CHAPTER- III

CIVIL DEPARTMENTS

SECTION-A: REVIEWS

MEDICAL, HEALTH AND FAMILY WELFARE DEPARTMENT

3.1 National AIDS Control Programme

Highlights

The Uttaranchal AIDS Control Society was constituted in April 2001 to implement National AIDS Control Programme in Uttaranchal State. National AIDS Control Organisation (NACO) provided funds for various components of the programme. A review of the implementation of the programme by Audit revealed that the Society failed in meeting its objectives due to lack of equipment, shortage of trained staff, irregular procurement of medicines, non-participation of non-government organisations, non-existence of facilities viz. blood bank, sexually transmitted disease clinics, Voluntary Counselling and Testing Centres (VCTC), blood testing centers, and failure to generate awareness among the people against HIV/AIDS. The main findings are highlighted below:

- ***No targets for AIDS control were fixed for any of the groups at high risk by identifying the target population nor was support of NGOs sought. Rs.15.26 lakh received for NGO support (July 2002) remained unutilized.***

[Paragraph 3.1.5]

- ***No Drug De-addiction Centre had been established in the State to generate awareness among intravenous drug users.***

[Paragraph 3.1.5]

- ***Rs.2.36 lakh was paid in excess on purchases of drugs without following the financial provisions and rules.***

[Paragraph 3.1.6]

- ***A comparison of data of two rounds of Family Health Awareness Campaign (FHAC) camps held in May 2001 and March 2002 showed 64 per cent increase in Reproductive Tract Infection (RTI)/Sexually Transmitted Infection (STI) infected persons, although the targeted population had declined by 3.8 per cent.***

[Paragraph 3.1.7]

- ***In three districts Rudraprayag, Bageshwar and Champawat no blood bank was established. No blood component separation facility existed in the State. In 23 cases blood samples were found HIV positive and destroyed but the donors concerned were not informed.***

[Paragraph 3.1.9]

- ***Programme for prevention of transmission of HIV/AIDS from pregnant women to children was not implemented. Rs.2.07 lakh provided (July 2002) for implementation of the programme remained unutilized.***

[Paragraph 3.1.10]

- ***10 AIDS cases were found in the State during the period 2001-02 to 2002-03.***

[Paragraph 3.1.12]

- ***Rs.15.25 lakh provided for purchase of equipment (July 2002) remained unutilized. Lack of equipment hindered accurate blood analysis-leaving HIV/AIDS infected persons undetected.***

[Paragraph 3.1.15]

Introduction

3.1.1 National AIDS Control Programme (NACP) was initiated (1992-93) to control the Acquired Immunodeficiency Syndrome (AIDS), a severe life threatening condition which represents the late clinical stage of infection with Human Immunodeficiency Retro Viruses (HIV). It often results in progressive damage to the immune system and central nervous system. HIV virus is transmitted through sexual contact, sharing contaminated needles and syringes, multiple blood transfusion of infected persons' blood, transmission from infected mother to child, before, during or after birth.

The State of Uttaranchal came into existence on 9 November 2000 on the reorganisation of Uttar Pradesh and comprises 13 districts of the erstwhile state of Uttar Pradesh. Based on sentinel surveillance data collected (1999), the HIV infection in high risk groups (STD patients) was less than five *per cent* and less than one *per cent* in antenatal women. Uttar Pradesh was categorized as a low prevalence state i.e. under group III.

The first case of HIV/AIDS in the districts now part of Uttaranchal was detected in the year 1995. AIDS control activities started in the year 1992-93 under the direction of National AIDS Control Organization (NACO) covering the period 1992-98 (NACP-I) and 1999-2004 (NACP-II).

The objectives of the programme were:

i. To slow the spread of HIV.

ii. To minimize socio economic impacts of HIV infection.

iii. To decrease morbidity and mortality associated with HIV infection.

iv. To strengthen India's capacity to respond to HIV/AIDS on a long term basis.

The review covers the period since the formation of Uttaranchal in November 2000.

Organizational Set up:

3.1.2 Uttaranchal State AIDS Control Society (UASACS) was registered under the Societies Act, in April 2001 under the chairmanship of the Chief Secretary, Government of Uttaranchal, Dehradun. The Project Director (PD) was responsible for programme management at the State level. At the district level, a District Empowered Committee for National Programme of Medical Health and Family Welfare (AIDS Control) was established in all the districts of the State under the chairmanship of the respective District Magistrate. Monitoring of the programme at district level is done by Chief Medical Officer (CMO) as nodal officer.

Audit Coverage:

3.1.3 Records of Project Director (UASACS) Dehradun and three[•] out of 13 districts, having a population of 34.86 lakh out of State's total population of 84.80 lakh, were test checked in August/ September 2003 covering the period 2001-2003 and an expenditure of Rs. 59.98 lakh out of Rs. 140.09 lakh spent during these years.

Financial Arrangement:

3.1.4 According to information furnished by Project Director the position of funds received from NACO was as under:-

(Rs. in lakh)

Year	Budget Estimate	Revised Estimate	Amount Released
2001-02	NA	NA	104.45
2002-03	512.00	280.49	114.00
Total	512.00	280.49	218.45

Expenditure incurred on various programme was as under:-

[•] Dehradun, Hardwar and Nainital

(Rs. in lakh)

Phase-II	2001-02		2002-03		Total
	Advance	Expenditure	Advance	Expenditure	
Priority target intervention	--	--	10.03	0.80	10.83
Preventive intervention for General Community	--	--	29.50	34.65	64.15
Low cost AIDS care	--	--	0.66	--	0.66
Institutional strengthening	--	5.54	25.27	33.64	64.45
Intersectoral collaboration			--	--	--
Total	**--**	**5.54**	**65.46**	**69.09**	**140.09**

During audit it was observed that the UASACS could not utilize the funds available to it (Rs.50.84 lakh) in the year 2001-02 and NACO curtailed Rs.26 lakh from the release of the funds for the year 2002-03. In addition, utilization certificate for advances of Rs.65.46 lakh released in 2002-2003 for implementing various components of the programme were awaited from Chief Medical Officers (CMOs) and Chief Medical Superintendents of 13 districts.

Programme Implementation

Priority targeted interventions for groups at High Risk

3.1.5 The project aims at reducing the spread of HIV in groups at high risk by identifying target populations and providing peer counselling, condom promotion, treatment of Sexually Transmitted Infection (STI) and client programmes, and setting up of drug de-addiction centres etc. These objectives were to be delivered largely through Non-Government Organizations (NGOs), Community Based Organizations (CBOs) and the public sector setting intervention programmes in the targeted marginalized groups.

However, no target was fixed for any of the group at high risk by identifying target population and no NGO was selected nor was any drug de-addiction center established to generate awareness among Intravenous Drug Users (IVDU). Rs.15.26 lakh received (July 2002) for NGO support for targeted interventions, remained unutilised (September 2003). As such community participation through NGOs could not be achieved.

It was also seen that while there was no social marketing or commercial sale of condoms, free distribution of 78,000 condoms was initiated only in the year 2002-03. NACO had released Rupees one lakh (July 2002) for condom promotion and procurement which were not utilized by the UASACS (September 2003).

Sexually Transmitted Disease Clinics

3.1.6 As sexually transmitted diseases (STDs) increase the chances of HIV infection, STD control has been given a major role in programme strategy. The main focus is to provide treatment to STD patients and ensure their protection

from AIDS. It was observed that only nine STD clinics were established in the state and four[♣] districts still remain without the services of such clinics. 15,138 STD patients had received treatment in nine STD clinics during 2001-03 (2001: 6,969 cases; 2002: 6,707 cases; 2003; 1,462 cases). UASACS provided Rs.10 lakh (2002-03) for STD clinics. Eighty *per cent* of this amount was earmarked for purchase of STD drugs. STD drugs were however purchased without following financial provisions and rules, which resulted in excess payment of Rs.2.36[φ] lakh (Rs.1.29 lakh in three test check districts).

Scrutiny further revealed that Rs.0.75 lakh (42 *per cent*) was utilized on purchase of drugs for STD at Nainital which were not included in the approved list of STD drugs. Only Rs.0.44 lakh (19 *per cent*) were utilized (Dehradun) out of the funds received (Rs.2.80 lakh) for purchase of STD drugs during the period 1998-99 to 2002-03 thus reducing the availability of STD medicines to patients.

Information, Education, Communication (IEC) and awareness activities for prevention among low risk group

3.1.7 For creating awareness among low risk group category, the following activities were envisaged:

i) Conducting mass media campaign at the state and municipal level.

ii) Conducting local campaign using traditional media such as folk arts and street theatre.

iii) Promoting advocacy campaigns.

iv) Conducting awareness programmes geared towards youth and college students.

v) Organising Family Health Awareness campaign.

It was observed that against the approved action plan for 2002-03, a sum of Rs.35.27 lakh was allocated for these activities but only Rs.15.76 lakh were utilized. The reason for shortfall was attributed (September 2003) by UASACS to non-posting of IEC programme officer.

Since formation of the state i.e. November 2000, upto March 2002, two rounds of Family Health Awareness Campaign (FHAC) camps for persons in the 15-49 age group were held (May 2001 & March 2002) for prevention and control of Reproductive Tract Infection (RTI)/Sexually Transmitted Infection (STI)/HIV/AIDS in rural and urban slum areas. Six lakh seventy thousand people attended the camps and 0.66 lakh patients were treated.

[♣] Bageshwar, Champawat, Rudraparyag and Udham Singh Nagar.

[φ]

Medicines purchased in 2002-03	Rs. 8.00 lakh
Less excise duty @ 16 *per cent*	Rs. 1.28 lakh
Total	Rs. 6.72 lakh
Less 16 *per cent* discount	Rs. 1.08 lakh
Excess payment (8.00 – 5.64) = Rs. 2.36 lakh	Rs. 5.64 lakh

Although the targeted population declined from 33.70 lakh to 32.43 lakh (3.8 *per cent*), the infected population increased from 0.25 lakh to 0.41 lakh (64 *per cent*) which reflects adversely upon the awareness campaign.

It was observed that in two of the three test checked districts[^], the number of camps organised was much below the target fixed for the year 2001-02. As a result, the percentage of the target population which attended the camps was negligible as shown in the table below:

Name of District	Target fixed	No. of camps held	Percentage of col. 3 to 2	Total estimated Targeted population	No. of camp attendants	Percentage of 6 to 5
Nainital	400	95	24	288825	15038	5.20
Hardwar	280	143	51	523422	9289	1.77

Providing voluntary testing and counselling

3.1.8 Providing voluntary testing and counselling involved:

- increasing availability of voluntary testing facilities especially joint testing of couples,

- training grass root level workers in HIV/AIDS counselling and providing counselling services through all blood banks in the state and through STD clinics.

It was observed that the number of cases of counselling done at 12 Voluntary Testing and Counselling centers in the year 2001-2002 and 2002-2003 were 56 and 1663 respectively. It was also observed that in 243 cases, voluntary HIV testing was done in the year 2002-03 and 23 cases were found HIV positive.

As per guidelines of NACO issued in June 2001 for Voluntary Testing and Counselling Centres (VCTC), the HIV positive detected/infected persons were to be informed in post counselling at VCTC about safety measures to be taken. For this purpose, the person being tested was required to fill in pre/post test counselling form which however was not available in the test checked districts. Thus it could not be ensured by Audit whether pre/post counselling was carried out.

Scrutiny revealed that out of 12 VCTCs established in the State, two (Champawat and Pithoragarh) were non functional since 2001-02 as no testing was done at these centres. Rs. 1.55 lakh was however, provided (2002-03) to these centres. Two districts (Bageshwar and Rudraprayag) in the state had no VCTC facility as of September 2003.

[^] Dehradun, Hardwar and Nainital.

Modernisation of Blood Banks and testing facility

3.1.9 Although there are 17 blood banks in the State (Government:11, others:06) it was observed that out of 13 districts in the State, blood banks have been established in 10 districts only. In the remaining three districts *viz.*, Bageshwar, Champawat and Rudraprayag no blood bank was established. As such the target of having at least one modernized blood bank in every district by 2002 (as envisaged in Project Implementation Plan) remained unachieved as of date. No blood component separation facility existed in the State. Seriously ailing patients were thereby deprived of the benefits of transfusion of Platelets, Plasmas, RBCs, WBCs.

16,479 units of blood were donated by (2001-02:8280; 2002-03:8199) donors in blood banks. It was observed that after collection of blood, when these blood samples were tested, 23 samples were found infected with HIV. These were, however, destroyed without informing the concerned person about his/her being infected with HIV. It thus left the person ignorant about the infection and free to spread the infection to others. On this being pointed out in audit, the units stated that there was no direction from NACO in this regard, ignoring the fact that the infected persons are to be informed in post counselling at VCTC about safety measures to be adopted.

Setting up of centrally coordinated National Blood Transfusion Service is one of the major goals of Blood Safety Programme. UASACS could not furnish detailed information about Model Blood Bank being set up in Dehradun for which Rs.2.72 lakh was provided (August 2002) by the UASACS.

UASACS provided funds to blood banks to facilitate collection and testing of blood for which necessary kits, reagents, glass ware and blood bags were to be purchased. Scrutiny of test checked districts revealed that Rs.3.05 lakh were not utilized (Nainital; Rs.2.67 lakh unutilized since 2000-01; Hardwar: Rs.0.38 lakh refunded in April 2002). On this being pointed out, it was stated that funds remained unutilized due to shortage of staff.

It was observed that UASACS had provided test kits to the districts where ELISA Readers were either non functional since November 1999 (Hardwar: two kits in June 2003) or not available (Udham Singh Nagar: two kits in September 2002). Notwithstanding the fact that ELISA Reader was not functional, the Chief Medical Superintendent (Male Hospital) Hardwar purchased (November, 2001) five kits (cost Rs. 0.30 lakh) which could not be put to use. NACO had instructed (May 2001) that blood samples be tested from blood banks where ELISA Reader was functioning but 1,160 blood samples collected between 2001-02 & 2002-03 in Hardwar were not sent for ELISA tests to functional units. Consequently, HIV infections, if any, remained unconfirmed.

It was observed that expired kits were used at Nainital for 224 tests. Use of expired kits rendered the results of HIV testing doubtful. It was stated (September 2003) that due to non-availability of new kits, expired kits were used.

Prevention of Mother to Child Transmission of infection

3.1.10 To control HIV infection amongst antenatal women, a programme "Prevention of Mother to Child Transmission (PMTCT)" was to be implemented in the State to keep the prevalence of HIV infection among pregnant women low and reduce the mother to child transmission. It was observed that no such programme was initiated in the State and Rs.2.07 lakh released (July 2002) by NACO remained unutilized (September 2003).

Low cost AIDS Care

3.1.11 These activities were to provide for home based and community based care including increasing the availability of cost effective interventions for common opportunistic infections at district hospitals and imparting training at selected State level hospitals for the provision of referral services.

Uttaranchal State had no community care centre to meet such needs.

UASACS intimated (September 2003) that training has been imparted to medical and para medical staff to take care of HIV/AIDS patients. However, it was unaware of the utilization of Rs.0.66 lakh released in the year 2002-03 for treatment of opportunistic infection.

STI/HIV/AIDS Sentinel Surveillance

3.1.12 The objective of this activity was to develop an effective surveillance system generating a set of reliable data. It was seen that except STD and Ante Natal Clinic (ANC) no Intravenous Drug Users (IVDU), Commercial Sex Workers (CSW), Intensive Drug Users (IDU), Men having sex with Men (MSM) etc., sentinel centers were opened in the state.

Behavioral surveillance was conducted by ORG Marg Research Centre New Delhi. However, the report was not furnished to Audit. It was observed that 10 AIDS cases were found in screening 1123 cases in STD and ANCs during the period 2001-02 to 2002-03.

Building capacity for monitoring and evaluating programme activities

3.1.13 AIDS Control Society was envisaged to have its own Monitoring and Evaluation Officer (MEO). The activities included i) Computerized Management Information System (CMIS); ii) training NACO Staff and Health Specialists in evidence based health programme management; iii) conducting base line, mid-term and final evaluation; and, iv) conducing a National Performance Review.

The target date, achievement and results of above activities concerning UASACS was not available nor was any base line, mid-term or final evaluation carried out, as no MEO was posted (September 2003).

Intersectoral Collaboration

3.1.14 Intersectoral collaboration amongst public, private and voluntary sectors required focus on learning from innovative programmes under-going in one sector and sharing it for betterment of other sector. This necessitated chalking out of definite terms, signing of Memorandum of Understanding and evolving feed back system which, however, were not taken up by UASACS nor any reasons assigned there for.

Procurement of Equipment and other stores

3.1.15 NACO provided Rs.15.25 lakh (July 2002) for purchase of equipment (STD clinics; Rs.5.25 lakh, blood safety units; Rs.5.00 lakh and VCTC; Rs.5.00 lakh). No equipment was purchased by the UASACS and Rs.15.25 lakh remained unutilised (September 2003). Society stated (September 2003) that bids could not be finalized due to non-availability of the specification. Hence the procurement could not be done.

Scrutiny of three test checked districts revealed that 16 major equipment ***(Appendix VIII)*** were either non functional (6) or not available (10) which included ELISA Reader, Incubator Refrigerator, Automated Cell washer etc. This deprived people of accurate blood analysis and resulted in AIDS victims, if any, remaining undetected and free to spread the infection.

The matter was reported to the Government in December 2003; reply was awaited (May 2004).

Appendix VIII
(Reference: Paragraph 3.1.15; Page 39)
Procurement of equipment

		Dehradun	**Haridwar**	*Nainital*
1.	ELISA Reader	*,√	*	√
2.	Bench Top centrifuge	**	√	√
3.	Incubator with line voltage corrector	**	*	√
4.	Centrifuge Micropipette	**	√	√
5.	Binocular Microscope	√	*	√
6.	Refrigerator (290 lt)	√	**	*
7.	Water Bath serological	√	√	√
8.	Distilled water still	**	**	√
9.	Sealer stripper with cutter for blood bags	**	**	√
10.	Automated cell washer	**	**	√
11.	Air conditioner	√	√	√
12.	Suction machine	√	√	*

* Not working
** Not available
√ Available