CHAPTER-III
CIVIL DEPARTMENTS

SECTION 'A'-REVIEWS

HEALTH AND FAMILY WELFARE DEPARTMENT

3.1 NATIONAL AIDS CONTROL PROGRAMME

National AIDS Control Programme a 100 per cent Centrally sponsored scheme was launched in Assam since 1997-98 to reduce and prevent spread of HIV infections, strengthen the measures to control sexually transmitted diseases (STD) and for building capacity to respond to HIV/AIDS on a long term basis. A review of the programme through test-check of records indicated that funds were utilized in excess of approved allocation in violation of guidelines of National AIDS Control Organisation (NACO). Deficiencies in perspective planning of targeted Intervention Projects, lack of modernised treatment facilities for patients with STD, non-assessment of impact of Information Education and Communication (IEC) campaign and social mobilisation, poor management of available blood banks in the districts, insignificant achievement of voluntary blood testing and counselling due to weak infrastructural base, lack of proper monitoring and poor financial discipline were the main reasons for which the objectives of the programme remained largely unattained.

Highlights

- **Out of Rs.1.50 crore released by Government of India during 1997-98 the State Government did not release Rs.64.13 lakh to Assam State AIDS Control Society (ASACS) till May 2003 and thus implementation of the programme was retarded.**

  (Para 3.2.4(b))

- **ASACS spent Rs.78.48 lakh during 2000-2001 and 2002-2003 under the "Preventive Intervention for General Communities" in excess of approved allocation in violation of National AIDS Control Organisation's (NACO's) guidelines.**

  (Para 3.2.4(c))

- **Due to non-availability of modernised treatment facilities in 16 of the 23 districts, post detection treatment of sexually transmitted diseases and containment of HIV infection was insignificant.**

  (3.2.5.1)

- **As against 100 *per cent* achievement of awareness target by March 2003 the ASACS even after spending Rs.2.55 crore during five years ending March 2003 had not assessed the impact of awareness and social mobilisation generated by IEC campaigns.**

  (Para 3.2.5.2(a))

- **Poor management of 16 blood banks out of 23 districts and weak infrastructure base of blood testing centres led to insignificant achievement of counselling (367 numbers) and voluntary blood testing (109 numbers) during 1998-2003.**

(Para 3.2.5.2(c)(ii))

- **Non-adherence to the norms prescribed by NACO for implementation of target intervention project on Commercial Sex Workers (CSW), resulted in excess expenditure of Rs.23.01 lakh on seven targeted intervention Projects during 1999-2003.**

(Para 3.2.5.4 (iv))

3.1.1 *Introduction*

AIDS (Acquired Immune Deficiency Syndrome) is a severe life threatening disease caused by HIV (Human Immune Deficiency Virus) which is transmitted through sexual contact, contaminated injection needles and syringes, transfusion of infected person's blood, transmission from infected mother to child before, during or shortly after birth. So far no effective vaccine/medicine has been found to cure AIDS. The disease is not curable but preventable.

Screening of blood samples for HIV infections started in the country in the year 1985. This was followed by the launching of National AIDS Control Programme (NACP) in the year 1987. Subsequently NACP-I spanning seven [8] years period was implemented between 1992-1999. The programme broadly aimed to prevent spread of HIV infections by ensuring safe transfusion of blood free from HIV, Hepatitis-B and VDRL and malaria parasite, strengthen measures to control sexually transmitted diseases (STD), create awareness by providing IEC (information, education and communication) activities and social mobilisation.

The programme NACP-II was launched in October 1999 and has been under implementation in all the States/UTs. Two key objectives of NACP-II are (i) to reduce spread of HIV infection in India and (ii) to strengthen India's capacity to respond to HIV/AIDS on a long-term basis.

3.1.2 *Organisational set up*

Since 1997-98 the programme in Assam was implemented by 'AIDS Cell' attached to the Directorate of Health Services, Assam upto December 1998. The Assam State AIDS Control Society (ASACS) was registered (October 1998) as a society under the Societies Registration Act, 1860 and it became operational from January 1999 with Commissioner and Secretary, Health and Family Welfare department as the Chairman of the Society. Since then the ASACS was responsible for implementation of NACP in the State. The Project Director (PD), ASACS is the state level nodal officer.

[8] Originally for five years from September 1992 to September 1997. Subsequently extended upto March 1999

He is assisted by eleven programme officers[9] and one NGO Adviser in the planning and programme implementation at State level and by Jt. Directors of Health Services (Jt. DHS) at district level.

3.1.3 *Audit coverage*

Implementation of the programme between 1998-99 and 2002-2003 was reviewed by test-check of records of the PD, ASACS, Guwahati and Jt. DHSs of six[10] out of 23 districts during February 2003 to May 2003. Information was also collected from three Medical College Hospitals[11]. Against total population of 2.66 crore in the State, population coverage of six test-checked districts was 98.91 lakh (37 *per cent*). Expenditure checked in audit comprised 80 *per cent* (Rs.14.43 crore out of Rs.17.99 crore) of the total expenditure incurred.

Accounts of the ASACS were audited by Chartered Accountants, appointed by National AIDS Control Organisation (NACO) from the panel selected by C&AG. The Society's accounts were also audited by C&AG under section 20(1) of the CAG's (Duties, Powers and Conditions of Service) Act, 1971.

3.1.4 *Financial Management*

NACP is a 100 *per cent* Centrally sponsored scheme funded from World Bank sources. Upto December 1998, the Government of India had released funds to Government of Assam and thereafter (January 1999) funds were directly released to ASACS on the basis of detailed and approved annual action plan. Position of release of funds and expenditure during 1998-2003 was as under.

(Rupees in crore)

Year	Amount of grant released	Expenditure as per annual accounts	Balance of grant released (+) Excess /(-) Saving
1998-1999	1.00	0.53	(-)0.47
1999-2000	3.22	3.06	(-)0.16
2000-2001	3.55	3.46	(-)0.09
2001-2002	4.35	4.54	(+)0.19
2002-2003	7.38	6.40	(-)0.99
Total	**19.51**	**17.99**	**(-)1.52**

Source: Annual Accounts of the Society.

(a) Of the total expenditure of Rs.17.99 crore the highest expenditure of Rs 9.64 crore constituting 54 *per cent* was incurred under the component–'Preventive Intervention for the General Communities' followed by Rs.4.55 crore (25 *per cent*) under 'Priority Targeted Intervention for Groups at High Risk', and

[9] Additional project Director 1
Joint Directors 2
Deputy Directors 4
Assistant Directors 4
Total 11

[10] Dibrugarh, Nagaon, Cachar, Kamrup, Dhubri, Karbi Anglong

[11] Guwahati, Dibrugarh, Silchar.

Rs.3.52 crore (20 *per cent*) under 'Institutional Strengthening'. Expenditure on 'Low cost AIDS Care' and Inter Sectoral collaboration was significantly low and together aggregated to Rs.27.81 lakh (two *per cent*).

(b) Test-check revealed that in 1997-98 the Government of India had released Rs.1.50 crore[12] to Government of Assam under NACP-I. Against this the State Government released only Rs.85.87 lakh[13] to AIDS cell and did not release Rs.64.13 lakh to ASACS till May 2003 for reasons not on record. Thus AIDS fund of Rs.64.13 lakh remained locked up with Government of Assam and implementation of the programme was retarded to that extent. The PD had not made any effort so far (May 2003) to secure release of the funds from Government.

(c) Expenditure under different components of NACP-II was to be made within the limits of the approved allocation. Unilateral change of allocation among different components by the ASACS was not permissible. Test-check revealed that the ASACS incurred unilaterally an excess expenditure to the tune of Rs.78.48 lakh over Government of India approved allocation under the component, 'Preventive Intervention for General Communities' during 2000-2001 and 2002-2003 as under:

(Rupees in crore)

Year	Amount allocated	Amount spent	Expenditure in excess of allocation
2000-2001	1.83	2.16	(+) 0.33
2002-2003	2.90	3.35	(+) 0.45
Total	**4.73**	**5.51**	**(+) 0.78**

The Project Director incurred the excess expenditure of Rs.0.78 crore by unauthorised diversion from other components[14] violating NACO's guidelines. This indicated violation of financial discipline, inadequate internal control and deficient cash management.

3.1.5 *Components/Activities*

3.1.5.1 *Priority Targeted Intervention for Groups at High Risk.*

(a) The project aimed to reduce the spread of HIV in groups at high risk by identifying target population and providing peer counselling, condom promotion, treatment of sexually transmitted infections (STIs) and client programmes.

Examination of records revealed that 29 Targeted Intervention (TI) projects were conducted during 1999-2003 at a cost of Rs.2.44 crore through NGOs. Details of TI

[12] July 1997 : Rs. 0.50 crore, December 1997 : Rupees one crore.
[13] August 1998 : Rs.43.37 lakh, December 1998 : Rs.42.50 lakh.
[14] Low cost AIDS care, Inter Sectoral Collaboration etc.

projects were as given below:

(Rupees in lakh)

Group	Period	Targeted Interventions				Amount		
		No. of projects planned	No. of projects done	No. of beneficiaries targeted to be covered	No. of beneficiaries actually covered	Allocated	Utilised	Excess(+)/ Saving(-)
Commercial Sex Worker (CSW)	1999-2000 to 2002-2003	8	7	1750	500	47.40	47.40	--
Truckers	2001-02 to 2002-03	11	8	99000	70000	77.02	77.02	--
Injecting Drug Users	1999-2000 to 2002-2003	1	1	1000	495	15.45	13.98	(-) 1.47
Others	-Do-	17	13	23950	17129	105.16	105.16	--
Total		**37**	**29**			**245.03**	**243.56**	**(-) 1.47**

Source: Information furnished by ASACS.

Targets in terms of number of projects to be done annually were not fixed during 1999-2000 and 2000-01. During 2001-03, 37 projects were targeted, of which 22[15] projects (59 *per cent*) were taken up. Absence of targets in 1999-2000 and 2000-01 denoted deficiencies in perspective planning. The reasons for shortfall in achieving targets by 41 *per cent* during 2001-03 and non-utilisation of unspent balance of Rs.1.47 lakh under Injecting Drug Users during 1999-2000 were not furnished.

(b) *Condom promotion*

The programme stressed the need for condom promotion/distribution as protection against spread of HIV due to unprotected multi partner sexual activities.

There was no organised red light area in the State and no survey was conducted to assess the number of Commercial Sex Workers (CSWs). Condom promotion was not done during 1998-99 and 1999-2000. The ASACS had not so far (May 2003) evolved strategies for social marketing of condoms through a network of retail outlets of its own and through community based organisations. Thus, condom distribution programme lacked thrust and concerted effort.

However, all the 1,950 CSWs identified through base line survey conducted by the NGOs were given condom coverage upto 2002-2003 and 10.39 lakh condoms were distributed through the outlets of the NGOs. Year-wise position of distribution of condoms were as under:

(In Numbers)

Scheme	1998-99	1999-2000	2000-01	2001-02	2002-03	Total
1. Free Distribution	NIL	NIL	30000	66,000	1,46,500	2,42,500
2. Social Marketing	NIL	NIL	NIL	2,84,000	5,12,000	7,96,000
Total	**NIL**	**NIL**	**30,000**	**3,50,000**	**6,58,500**	**10,38,500**

Source: Information furnished by ASACS.

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Group	Year	Number of projects	
CSW	2001-02	1	5
	2002-03	4	
Truckers	2001-02	5	8
	2002-03	3	
IDU	2001-02	-	1
Others	2001-02	5	8
	2002-03	3	
		Total	**22**

(c) ***Sexually Transmitted Disease (STD)***

STD patients are more vulnerable to acquire and prone to transmit HIV. Treatment of STD generally reduces the risk of transmitting HIV. Availability of STD clinical facilities in every district and medical college hospitals was, therefore, the primary requirement for treatment of STD and thereby controlling the HIV. As of March 2003, only 15 out of 23 districts of the State had 15 STD clinics of which only seven were modernised. Besides, the concerned staff were not given requisite training for quality control of Venereal Disease Research Laboratory (VDRL) tests. No reason could be furnished for non-imparting of VDRL training.

Thus, primary infrastructural facilities for treatment of STD continued to be sporadic and inadequate in the absence of clinics in eight districts, lack of modernised treatment facilities in 16 out of the 23 districts and non-imparting of training to the medical and para-medical staff during 1998-2003 for quality control of VDRL tests.

(d) ***Performance of STD Clinics***

During 1999-2003 only 5,804 patients attended STD Clinics in the State. The year-wise position of performance of STD clinics was as under:

Year	No. of cases attended STD Clinics	Nos. referred	Nos. treated
1998	NA	NA	NA
1999	1,059	NIL	1,059
2000	1,156	NIL	1,156
2001	1,337	NIL	1,337
2002	2,002	NIL	2,002
2003	250	NIL	250
Total	**5,804**	**NIL**	**5,804**

Source: Information furnished by ASACS.

Family Health Awareness Campaigns (FHAC) were conducted to provide services for reproductive tract infection (RTI) sexually transmitted infection (STI). The Project Director reported that during 1999-2003 five FHACs were organised where 10.37 lakh STD patients attended of which 4.72 lakh patients were treated and the balance 5.65 lakh cases were referred to STD clinics.

The information furnished by ASACS, however, made no mention of referred cases at all during the period and only gave 5,804 as the figure of patients treated at STD clinics.

Thus, the number of 5.65 lakh referred cases from FHACs appeared to be contradictory and unrealistic and also indicated that STD clinics had done little in post detection treatment of STD vis-à-vis containment of HIV infection. The ASACS had not analysed the reasons for the contradictory position of STD attendance as projected in STD clinics and FHACs.

3.1.5.2 ***Preventive Intervention for General Community***

(a) ***Information Education and Communication (IEC)***

ASACS controlled all the activities by receiving grants directly from NACO as there was no district level society. At the district level Jt. DsHS conducted training,

workshops/seminars etc., under IEC.

The aim of IEC is to make people aware about HIV/AIDS/STD through different channels and to achieve 100 *per cent* awareness target by March 2003. Under IEC, the ASCAS spent Rs.2.55 crore[16] during 1998-2003 against allocation of Rs.3.36 crore.

IEC activities during 1998-2002, assigned to two Asstt. Directors remained confined to publicity through posters, leaflets, stickers, calendars, electronic display board, Tele film etc. IEC activities during 2002-2003 were entrusted to one Dy. Director, (IEC) appointed during 2002. In the year 2002-2003, the IEC Campaign was done by advertising through hoardings, wall paintings, publicity through press, theatre and street drama, songs, sensitisation workshops etc., cable TV Channel. However, in two[17] of the six test-checked districts no hoardings were on display as of May 2003.

IEC activities were also taken up by involving Government departments, NGOs, peoples representatives, tea gardens and through State and district level advocacy workshops and follow up workshops in schools for awareness among youth and college students.

The ASACS however, had not made any assessment as to the level of awareness and social mobilisation generated as a result of the IEC campaigns. No evaluation report from any independent organisation was also available. Thus, the extent of achievement of awareness target by ASACS even after spending Rs.2.55 crore[18] during five years ending March 2003 was not ascertainable in audit as of May 2003.

(b) ***Voluntary testing and counselling***

(i) According to the programme, voluntary counselling and testing centres (VCTCs) were to be established in each district. But these centres were established only in 15 of the 23 districts of the State. As of May 2003, eight[19] districts of the State were devoid of blood testing and counselling facilities. This indicated weak infrastructural base, which impeded campaign against HIV/AIDS.

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[16] **Rupees in lakh**

Year	Allocation	Expenditure
1998-1999	56.00	0.39
1999-2000	32.80	31.27
2000-2001	42.00	59.64
2001-2002	100.00	39.31
2002-2003	105.10	124.00
Total	**335.90**	**254.61**

[17] Karbi-Anglong and Dhubri

[18]

Print Media	Rs.109.65 lakh
Electronic Media	Rs. 30.35 lakh
Outdoor Publicity	Rs.60.01 lakh
Folk Media Programme	Rs.14.99 lakh
Workshop	Rs.20.40 lakh
Mobile Theatre	Rs.19.21 lakh
	Rs.254.61 lakh

[19] Bongaigaon , Kokrajhar, Morigaon, Tinsukia, NC hills, Darramg, Karimganj, Hailakandi.

(ii) In the VCTC attached to Civil Hospital, Diphu one Elisa Reader (Approx. cost 1.90 lakh) received in August 2002 could not be put to use as of May 2003 due to non-supply of kits by ASACS. This obviously stalled/impeded HIV testing of blood. In the absence of infrastructural facilities (e.g., absence of ELISA kits) the district lacked the arrangement to detect HIV positive/AIDS patient. No counselling was done in Karbi-Anglong although two counsellors were posted from September 2002 and salary expenditure of Rs.0.90 lakh at Rs.5000 per month was incurred till May 2003.

(iii) In the VCTC, Silchar Medical College Hospital (SMCH) equipments remained to be installed even after eight months of receipt (August 2002).

(iv) One FACS[20] machine (CD-4, CD-8 cell counter) costing Rs.33.00 lakh received in the Guwahati Medical College Hospital (GMCH) from NACO during 1999 was put to use only in August 2002 keeping it idle for over 31 months. The equipment considered vital in the detection of HIV/AIDS infection of patients could not be put to operational use in time due to non-availability of trained personnel.

(v) There was no attendance in the VCTC, Civil Hospital, Dhubri. Neither was there any HIV positive/AIDS patient on official records, nor was any counselling done till May 2003 inspite of appointing two counsellors in VCTC Dhubri from March 2003 for whom salary expenditure of Rs.0.30 lakh was incurred till May 2003.

(c) ***Blood Transfusion and occupational exposure***

(i) NACP project implementation plan envisaged that every district in the country would have at least one modernised blood bank by 2002. But in Assam there were only 16 Government blood banks in 15 of the 23 districts upto March 2003 of which 11 blood banks were established during 1998-2003 against 19 targeted during the period.

(ii) No targets were fixed for establishment of Blood Testing Centres (BTCs) for reasons neither on record nor furnished. Fifteen BTCs were established between 1998-2003 in which number of counselling done and number of voluntary testing conducted were only 367 and 109 respectively during the period.

(iii) Mandatory tests for five diseases viz., HIV, Hepatitis B, Hepatitis C, Syphillis and Malarial Parasite was required to be conducted for every unit of donated blood in all the licensed blood banks. The units of blood found infected with any of the above diseases should be discarded and not prescribed for transfusion.

Between 1998 and March 2003, 1,68,588 units of blood were screened of which 185 units tested HIV reactive. No system existed either for further investigation/examination of the HIV reactive units or to correlate the units with the donors.

[20] Fluorescent Activated Cell Sorter.

(iv) There were no Metro/Zonal screening centres in the State. Blood component separation devices were also not available. Resultantly, whole blood had to be transfused signifying that rationality in use of blood was absent in the State.

(v) All the 16 existing blood banks in the State were modernised with equipments from NACO/ASACS and they were manned by trained medical and paramedical staff. These blood banks received chemicals, reagents, blood bags etc., from the ASACS besides cash grant of Rs.6.50 lakh[21] given to five blood banks. Test-check revealed the following shortfalls in the management/utilisation of blood bank equipments.

(a) NACO, New Delhi delivered 15 refrigerators to ASACS in March 2002 for modernisation of district blood banks. Three of the 15 refrigerators costing Rs.1.93 lakh each issued to three[22] district hospitals remained unused (March 2003) since blood banks in these hospitals could not be made operational due to non-receipt of requisite license. Similarly, 16 of the 30 needle destroyers and six blood transport boxes delivered by NACO in September 2001 were also lying idle in store of ASACS for over one year as of March 2003.

(b) The Superintendent, Nagaon Civil Hospital (CH) received one air conditioner from NACO in September 1998. The air conditioner was initially put to use in the OT of the hospital and it continued to remain there without installation in the blood bank till April 2003.

(c) M/s PD Distributor (Supplier) delivered (June 1998) one blood bank refrigerator, to CH, Nagaon as per order of the Director of Health service (DHS) Assam, Guwahati. The equipment remained defective since delivery. On reporting about the defects, the DHS ordered (June 1998) the supplier to replace the defective refrigerator. As of April 2003 the refrigerator was neither replaced nor repaired. No fresh initiative was made by the Superintendent of the hospital in this regard.

(d) One deep freezer (Approx. cost Rupees one lakh) and one Blood Bank refrigerator (Approx. cost Rs.1.35 lakh) were lying unused in the GMCH blood bank since March 1999 and December 2000 respectively as they could not be repaired for want of funds Two other deep freezers received in March 2001 could not be installed initially due to lack of space. Subsequently the suppler did not comply with the request to install these as of March 2003.

(e) One blood bank refrigerator (Jewat, USA made) was lying idle for over three years in AMCH Dibrugarh as it could not be repaired for want of funds. Thus, the available

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[21]

		(Rupees in lakh)
Nalbari	-	1.50
Barpeta	-	1.00
Golaghat	-	2.0
Hailakandi	-	1.00
Karimganj	-	1.00
Total	**-**	**6.50**

[22] Halflong, Hailakandi and Karimganj.

blood bank infrastructure could not be put to best possible use indicating weak material management.

(vi) The ASACS was supposed to closely monitor the activities of the private sector blood banks. But the society so far did not make any concerted effort to constantly monitor the activities of the 16 private sector blood banks operating in the State. The PD made no supervisory visits. The society received only optional monthly reports rendered by 60 *per cent* of the blood banks. They had no control over the remaining 40 *per cent* of the blood banks. Thus, the blood safety measures in the State still had loose ends.

3.1.5.3 *Low cost AIDS care*

Care and support is a key component of NACP–II, but the effort made by ASACS for providing care and support to patients with HIV/AIDS was inadequate. Against an approved allocation of Rs.56.35 lakh during 1999-2003 only Rs.14.79 lakh were spent. The Society only provided medicines for opportunistic infections to the district and medical college hospitals.

The department stated that there were 171 AIDS patients upto March 2003[23]. The Society could not state how many of them were under care and support in hospitals, community care centres, managed by Trusts or whether they were under home based care.

The ASACS also did not have any action plan for setting of community care centres although NACO stressed the importance of such centres. Status of community care centres in the State was as under (March 2003):

Year	No. of centres proposed	No. of centres established	No. of infected cases (progressive)	Norms/rates fixed for providing drugs for treatment
1998	Nil	Nil	37	No norms fixed for providing drugs.
1999	Nil	Nil	58	
2000	Nil	Nil	99	
2001	Nil	Nil	146	
2002	Nil	Nil	162	
2003	Nil	Nil	171	

Source: Information furnished by ASACS.

Only two centres viz., Ila Trust and Santidan under two social organisations existed in the State where AIDS patients were taken care of. 15 AIDS patients attended OPD of Ila Trust and 25 in Santidan. Out of these, four patients were admitted for treatment in the hospitals. The Society did not have any information of the remaining patients who had not been admitted in the hospitals. Existence of only two community care centres

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Period	No. of patients
1990-1997	23
1998-2003	148
Total	**171**

and failure to utilise 74 *per cent* of the allocated fund indicated poor implementation of low cost AIDS care in Assam.

3.1.5.4 *Implementation Arrangement—NGO participation*

(i) The works of implementation of TI projects and school AIDS education programme were done through NGO's participation. The works assigned to the NGOs were monitored through periodic reports/returns. However, submission of the prescribed reports/returns was not regular and delayed for periods extending upto two months. This indicated laxity in control system.

(ii) Utilisation of grants released to NGOs was monitored through utilisation certificates (UCs). As of May 2003, UCs for Rs.55.17 lakh were pending of which five UCs involving Rs.13.19 lakh became overdue and 12 UCs for Rs.41.98 lakh was not yet due for submission.

(iii) According to the norm prescribed by NACO a target intervention project on CSW with a population size of 1000 was to cost Rs.12,08,500 and thus the average cost is Rs.1,208.50 per person per year.

Test-check revealed that ASACS implemented seven CSW targeted intervention projects between 1999-2000 and 2002-2003 and covered 1,150 beneficiaries at an expense of Rs.36.91 lakh at an average cost of Rs.3,209.57 per person. The cost of the project applying NACO's norm for 1,150 beneficiaries worked out at Rs.13.90 lakh (1,150xRs.1,208.50). The expenditure was thus almost three times of the NACOs norm. Non-adherence to NACOs costing norm in the projects by the PD resulted in an excess expenditure to the tune of Rs.23.01 lakh.

3.1.5.5 *STI/HIV/AIDS sentinel survey*

Activities like sentinel survey in every state, STI surveillance through specific surveys, behavior surveillance and AIDS cases surveillance were required to be conducted according to the guidelines of the project.

STI/HIV/AIDS surveillance was done in the State through 15 Voluntary Counselling and Testing Centres (VCTCs). There were no category-wise surveillances. In the VCTCs all category of individuals were tested for HIV. During 1998-2003, a total of 10,398 cases were tested in the VCTCs of which 231 had tested sero-positive and 148 were confirmed AIDS cases as detailed below:

Year	Cases screened	Sero-positive	Sero-positive rate per 1,000	AIDS cases
1998-1999	1,854	25	13.48	14
1999-2000	1,580	38	24.05	21
2000-2001	2,369	44	18.57	41
2001-2002	2,427	57	23.49	47
2002-2003	2,168	67	30.90	25
Total	**10,398**	**231**		**148**

Source: Information furnished by ASACS.

It would be seen from the above that sero-positivity was constantly on the rise. Against 25 cases tested sero-positive @ 13.48 per 1,000 during 1998-99, sero-positive

cases rose to 67 @ 30.90 per 1000 during 2002-2003 despite campaign against HIV/AIDS.

Non-establishment of category-wise surveillance centers and non-conducting of category-wise surveillance indicated that the programme was being implemented without adequate and reliable information.

3.1.5.6 *Training*

(i) Planning and implementation of training programme were stressed under NACP-II. Before the implementation of the actual training programme, completion of certain training related tasks was pre-requisite. The specified pre-training tasks were completed in time but no targets were fixed for training. However, between 1999-2003 training was imparted to 9,797[24] personnel (52 *per cent*) out of 18,702 medical and paramedical health care providers on roll.

Implementation of training without any pre-set target indicated absence of perspective planning.

(ii) According to NACO's guidelines, each doctor and nurse participants of training course were to be provided with a training module. The module is also to be provided one each to four resource persons in a batch of 30 trainees.

Test-check revealed that between 2000-2003 the ASACS procured 23,000 training modules against actual requirement of 9,348 copies resulting in an avoidable expenditure to the tune of Rs.9.59 lakh as under:

Category of Trainee	Name of module	Qty printed	Qty. required (Participants + Resource Persons)	Excess printed	Rate (Rs.)	Value of excess printing (Rupees in lakh)
1. Specialist	Training & Reference Module	8,000	3,040	4,960	79.00	3.92
2. M.O.	Training Module for M.O.					
3. Nurse	Training Module for Nurse	15,000	6,308	8,692	65.30	5.67
Total		**23,000**	**9348**	**13,652**		**9.59**

The excess expenditure of Rs.9.59 lakh was due to procurement without realistic assessment.

[24]

Govt. Doctors	2,743
Doctors Pvt/TE	220
Nurses	5,564
Lab Tech	426
Field Worker	475
Others	369
Total (excluding 80 NGOs)	**9,797**

3.1.6 *Procurement of stores*

Costly equipments were generally supplied by NACO. The ASACS procured drugs/medicines, chemicals, re-agents, etc. Observations on procurement are given in the succeeding paragraphs.

(i) *Avoidable expenditure on procurement of medicines*

The PD, ASACS procured substantial quantity of ciprofloxacin tabs (500 mg) and norfloxacine tabs (400 mg) respectively from M/s Rajhans Chemical Concern and M/s Guwahati Surgical Mart (Local suppliers) between January 1999 and July 2002. The procurements were made by direct contracting method by adopting the rate of Director of Medical Education (DME) Assam. The rate of ciprofloxacin tablets was Rs.860 (Rs.935.68 with tax) and that of norfloxacin Rs.185.00 (Rs.201.28 with tax) per 100. The PD procured the medicines at those rates from the same suppliers for over four years and procured 13.25 lakh ciprofloxacin and 17.54 lakh norfloxacin tabs in the process.

In August 2002, the PD, however, invited tenders and on the basis of competitive bidding approved a much cheaper rate of Rs.295.00 (Rs.320.96 with tax) and Rs.179.00 (Rs.194.75 with tax) respectively for 100 tablets of ciprofloxacin and norfloxacin tabs. This indicated that the PD had procured the medicines at higher rates during the preceding four years. This resulted in an avoidable expenditure to the tune of Rs.81.48 lakh as under:

(Rupees in lakh)

Name of Supplier	**Name of medicine**	**Qty. procured (in lakh)**	**Rate per 100 (including tax) Rs.**	**Total expenditure**	**New rate per 100 with tax Rs.**	**Projected expenditure at new rates**	**Avoidable expenditure**
M/s Rajhans Chemical Concern	Ciprofloxacin tabs (500 mg)	13.25	935.68	122.33	320.96	42.53	79.80
M/s Guwahati Surgical Mart	Norfloxacin tabs (400 mg)	17.54	201.28	35.84	194.75	34.16	1.68
						Total	**81.48**

The excess expenditure of Rs.81.48 lakh was because of procurement without competitive bidding contrary to NACO's guidelines.

(ii) *Procurement of medicines/consumables without competitive bidding*

According to NACO's guidelines procurement of stores/medicines of a value between Rs.15 lakh and Rs.1.50 crore in each contract was to be regulated under National Competitive Bidding (NCB) method by wide publicity in every regions of the country through press.

Test-check revealed that the PD procured drugs/medicines/ consumables involving value in excess of Rs.15 lakh both in terms of yearly and contract-wise procurement from the same contractor without competitive bidding violating NACO's guidelines. Value involved in such irregular procurement made between 1998-99 and 2002-03 was Rs.1.52 crore as under:

(Rupees in lakh)

Name of supplier	Name of medicine	Value involved in procurement		Total value of procurement
M/s Rajhans Chemical Concern, Guwahati	Ciprofloxacin tabs (500 mg)	1999-2000	59.27	110.73
		2000-2001	51.46	
M/s Guwahati Surgical Mart.	Norfloxacin (400 mg)	1999-2000	15.61	15.61
M/s ASOMI Enterprise, Guwahati	Reagents, Spot Test Kits, Blood Bags	1999-2000	25.99	25.99
			Total	**152.33**

3.1.7 *Monitoring and Evaluation*

Monitoring and evaluation were done through one Monitoring and Evaluation (M&E) Officer. According to provisions M&E were to be conducted by an outside agency at baseline, interim and final year of the projects. But as of May 2003, M&E were not entrusted to any independent organisation barring the case of seven[25] TI Projects. No arrangement was done for conducting baseline evaluation of the projects being implemented by NGOs. Final year evaluation was also not done.

3.1.8 *Reporting system*

Progress of implementation was to be reported to NACO through periodical (monthly, quarterly, annual) reports. Monthly progress reports on TI projects, blood banks, STD clinics, VCTCs were submitted through computerised management information system (CMIS) from January 2002. Other forms of reports included AIDS cases report (monthly), HIV screening sentinel report (quarterly) and financial reports (quarterly and annual) were never sent by ASACS on a regular basis. Rendition of monthly reports were kept pending every month and sent together for several months at a time.

3.1.9 The matter was referred to Government in July 2003; their reply had not been received (September 2003).

[25] Evaluation of 7 TI projects was entrusted to one independent organisation. Reports not yet rendered by the organization.

3.1.10 *Recommendation*

In the light of the irregularities and shortcomings noticed, the following recommendations are made:

(a) Funds for implementation of the programme should be properly utilised and must not be retained in any form or diverted.

(b) STD clinics need to be set up and modernised according to norm. Efficient management and strengthening of blood banks and blood testing centres have to be ensured.

(c) Public awareness and social mobilisation of the programme has to be built up and strengthened in a planned manner and the implementation of the programme needs to be properly supervised and monitored.