(100)	71.10	46.69	(66)
IEC	600.00	512.52	(85)	214.00	365.39	(100)
NGOs	311.00	224.40	(72)	207.32	119.74	(58)
Surveillance	13.13	5.70	(43)	5.79	7.84	(100)
Programme management expenses	83.00	86.84	(100)	148.00	80.86	(55)
Care, continuance and support	-	-	-	205.50	132.10	(64)
Intersectoral collaboration	-	-	-	20.00	Nil	Nil
Total	**1595.13**	**1383.21**	**(87)**	**1571.99**	**1400.14**	**(89)**

Name of the component	2000-2001		2001-2002		2002-2003	
	Allocation	Expenditure	Allocation	Expenditure	Allocation	Expenditure
Priority Targeted Intervention against HIV/AIDS	478.80	317.06 (66)	313.00	334.36 (100)	511.42	460.50 (90)
Preventive interventions for the general community	306.36	275.77 (90)	568.89	581.12 (100)	605.09	562.59 (93)
Low cost AIDS care	20.00	42.00 (100)	242.20	136.23 (56)	214.05	134.68 (63)
Institutional strengthening	184.24	119.53 (65)	126.79	132.39 (100)	145.11	142.17 (98)
Intersectoral collaboration	10.00	14.80 (100)	50.00	50.75 (100)	25.00	25.00 (100)
Family Health Awareness campaign	-	-	318.50	386.26 (100)	24.21	24.21
Total	**999.40**	**769.16 (77)**	**1619.38**	**1621.11 (100)**	**1524.88**	**1349.15 (88)**

(Figures in brackets indicate percentage of expenditure to allocation)

Appendix XXXII

(Reference: paragraphs 3.5.63 and 3.5.64; pages 95 and 96)

(a) Details of allocation, funds released and expenditure incurred by CAPACS

(Rupees in lakh)

Year	Outlay approved by NACO	Opening balance	Funds received by CAPACS from NACO and TNSACS	Other receipts	Total funds available	Expen-diture incurred	Advances[1]	Closing balance	Release percen-tage to allocation	Percentage of expen-diture incurred to available funds (col. 3 and 4)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1998-1999	NA	NIL	3.00	0.01	3.01	1.00	-	2.01	-	-
1999-2000	223.72	2.01	147.51	1.20	150.72	55.12	-	95.60	66	37
2000-2001	127.50	95.60	101.50	8.43	205.53	36.51	-	169.02	80	19
2001-2002	446.55	169.02	64.95	34.22	268.19	92.20	114.14	61.85	15	39
2002-2003	450.09	61.85	162.45	64.85*	289.15	145.57	-	143.58	36	65

NA: Not Available;
* balancing figure worked out by Audit as Annual Accounts not finalised by CAPACS.

(b) Component wise allocation and expenditure in respect of Chennai Corporation AIDS Prevention and Control Society

During 1998-99 for the component 'Training': Allocation – NIL; Expenditure - Rs 1 lakh.

Name of the component	1999-2000		2000-2001	
	Allocation	Expenditure	Allocation	Expenditure
Targeted Intervention through NGOs	135.72	36.24	2.70	6.68
NGO support	-	-	7.51	7.65
IEC activities	7.50	5.72	6.41	5.05
Training	-	-	7.68	5.94
Family Health Awareness campaign	7.50	4.76	22.00	Nil
Programme management expenses	37.00	4.50	35.70	11.19
Low cost AIDS care	19.00	Nil	5.50	Nil
Intersectoral collaborations	6.00	3.90	-	-
Blood safety	10.00	Nil	40.00	Nil
Incremental salaries and operational expenses	1.00	Nil	-	-
Total	**223.72**	**55.12**	**127.50**	**36.51**

Name of the component	2001-2002		2002-2003	
	Allocation	Expenditure	Allocation	Expenditure
Priority targeted intervention	114.50	31.26	124.52	36.59
Blood safety	-	-	-	-
NGO support	-	-	-	-
Low cost AIDS care	68.00	Nil	60.00	0.15
Training	25.00	3.58	-	-
Institutional strengthening	50.00	16.32	72.45	42.09
Family Health Awareness Campaign	Nil	23.89	-	-
Preventive intervention for the general community	165.05	17.75	188.12	66.74
Intersectoral collaboration	24.00	Nil	5.00	Nil
Increase in stock of medicines and manuals	-	(-) 0.60	-	-
Total	**446.55**	**92.20**	**450.09**	**145.57**

[1] Advance made to NGOs and other agencies not reported as expenditure.

Appendix XXXIII

(Reference: paragraph 3.5.69; page 96)

Position regarding utilisation certificates

(Rupees in lakh)

Sl. No.	Details of funds released				Amount for which UCs received	Amount for which UCs pending to be received
	Component	Released to	Period	Amount released		
1.	Training	DPH & PM, DME, DFW, CMA, DMRHS and Medical Institutions	1999-2000 to 2002-2003	120.31	33.38	86.93
2.	Grants released to NGOs	NGOs	1998-1999 to 2002-2003	952.33	926.55	25.78
3.	Purchase of Drugs, Civil works, out reach camps, provision for Furniture and Fixtures, treatment of PLWHA	DMRHS, DME, MMC, Chennai, Government Hospitals and Medical College Hospitals	1998-1999 to 2001-2002	230.00	10.78	219.22
4.	Civil Works - improvement to the wards for AIDS patients	Contractors	1999-2000	7.00	Proper UC not received	7.00
5.	IEC	District Collectors	1998-1999 to 2001-2002	200.78	34.70	166.08
6.	Strengthening of STD clinics	JDHS, Tiruchirappalli	1999-2000	2.40	-	2.40
7.	Formation of Blood donor clubs	6 Universities* and District Collector, Salem.	1998-2000	39.55	25.12	14.43
			Total	**1552.37**	**1030.53**	**521.84**

* Periyar University, Salem, Madurai Kamaraj University, Madurai, Tamil Nadu Agricultural University, Dr. MGR Medical University, Bharatidasan University, Tiruchirappalli and Madras University.