SIXTY-THIRD REPORT

PUBLIC ACCOUNTS COMMITTEE
(2007-2008)

(FOURTEENTH LOK SABHA)

NATIONAL AIDS CONTROL PROGRAMME
(MINISTRY OF HEALTH AND FAMILY WELFARE)
(DEPARTMENT OF HEALTH)

[Action Taken on 19th Report of Public Accounts Committee (14th Lok Sabha)]

Presented to Lok Sabha on 13.03.2008
Laid in Rajya Sabha on 13.03.2008

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INTRODUCTION

I, the Chairman, Public Accounts Committee, as authorised by the Committee, do present this Sixty-third Report on action taken by Government on the recommendations of the Public Accounts Committee contained in their 19th Report (14th Lok Sabha) on "National AIDS Control Programme".

2. This Report was considered and adopted by the Public Accounts Committee at their sitting held on 9th January, 2008. Minutes of the sitting form Part II of the Report.

3. For facility of reference and convenience, the Recommendations and Observations of the Committee have been printed in thick type in the body of the Report.

4. The Committee place on record their appreciation of the assistance rendered to them in the matter by the Office of the Comptroller and Auditor-General of India.

5. The Committee also place on record their appreciation for the invaluable assistance rendered to them by the officials of Lok Sabha Secretariat attached with the Committee.

NEW DELHI;
17 *January*, 2008
27 *Pausa*, 1929 (*Saka*)

PROF. VIJAY KUMAR MALHOTRA,
Chairman,
Public Accounts Committee.

CHAPTER I

REPORT

This Report of the Committee deals with the action taken by the Government on the Recommendations/Observations contained in their 19th Report (14th Lok Sabha) on the Report of the Comptroller and Auditor General of India for the year ended 31 March, 2003 (No. 3 of 2004), Union Government (Civil-Performance Appraisals) relating to "National AIDS Control Programme".

2. In their 19th Report which was presented to Lok Sabha on 8th December, 2005, the Committee had dealt with various issues concerning the working of the National AIDS Control Programme (NACP) covering all State/Municipal AIDS Control Societies (SACS/MACS) and National AIDS Control Organisation (NACO) with a view to ascertain the impact of various components of the programme *viz*. utilisation of funds released and accounting; efficacy of priority Targeted Interventions for groups at high risk; the Information, Education and Communication programme; adequacy of training arrangements; functioning of blood banks and Sexually Transmitted Diseases clinics; adequacy of procurement procedures, utilisation of equipment; achievements of targets and impact evaluation; and monitoring and evaluation procedures; etc.

3. The Action Taken Notes in respect of all the 53 Recommendations/Observations have been received from the Ministry of Health and Family Welfare and these have been categorized as follows:—

(i) Recommendations/Observations which have been accepted by Government:

Sl. Nos. 2, 3, 4, 6, 7, 8,11, 12, 14, 16, 21, 22, 24, 25, 26, 28, 29, 30, 31, 33, 34, 35, 36, 37, 38, 39, 40, 41, 44, 45, 46, 47, 50, 51 and 52.

Total : 35
Chapter II

(ii) Recommendations/Observations which the Committee do not desire to pursue in view of the replies received from Government:

Sl. Nos. 5, 17 and 27.

Total : 3
Chapter III

(iii) Recommendations/Observations in respect of which replies of Government have not been accepted by the Committee and which require reiteration:

Sl. Nos. 9, 10, 13, 15, 18, 19, 20, 23, 32, 42, 43 and 49.

Total : 12
Chapter IV

(iv) Recommendations/Observations in respect of which Government have furnished interim replies:

Sl. Nos. 1, 48 and 53.

Total : 3

Chapter V

Gist of Committee's Recommendations/Observations in 19th Report (14th Lok Sabha)

4. The Committee in their 19th Report on the subject had made the following important Recommendations/Observations:—

- Noting the challenge ahead for conceiving realistic and effective programme and targets for different components of National AIDS Control Programme, the Committee had sought for the desirability of conducting a fresh survey of HIV/AIDS infected people especially in the context of many NGOs' and International Bodies' pointing out the inadequacies in the country's Sentinel Surveillance network;
- The Committee had urged that the grants given by External Agencies for HIV/AIDS should not be adjusted into the ceiling determined by Planning Commission and Ministry of Finance;
- The Committee had desired that the Ministry should review of the epidemiological categorization of States into high, moderate and low. They were of the opinion that such categorization may lead to a false sense of complacency among the so-called low prevalence States resulting in poor and tepid Governmental response;
- The Committee had recommended that the definition of high risk group needs to be broad-based so as to include more vulnerable groups such as new recruits to Army and Para-military forces, troops separated from families and deployed in foreign countries, uniformed forces and their families which are prone to high risk;
- Awareness about safe sex needs to be spread more effectively especially in the rural areas by using all available fora such as Gram Sabhas and by conducting Health Melas, etc.;
- Need to review the functioning of Sexually Transmitted Disease (STD) clinics in its entirety and allocation of more funds for their upgradation by providing them with state-of-the-art diagnostic tools and other equipments;
- NACO should instruct all State AIDS Control Societies to offer pre-test counselling to all persons before they are tested for HIV. This would ensure that the affected persons gain confidence for living a normal life without believing in myths and misinformation about HIV/AIDS;
- The Committee had desired that a High Level Committee should be constituted to go into the entire gamut of functioning of blood banks in the country and suggested measures for their modernization;

- Recognising the fact that the Commercial Sex Workers are the most vulnerable and high risk group, the Committee had recommended that NACO should take concerted steps/programme for their rescue and rehabilitation;
- Noting that the prices of Anti-Retroviral Therapy Drugs are quite exorbitant and beyond the reach of common man, the Committee had emphasised that there is an urgent need to develop an alternative drug which can be cost-effective;
- Emphasising that the Government have to be vigilant against unscrupulous persons claiming to have invented a cure for HIV/AIDS through magic herbs, the Committee had suggested that if need be, the Drugs and Magic Remedies Act could be suitably amended;
- National AIDS Committee should meet frequently and at least once in six months to review the overall implementation of the programme and progress made under various components of the NACP;
- Highlighting the international dimension to the problem of AIDS in the North Eastern Region on account of illicit trans-border drug trafficking from Laos, Myanmar and Thailand, the Committee had recommended for setting up of a separate body/agency exclusively for North-Eastern States.

5. The Action Taken Notes furnished by the Ministry of Health and Family Welfare have been reproduced in the relevant Chapters of this Report. In the succeeding paragraphs, the Committee will deal with the action taken by the Government on some of their Recommendations/Observations made in the Original Report, which need reiteration of merit comments.

6. The Committee desire that Government should furnish final/conclusive action taken replies to the recommendations for which interim replies have been furnished.

A. Fresh survey of HIV/AIDS infected people

Recommendation (Sl. Nos. 1 & 13, Para Nos. 195 & 207)

7. Examination of the subject by the Committee had revealed that the problem of AIDS has ceased to be a mere health problem and has now acquired dimensions, which perhaps have very few parallels in the history of mankind. The Committee, therefore, had asked that the Ministry to conduct a fresh survey of HIV/AIDS infected people especially in the context of many NGOs and international bodies pointing out the inadequacies in the country's Sentinel Surveillance Network.

8. The Ministry in their Action Taken Notes on the aforementioned recommendation *inter-alia* responded as under:—

> "The spread of HIV/AIDS in the country is regularly tracked by conducting the annual sentinel surveillance. Sentinel surveillance started with 180 sentinel sites in 1998 and by 2005 increased to 750 sentinel sites located in different population groups. During 2006, another 434 additional sentinel sites have been established particularly in the northern and central parts of the country for filling gaps, and ensure coverage of high risk population sites and every district in the country.

In order to ensure quality of the surveillance, both in terms of data collection and laboratory procedures, five regional institutes and 10 national reference laboratories have been identified to technically support the States and provide continuous monitoring and supervision during surveillance. Also, a National Expert Committee, under the Chairmanship of Director General, ICMR and consisting among other expert from the WHO as well as UNAIDS, provides technical expertise and estimations, and approves the surveillance data findings. The nodal agencies that support the National AIDS Control Organization in this work are the National Institute of Health and Family Welfare and National Institute of Medical Statistics. In addition to the regular surveillance sentinel system during the current year, for the first time HIV infection has been included in the National Family Health Survey that is conducted every five years by the Indian Institute of Population Sciences (IIPS). Under this population based data, blood samples of about 125,000 adult population in the entire country are being analyzed for HIV infection. Further, a specialized Integrated Behavioural and Biological Survey (IBBS) is also being carried out in 173 districts of high prevalence States covering about 30,000 high risk population. The data generated from other sources such as the Integrated Counselling and Testing Centres and blood banks are also being analysed. The results of all these specialized activities will be available by the early part of 2007 and should be able to provide a far more accurate picture of the prevalence and incidence of HIV in the country."

9. The Committee take note of the various steps that have been taken by the Ministry of Health and Family Welfare for providing accurate picture of the prevalence and incidence of HIV/AIDS in the country. However, they are of the opinion that their concern to have Sentinel Surveillance Network based on a systematic and scientific approach has not been adequately addressed by the Ministry of Health and Family Welfare. The apprehension of the Committee in this regard increase especially in the light of the recent slashing of official estimates on HIV/AIDS prevalence in India. As per the official website of NACO, the National adult HIV prevalence in India is approximately 0.36 per cent, amounting to between 2 and 3.1 million people. If an average figure is taken, this comes to 2.5 million people living with HIV and AIDS. This clearly indicates that the figure has almost come down to 50 per cent of what they had projected in 2004 i.e. 5.14 million. However, the Committee feel that the reliability of this data needs to be validated. They are of the opinion that the inflated figures can be used to take resources and energy away from equally important public health programmes and at the same time, underestimates can result in a problem being ignored. Therefore, it is necessary to identify an appropriate agency/authority and to have a realistic data with periodic revision which is not only acceptable to the Government Departments but to all International Health Organisations such as AVERT AIDS Education and Research Trust, Global AIDS Programme, Global Health Council, International Federation of Red Cross and Red Crescent Societies, UNAIDS, World Health Organisation etc.

B. Radical change in attitudes and beliefs regarding HIV/AIDS

Recommendation (Sl. No. 2, Para No. 196)

10. The Committee had brought out that the AIDS, more than any other health issue, is capable of hindering the country's development because it attacks the people in their most productive years and places an undue strain on the economy. Therefore, a thorough understanding of HIV/AIDS requires radical change in attitudes and beliefs, as well as the emotional components concerning the virus and the syndrome, and the behaviours that place ourselves *vis-a-vis* others at-risk of contracting the virus.

11. Apprising the Committee about the steps taken by the Ministry of Health and Family Welfare to bring behavioural changes among the masses, the Ministry, in their Action Taken Note, stated as under:—

> "For bringing about such behavioural change, massive IEC campaigns are periodically launched. Through such campaigns, people are being informed of the various aspects of the infection. It is seen that with knowledge and better information, there is reduction in stigma and discrimination, adoption of safe practices and reduction in risky behaviour. Since surveys showed young children in age group of 15-19 experimented with casual sex, a sustained programme of sex education and life skill education has been taken up under which over 1,00,000 high schools have so far been covered."

12. The Committee take note of the work carried out by the Ministry of Health and Family Welfare regarding work done through Information Education and Communication (IEC) campaigns by covering over 1,00,000 high schools. The Committee would like to be apprised of the real impact/outcome of this initiative. They also desire that some programmes should be chalked out for the sections of the society other than those covered by high school education.

C. Effective Utilization of Earmarked Funds

Recommendation (Sl. No. 7, Para No. 201)

13. The Committee had noted that the implementation of NACP-II suffered for want of adequacy of funds due to procedural flaws and lack of seriousness and urgency on the part of Budget Allocating Authorities, besides failure of the Ministry of Health and Family Welfare to impress upon the Ministry of Finance and Planning Commission the need for timely release of the total World Bank Grant for such a vital project. They had, therefore, emphasized the need for ensuring not only total utilization of earmarked funds but also for enhancing further budgetary allocation for the Programme. The Committee had also urged that the external grants should be treated as supplement to the Domestic Central Budgetary support rather than a substitution. Grants given by external agencies should not be adjusted into the ceiling determined by Planning Commission and Ministry of Finance.

14. The Ministry of Health and Family Welfare in their Action Taken Notes have *inter-alia* replied as under:—

> "As can be seen from the Table below, inadequate allocation of funds was the main reason for not spending as per target.

Utilisation of Funds Provided under NACP-II

(Rupees in crore)

Sl. No.	Fiscal Year	Projections	Budgetary Provisions		Shortfall against Projections	Expenditure (%)
			Budget Estimate (B.E.)	Revised Estimate (R.E.)		
1.	1999-2000	201.73	140	140	61.73	96.60%
2.	2000-2001	317.29	145	180	137.29	100.00%
3.	2001-2002	308.62	210	225	83.62	100.69%
4.	2002-2003	310.00	225	242	68.00	99.23%
5.	2003-2004	310.00	225	225	85.00	103.06%
6.	2004-2005	476.00	259	426	50.00	99.06%
	Total:	1923.64	1204	1438	485.64	

During 2005-06 and 2006-07, there was a further improvement in resource allocation as shown below:—

Year	Budget Estimate	Revised Estimate	Utilisation(%)
2005-06	533.50	533.50	99.41%
2006-07	905.67	(including Rs. 200 crore for NRHM)	

The observation regarding treating external grant as a supplement to the Domestic Budgetary Support has been agreed to in the Global Fund assisted project and Ministry of Health and Family Welfare has been able to get Rs. 122.74 crore as an additional grant over and above the X plan provision. However, the issue with regard to other external grants to be provided as additional to the ceiling determined by Planning Commission and Ministry of Finance will be taken up with Planning Commission during the NACP-III formulation. As regards Utilisation Certificate, it is true that in the earlier stages of programme implementation, UCs were not being received on time. However, reimbursement from the World Bank has been received continuously on the basis of SOE submitted by SACS on quarterly basis. It is further submitted that Audit Reports and UCs from the implementing agencies upto 2004-05 have been received and Government of India has received 100% disbursement from the World Bank within the approved period of implementation of the projects, *i.e.*, upto 31.03.06."

15. The Committee are happy to note that there is improvement in the resource allocation during the year 2006-07. This is particularly on account of Rs. 200 crore for NRHM scheme. Considering the gigantic problem, the Committee desire that the Ministry should continue to pursue with the Ministry of Finance as also with other National/International agencies for more funds for the AIDS programmes with matching programmes in the field.

D. Timely submission of Annual Action Plan by State AIDS control societies

Recommendation (Sl. No. 9, Para No. 203)

16. In their 19th Report, the Committee had noted that till 2002-2003, none of the SACS/MACS had submitted their Annual Action Plan on time. Inordinate delays in submission of Annual Action Plan by SACS resulted in their belated approval which in turn affected the proper utilization of funds and as a consequence there were considerable unspent balances lying with the SACS/MACS at the end of the year. This also affected the targets set in respect of some programmes like strengthening of Sexually Transmitted Diseases (STD) clinics, Voluntary Counselling and Testing Centres (VCTCs,) training etc. Therefore, the Committee had desired that NACO should strictly ensure that Annual Action Plans are submitted by all SACS/MACS within the stipulated time frame.

17. The Ministry of Health and Family Welfare in their Action Taken Note have stated as under:—

> "Annual Action Plans of all the societies are finalized within the 1st quarter of that Financial Year and Funds released during the 1st quarter of the Financial Year. The procedure adopted by NACO for timely submission of Annual Action Plan by SACS/MACS has already been submitted in a written note to PAC."

18. In a written note submitted earlier to the Committee, the Ministry had informed that the State AIDS Controlled Societies were to send their Annual Action Plans by 31st December and the target month for completion of the process of finalising the Annual Action Plan of the implementing agencies was March, before the next Financial Year starts (Para 34 of the 19th Report).

19. The Committee are not at all satisfied with the efforts made by the Ministry for timely submission of Annual Action Plans. The reply furnished by the Ministry is vague and evasive in as much as it does not address the core issue of inordinate delays in submission of Annual Action Plans by State AIDS Control Societies. Rather taking action for monitoring the timely submission of Annual Action Plans by State AIDS Control Societies, the Ministry have side stepped the issue by merely stating the extant procedures followed in NACO for submission of Annual Action Plans by States AIDS Control Societies, which is anything but regrettable. Further, there is no mention about the status of submission of Annual Action Plans by the State AIDS Control Societies during the subsequent years, i.e. 2003-04 to 2005-06. The Committee, therefore, reiterate their earlier recommendation and urge upon the Ministry to take the matter seriously with the concerned State Governments where it has been found that SACS/MACS have not submitted the Annual Action Plans regularly and timely. It should be ensured that all plan discussions are finalized and approved before 31st March of the current financial year so that fund should be properly and fully utilized by all State AIDS Control Societies. In this connection, it would be desirable to have a mechanism to ensure advance action and follow up to get the Annual Action Plans on time.

E. Low Cost AIDS Care Outlay

Recommendation (Sl. No. 10, Para No. 204)

20. In their Original Report on the subject, the Committee had noted that while the expenditure on the component Preventive Interventions for General Community exceeded the indicative percentage of the total outlay, the expenditure on Low Cost AIDS Care and inter-sectoral collaboration fell far short of the indicative outlay. The Committee had, therefore, recommended that the Ministry should identify the bottlenecks responsible for low expenditure in the Low Cost AIDS Care and in inter-sectoral collaboration components. They had also urged the Ministry to take necessary steps to increase the expenditure on this component and also periodically monitor progress made by SACS.

21. The Ministry of Health and Family Welfare in their Action Taken Notes have *inter-alia* replied as under:—

> "Low Cost AIDS Care includes the establishment of Community Care Centres, Drop-in Centres, and treatment for Opportunistic Infections (OIs). These services are made available to address the medical, psychosocial and care & support needs of people living with HIV & AIDS. Initially, the provisioning of these services were focused in the six high prevalent States and after 2001-02 expanded to other States. As on date, 122 Community Care Centres, 84 Drop in Centres are functional in the country. Treatments for Opportunistic Infections (OIs) are being provided through the Community Care Centres and ART Centres. SACS have been encouraged to develop positive networks so that the services made available through these centres are extended to the neediest. The services of People Living with HIV and AIDS (PLWHAs) are being utilized as positive speakers for reducing the stigma and discrimination in the community."

22. The Committee are unhappy with the programme taken up by NACO regarding "Low Cost AIDS Care" as the Ministry of Health and Family Welfare have not identified the thrust areas of the programme regarding planning, management, monitoring and implementation of the programme and also the bottlenecks for low expenditure of funds for the programme. The Committee regret to note from the Action Taken Note furnished by the Ministry that even after the lapse of a considerable time since presentation of their Report, no concrete action has been taken on the recommendation of the Committee. The Ministry have merely mentioned about the objective of the programme and the number of Community Care Centres and Drop-in Centres set up till date. The Action Taken Note is completely silent about the reasons for low expenditure of funds and the necessary corrective measures for stepping up the expenditure for the programme. Obviously, the Ministry have not acted with seriousness that it required. The Committee, therefore, reiterate their earlier recommendation and desired that conclusive action be taken on it.

F. Efforts for keeping the number of AIDS cases infected through blood transmission to the Minimum

Recommendation (Sl. No. 15, Para No. 209)

23. The Committee had observed that though the transmission of AIDS through blood and blood products has come down from 7.79 per cent in March, 1999 to

2.79 per cent in March, 2003, the number of cases in absolute terms have however been increasing and the target of keeping it below one per cent still remains to be achieved. Therefore, the Committee recommended that NACO should re-double their efforts to achieve the target of keeping the number of AIDS cases infected through blood transmission to minimum.

24. The Ministry of Health and Family Welfare in their Action Taken Notes have *inter-alia* replied as under:—

> "To ensure safety of blood and blood products in various blood transfusion centres in the country, NACO has undertaken several steps as listed below:
>
> - For the modernization of blood banks and component separation facilities, one time equipment grant and yearly recurrent grants as per the approved Pattern of Assistance are provided;
> - Structured training on blood transfusion is being provided at 17 identified centres all over the country for improving the capacity of the staff working in the blood banks;
> - During 2006, it has been planned to conduct 147 training sessions in identified training institutions based on the training requirement of States/ UTs.
> - Provision made for setting up of Blood Storage Centres to take care of requirement of low volume of blood in remote/rural settings.
> - To augment the proportion of voluntary blood donation, 45,000 voluntary blood donation camps are being organized by various organizations like Indian Red Cross Society, Rotary Club, State branches of Indian Medical Association. During 2005, 53.2% of the blood units were collected through voluntary blood donations.
> - NACO has conducted five regional workshops and one orientation workshop in each of the State on 'Rational use of Blood' to appraise them of the appropriate clinical use of blood and blood products. The Standard Operating Procedures for blood banks functioning have been developed and are in place including testing protocols to ensure effeciency in testing of Transfusion Transmissible Infections (TTIs)."

25. The Committee note that the Ministry of Health and Family Welfare have taken up a number of steps to ensure safety of blood and blood products in various blood transfusion centres. The Committee, however, note that the Ministry is still silent on the specific recommendation made by the Committee in their 19th Report that NACO should re-double their efforts to achieve the target of keeping the number of AIDS cases infected through blood transmission to minimum. The Committee, therefore, would like to be apprised of the latest status/statistics in this regard *inter-alia* giving details on the State-wise data of percentage of voluntary blood donation as well as the percentage of HIV positive/AIDS cases which have been reported due to infection through blood transfusion. They would also like to be apprised of the specific measures undertaken by the Ministry for achieving the stipulated target of achieving below one per cent the transmission of HIV/AIDS through blood and blood products.

G. Broad-base the current definition of 'High Risk Group'
Recommendation (Sl. No. 18, Para No. 212)

26. The Committee had observed that despite the Ministry's claim that there had been a notable increase in terms of coverage of vulnerable population through Targeted Intervention (TI), yet, 50 per cent of the population was still to be covered. They therefore had desired that efforts needed to be step up to bring the uncovered population under the ambit of TI Programme and had recommended that the definition of high risk group needs to be broad-based so as to include more vulnerable groups such as new recruits to Army and Para-military forces, troops separated from families and deployed in foreign countries, uniformed forces and their families which are prone to high risk and which need inter-sectoral participation in prevention of HIV/AIDS. They had also emphasized that vulnerability and risk should form the basis of planning and programme implementation for prevention and control of HIV/AIDS.

27. The Ministry of Health and Family Welfare in their Action Taken Notes have *inter-alia* replied as under:—

> "As on August 2006, a total of 1088 TIs are being implemented by NGOs/CBOs across the country. Of these 325 are exclusively focussed on the three High Risk Groups (CSW, IDU and MSM). Besides NACO assisted programmes, the Bill & Melinda Gates Foundation is also supporting an estimated 150 NGOs for TI interventions. In addition to the 3 HRGs, TIs are also taken up for covering bridge populations such as truckers, migrant workers, prison inmates, street children etc. covering population groups who have high vulnerability to getting this infection. Though the Armed and Para Military forces are not categorized as high risk, very high priority has been and is continued to be provided to them. In 2003, nation wide mapping exercise was undertaken to assess the population of HRGs in the country. This exercise has not only provided information on the probable number but also points of concentration. This information is now being further refined and used for upscaling to ensure saturation under the NACP-III. Lack of funds during NACP-II, inadequate capacity among NGOs and SACS and legal hurdles and social stigma related to the HRGs in particular MSMs were the main factors for lower coverage.
>
> Table below provides the estimated size and coverage of High Risk Groups together by NACO and Bill and Melinda Gates Foundation through Targeted Interventions programme:

Sl. No.	High Risk Groups	No. of TIs	Estimated size	Estimated coverage	Percent coverage
1.	Sex Workers		8,31,677—12,50,115	5,88,777	55%
2.	IDUs		96,463—1,89,729	1,02,344	53%
3.	MSM		23,52,113	1,46,397	6%
4.	Male Sex Workers		2,35,213		

The TIs reporting format on CMIS has been revised to incorporate the suggestions made by various stake holders. Monitoring and Evaluation division of NACO conducted five regional workshops for streamlining the CMIS reports on TI. The objective is to monitor the progress of TIs and simultaneously giving the feed back to the NGOs implementing TIs. The reporting has improved from 35% in December 2004 to 54.3% in August 2006. SACS officials conduct monitoring appraisals of TIs on regular basis and give feed back to NGOs/CBOs. Project Support Units (PSUs) have been established in nine States for building the capacity of NGOs/CBOs which has also contributed to improved reporting and monitoring. Under NACP III all SACS will be provided with the PSUs as the experience has been extremely positive."

28. The Committee have not been impressed by the belaboured reply of the Ministry as nothing has been mentioned about broad basing of the definition of the high risk groups. They would accordingly await Government's response to this specific aspect.

H. Emphasis for more Effective & Result Oriented Targeted Intervention Programme Recommendation (Sl. No. 19, Para No. 213)

29. The Committee had expressed their concern over the poor quality of different elements of Targeted Interventions due to which the Programme could not achieve the desired results. The Committee, therefore, recommended that NACO should promptly identify the weaknesses with a view to taking suitable corrective steps to make TIs more effective and result oriented. Further, the Government ought to take the Co-operation of NGOs, VOs, Community Based Organisations, the target community and the Civil Society at large to make TI programme a truly mass movement.

30. The Ministry of Health and Family Welfare in their Action Taken Notes have *inter-alia* replied as under:—

"During, 2003-04 NACO undertook two external evaluation studies of TI projects in 22 States. The findings and recommendations of the evaluation studies were:—

- TIs have a critical role in reducing spread of the epidemic and therefore, interventions must focus on groups at highest risk (CSW, MSM, IDU) and saturate their coverage.
- Capacity building of NGOs and SACS should be further strengthened as the number of trainings (2.67 / intervention / year) is inadequate and number of training days (6.63/intervention/year) is low.
- Issues related to financial flows to the NGOs should be addressed to reduce delays (91 days) and low volume of funds (Rs. 5.44 lakhs)
- Quality of implementation should be improved.

For generating a better focus on the Core groups (CSW, MSM, IDU), NACO through national consultations (held in year 2004-05) has revised the costing guidelines for Targeted Intervention projects. This helped in scaling up of the TI programme for saturating the coverage of Core groups. All SACS have developed plans for saturating the coverage of core groups. The Targeted Interventions

among CSWs have been increased from 147 in 2003 to 186 in 2006; the IDU interventions have increased from 39 in 2003 to 114 in 2006 and 19 Interventions among MSM in 2003 to 30 in 2006. The geographically scattered population of CSWs, MSM and IDUs are also being covered through 416 composite interventions. NACO has set up Project Support Units (PSUs) in nine States to facilitate the scaling up of TIs, building capacity of NGOs and improving the quality of services. The PSUs have developed a year wise training/capacity building action plan for each project staff (Project Coordinators, Out Reach Workers, Counsellors, Accountants & Peer Educators), for the themes (CSWs, MSM, IDUs, Truckers, Migrants) and the number of training days have been worked out. The training modules for each category has been compiled and shared with all the SACS for taking up the training programme. Technical Resource Group for each theme (CSWs, MSM, IDUs, Truckers and Migrants) has been developed to provide technical guidance and assistance for improving the quality of the programme. In order to address the delay in release of funds to NGOs by SACS, the finance managers have been sensitized on regular basis. The volume of funding has been improved from Rs. 5.44 lakhs to an average of Rs. 10.00 lakhs. The quality of services such as Syndromic Case Management of STIs, Condom Promotion etc. is being improved upon as the cost for treating; seed money for Social Marketing of Condoms etc. has been incorporated in the revised costing guidelines. The monitoring of NGO activities is being carried out on the monthly and quarterly basis and the monitoring framework has been developed to include increased condom use, reduction in multi partner exchange (sex & needle), higher treatment seeking behaviour among HRGs. The internal evaluation of TIs is being conducted on half yearly and annual basis to strengthen the quality of the TI programme."

31. With regard to the Targeted Interventions Programmes, the Committee have been apprised that a number of steps have been taken by the Ministry to widen up the coverage of TIs Programmes. However, the Ministry have not apprised the Committee about the impact which has been made by such interventions. The Committee expect that the Ministry to take steps to have an effective evaluation of all TIs and at the same time correlate with the previous findings so as to further take corrective measures in this regard.

I. Completion of all mapping exercises in all States

Recommendation (Sl. No. 20, Para No. 214)

32. The Committee noted that 33 mapping reports of major SACS were available with the Government barring reports from States of Chhattisgarh, Rajasthan, Orissa, Lakshadweep and Dadra & Nagar Haveli which are being finalized. The Committee had therefore recommended that NACO should finish the mapping exercise of the remaining States at the earliest so as to have a complete and reliable data relating to high risk population.

33. The Ministry of Health and Family Welfare in their Action Taken Notes have *inter-alia* replied as under:—

> "Mapping of the High Risk Groups (*i.e.* Sex Workers, Men who have sex with men, Injecting Drug Users, Truckers and Migrants) has been completed in all the States to identify location and size of High Risk Groups. These studies were commissioned by each State AIDS Control Societies (SACS) between year 2001–2004 through various research agencies of National repute. The mapping exercise was completed in Haryana, Goa, Meghalaya & Lakshadweep in 2004-05 and the reports are available with NACO. A revalidation of all such mapping data has also been carried out at National level in 2005-06 to consolidate the estimated size and estimated sites of HRGs and the report of which is available with NACO. Following estimates have been generated out of the mapping exercise:

Sl. No.	High Risk Groups	Estimated Size
1.	Sex Workers	8,31,677—12,50,115
2.	IDUs	96,463—1,89,729
3.	MSM	23,52,113
4.	Male sex workers	2,35,213
5.	Truckers	5-6 million

> The States which have mapping information more than three years old are revisiting the mapping exercise to update the mapping information. In the Annual Action Plan for year 2006-07 Rs. 219.51 lakh has been allocated to 16 SACS for undertaking an exercise to update the data."

34. The Committee have been informed about the completion of mapping exercises of the high risk groups in all the States. However, the estimated size through the mapping exercises furnished by the Ministry *i.e*. Sex Workers — 8,31,677 to 12,50,115, IDUs — 96,463 to 1,89,729, MSM — 23,52,113, Male sex workers — 2,35,213, Truckers — 5-6 million is absolutely different from the figure that have recently been projected by the Government *i.e.* 2.5 million. As recommended in Para 9 of the Report, the Committee would await the realistic data on the subject.

J. Awareness about the use of Condoms to Prevent HIV/AIDS Recommendation (Sl. No. 23, Para No. 217)

35. The Committee had observed that while awareness of condom use in urban areas of the country was fairly high (90.4 per cent), it was relatively low in rural areas particularly in the States of Assam (69.5 per cent), Bihar (64.8 per cent), Karnataka (64.8 per cent), Madhya Pradesh (69.8 per cent), Maharashtra (67.2 per cent), Orissa (61.2 per cent), other North Eastern states (62 per cent) and Tamil Nadu (67.6 per cent). They, therefore, recommended that the awareness of safe sex should be spread more effectively especially in the rural areas by using all available fora such as Gram Sabhas and by conducting health meals, etc. Training for elected members of Gram Panchayats and Women Self Help Groups on issues related to HIV/AIDS should be imparted so as to bring about an attitudinal change and awareness among rural masses to fight against HIV/AIDS. With a view to have a wider reach amongst the television viewers, the

Committee had suggested that the electronic medium should be used to the maximum extent possible in prevention of HIV/AIDS and the Ministry of Health and Family Welfare in coordination with Ministry of Information and Broadcasting should make efforts to make it mandatory for all the Satellite Channels to telecast condom advertisements compulsorily during prime time.

36. The Ministry of Health and Family Welfare in their Action Taken Notes have *inter-alia* replied as under:—

> "The provisional results of BSS conducted during 2006 showed improvement in the awareness level of general population from 76.1% during 2001 to 84.6% in 2006. The condom use with last non-regular sex partner has also increased from 49.3% to 66.1%. National AIDS Control Organisation has extensively utilized Satellite Channels for promotion of condoms. For greater visibility and to reach a large number of viewers, the insertion of these advertisements were planned by considering the following facts such as scheduling strategy, high frequency and impact and message recall and acceptability. As per the telecast time available, NACO had judiciously scheduled its 70% video spots during prime time, 20% in prime news channels and 10% in popular programmes in the afternoon slot to reinforce the viewership. Considering the popularity and a large number of viewership of cable and satellite channels in the current financial year (2006-07), NACO has proposed to release advertisements in the cable and satellite channels focusing on condom promotion, addressing vulnerability of youth, women and services."

37. The Committee are constrained to note that though the Ministry have informed about the improvement in the awareness level of general population regarding the condom use, the Ministry have not addressed the issue which was raised by the Committee in their 19th Report regarding spreading awareness about safe sex in the rural areas through Gram Sabha, health melas etc. The Committee are also dismayed with the fact that the Ministry have not mentioned in their Action Taken Notes anything on the training for elected members of Gram Panchayats and Women Self Help Groups on issues related to AIDS so as to bring about an attitudinal change and awareness among rural masses to fight against HIV/AIDS. The Committee also regret to note that the Ministry have not specified whether conclusive action have been taken to make all satellite channels cover condom advertisement during prime time. The Committee, therefore, reiterate their earlier recommendation and emphasise that all necessary measures should be taken by the Ministry to bring out concerted efforts for better outreach of condom promotion and safe sex awareness campaigns especially in rural and high risk areas.

K. Shifting of HIV Testing from 'Voluntary' to 'Routine'

Recommendation (Sl. No. 32, Para No. 226)

38. The Committee had noted that though NACO had nearly achieved the targets set for establishing Voluntary Counselling Testing Centres (VCTCs), but the scheme remained non-starter due to their poor functioning. They had, therefore, recommended that NACO should ensure that all the existing VCTCs are made fully functional at the earliest by providing adequate number of trained technical manpower, latest equipment and medical kits, etc. The Committee have also desired that NACO should instruct all

State AIDS Control Societies to offer pre-test counselling to all persons before they are tested for HIV as this would ensure that the affected persons gain confidence for living a normal life without believing in myths and misinformation about HIV/AIDS. The Committee are also of the opinion that the testing of HIV should shift from 'voluntary' to 'routine' which means regular HIV test for every person accessing the health care system.

39. In their Action Taken Note, the Ministry of Health and Family Welfare have stated as under:—

> "NACO has now re-strategized HIV-AIDS service delivery by merging all the existing PPTCT, VCTC and HIV-TB VCTCs. These centres will now be called as Integrated Counselling and Testing Centres (ICTCs). The ICTCs will provide services to all the needy clients' *viz.* ANC, RTI, STI, HIV-TB etc. The approach is likely to enhance the coverage of HIV/AIDS related services to the needy clients. The total number of existing ICTCs in 2815, of which PPTCT services are being provided in 1880 centres. It is also proposed to open an additional 250 centres in the current financial year."

40. As regards operationalising and strengthening of Voluntary Counselling and Testing Centres (VCTCs) as recommended by the Committee in their 19th Report, the Ministry in their Action Taken Note have informed that all the existing VCTCs along PPTCTs etc. have been merged into a single entity and christened as Integrated Counselling and Testing Centres (ICTCs). The Committee trust that the newly set up ICTCs will function as a single window service to cater to the requirements of all the needy clients. They also expect the Ministry to provide State-of-the-Art equipment and adequate number of qualified technical manpower so that these Centres could provide quality services to the patients. The Committee would like to be apprised of the functioning of the ICTCs.

With respect to offering of pre-test Counselling to all persons before testing them for HIV and shifting of HIV test from "Voluntary" to"Routine", the Committee regret to find that the Ministry's reply is conspicuously silent on this issue. The Committee therefore reiterate that Ministry should pay serious attention to this issue and take concrete action for implementing the same. The Committee firmly believe that these suggestions if implemented properly would go a long way in correct estimation of HIV/AIDS patients in the country.

L. Development of Alternative Drug to Anti-Retroviral Therapy Drug through Indian System of Medicine

Recommendation (Sl. No. 42, Para No. 236)

41. The Committee had felt that in the current scenario where the prices of Anti-Retroviral Therapy Drugs are quite exorbitant and beyond the reach of common man, there is an urgent need to develop an alternative drug which is cost-effective through Indian systems of medicine like Ayurveda, Unani and Siddha apart from Homoeopathy. They, therefore, recommended that Ministry of Health and Family Welfare should sponsor a special Research and Development (R&D) Project for developing an indigenous drug through all branches of Indian System of Medicine (ISM) and

Homoeopathy which is not only cheaper but also can act as an effective substitute for Anti-Retrovirals Therapy, if not a total cure from the infection. The Committee had also recommended that the Government should be vigilant against unscrupulous persons claiming to have invented a cure for HIV/AIDS through magic herbs and if need be the Drugs and Magic Remedies Act should be suitably amended so as to provide stringent punishment to unscrupulous persons taking advantage of the misery of HIV-infected persons and defrauding them of huge sums of money.

42. The Ministry in their Action Taken Note, submitted to the Committee, stated their position as under:—

> "NACO examines the claims of products developed by the Indian System of Medicine like Ayurveda, Unani and Sidha through ICMR for efficacy. At present, we are suporting vaginal microbicides study-PRANEEM polyherbal formulation at NARI, Pune, and also ARV activity in western Himalayan plants by the Institute of Himalayan Bio Resources, Palampur, in Himachal Pradesh. The technical core committee for research has also recommended testing of drug Receptol. AYUSH drugs are also being tested through Homeopathic and Ayurvedic Medical Council. NACO is supporting a study of Jyoti Amritum, a herbal product, for its efficacy. The Government is developing standards of care in ART services and once these are finalized, the ART centres in Government Sector, Public Sector Undertakings and non-Government sector will be accredited. A drug resistance committee has been constituted at NACO to look into all issues related to primary drug resistance and development of secondary drug resistance while on ART. A multi-media approach has been planned to make people aware about ART services in the country and discourage them to resort to any untested treatment. In the absence of any regulations and enforcement machinery at the State level, NACO is finding it difficult to take any action against quacks and unscrupulous persons exploiting the gullibility of patients by promising them cure."

43. The Committee have taken note of the steps that have been taken by the Ministry for examining the drugs manufactured by the Indian System of Medicines and Homoeopathy. However, the Committee are perturbed to note that the Ministry have not taken any steps for safeguarding the patients from unscrupulous persons/ quacks claiming to have invented a cure for HIV/AIDS through magic herbs on the pretext that there is no regulation and enforcement machinery at the State level in spite of the Committee's recommendation that if need be, the Drugs & Magic Remedies (Objectionable Advertisement) Act, 1954, be amended suitably. The Committee would like to be apprised of the measures/concrete actions taken in this regard at the earliest. The Committee are also of the opinion that NACO may take help of all the State AIDS Control Societies by asking them to report on the objectionable advertisements appearing in their respective States and suitably take penal action in this regard.

M. Setting up of an exclusive research agency to monitor research work

Recommendation (Sl. No. 43, Para No. 237)

44. The Committee had suggested that the research and development work that is being carried out in India and rest of the world should have a common meeting ground/

platform so that research findings can be shared and correlated with each other with a view to arrive at a possible solution to combat HIV/AIDS. For this, the Committee had recommended that the Ministry of Health and Family Welfare should establish a Research Agency to monitor the research work that are being carried out in India and all over the world with a view to developing vaccines and cheap life saving drugs for control of HIV/AIDS.

45. The Ministry, in their Action Taken Notes, stated the position as under:

> "Indian Council of Medical Research (ICMR) is involved in various research activities relating to HIV/AIDS. Some of the studies being undertaken are as follows:—
>
> - Study on Incidence of HIV and Risk factors
> - Development of effective vaginal microbicides
> - Development of an AIDS vaccine".

46. The Committee regret to note that the Ministry of Health and Family Welfare have not spelt out the follow-up steps taken regarding establishment of a 'Research Agency' to monitor the research work that are being carried out in India and all over the world. The Committee, therefore, would like to be apprised about ICMR being designated by the Ministry as nodal agency to carry out research work on HIV/AIDS and also the monitoring work done by ICMR for HIV/AIDS research work during the last three years.

N. Emphasis for National Performance Review of NACP-I and II

Recommendation (Sl. Nos. 48 and 53, Para No. 242 and 247)

47. The Committee had recommended that the Ministry of Health & Family Welfare may examine the feasibility of conducting a National Performance Review so as to assess the functioning of NACP-I & II and the deficiencies/shortcomings that may come to their notice should be taken into cognizance while conceiving NACP-III.

48. The Ministry in their Action Taken Note, submitted to the Committee, stated their position as under:—

> "The programme is being monitored closely using CMIS, review meetings and field visits by officers from NACO and SACS. Quarterly review meeting of SACS are held on a regional basis for in-depth assessment of each component of each State. Regular weekly meetings are taken by Additional Secretary & DG, NACO to identify problems and progress on each issue and action points identified during the meetings. An Independent Evaluation of NACP has been finalized to be carried out by a consortium consisting of IIHMR, Jaipur, IIM Kolkata and John Hopkins University, Baltimore (USA). The study is scheduled to be undertaken during the current financial year."

49. The Committee are keen that the Ministry take effective measures to assess the outcome of NACP-I and II. Although the Committee have been informed that an independent evaluation of NACP have been finalised, as recommended by the Committee. The Committee would await the findings of the evaluation of NACP-I & II as done by IIHMR, Jaipur, IIM, Kolkata and John Hopkins University, Baltimore (USA) and concrete follow up action taken in pursuance thereof. Needless to

re-emphasise the Government would continue to review closely the working of NGOs working in the AIDS Programme.

O. Infrequent Meetings of National AIDS Committee

Recommendations (Sl. No. 49, Para No. 243)

50. The Committee had observed that National AIDS Committee (NAC), which is the high level deliberative body to oversee the performance of NACO and provide overall policy direction and to forge multi-sectoral collaborative efforts, had not met since 2001 and no meeting had been held during the last 3 years which had exposed the hollowness of the claim made by the Government that they are making serious efforts to combat HIV/AIDS. The Committee expected that in future, NAC would meet as frequently as they could and at least once in six months to review the overall implementation of the programme and progress made under various components of the NACP.

51. The Ministry in their Action Taken Note, submitted to the Committee, stated their position as under:—

> "The National AIDS Committee headed by the Minister of Health and Family Welfare comprises of 23 officials, 6 Members of Parliament and 32 non-officials. It is supposed to meet once a year. During the last 13 years of its existence six meetings of the NAC were held *viz.* 15th February 1993, 11th October 1994, 26th March 1996, 3rd January 1997, 5th October 1998 and the 9th May 2001. This was last re-constituted on 21st November 2003. The problems faced were the frequent changes in the leadership and the time required for the incumbent Chairman to make an assessment and call for a meeting. With the change in the membership of Parliament the representatives from the Parliament had to be re-nominated along with the changes suggested for non-official members. This used to take a considerable amount of time. In the meantime, considering the requirement of a much larger multi-sectoral support from all ministries the National AIDS Council headed by the Prime Minister, with the Health and Family Welfare Ministers as Vice Chair and inclusive of 31 Ministers, 7 Chief Ministers, 15 officials was created on 21st November and the first meeting was held on the 16th February 2006. The ambit of the Council was to mainstream HIV/AIDS issue in all Ministries and Departments by considering it as a development challenge and not merely a public health problem. In addition it was also to lead the multi-sectoral response to HIV/AIDS in the country with special reference to youth and workforce. It is now being felt due to overlapping ambits, the National AIDS Committee would probably be wound up."

52. The Committee are constrained to note that Ministry have not addressed the issue regarding the frequent meetings of National AIDS Committee as recommended by them in their 19th Report. The Committee have been only informed that National AIDS Committee was last re-constituted on 21st November, 2003. The same status was furnished by the Ministry to the Committee during the year 2005. What is more surprising to the Committee is the fact that they have now been informed that the Ministry is contemplating of winding up National AIDS Committee. The Committee would like to be informed about the present status of National AIDS Committee.

The Ministry have also informed the Committee about the formation of the National AIDS Council to mainstream HIV/AIDS issues in all Ministries and Government Departments. The Committee would like to be informed about the outcome of the meetings held by the National AIDS Council and their impact and hope that with the setting up of it, the implementation of National AIDS Control Programme are effectively reviewed and monitored. The Committee would like to be apprised of the progress achieved in this regard.

CHAPTER II

RECOMMENDATIONS/OBSERVATIONS WHICH HAVE BEEN ACCEPTED BY THE GOVERNMENT

Recommendation/Observation

The Acquired Immuno Deficiency Syndrome, more than any other health issue, is capable of hindering the country's development because it attacks its people in their most productive years and places an undue strain on the economy. Therefore, at the foremost, a basic understanding and knowledge of HIV/AIDS is a pre-requisite to grasp the scope and complexity of this human, socio-medico and public health problem. In addition, a thorough understanding of HIV/AIDS requires radical change in attitudes and beliefs, as well as the emotional components concerning the virus and the syndrome, and the behaviours that place ourselves *vis-a-vis* others at risk of contracting the virus.

[Sl. No. 2 of Appendix-II, Para No. 196 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

For bringing about such behaviour change a massive IEC campaigns are periodically launched. Through such campaigns, people are being informed of the various aspects of the infection. It is seen that with knowledge and better information, there is reduction in stigma and discrimination, adoption of safe practices and reduction in risky behaviour. Since surveys showed young children in age group of 15-19 experimented with casual sex, a sustained programme of sex education and life skill education has been taken up under which over 100,000 high schools have so far been covered.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health and Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

India's battle against HIV/AIDS commenced in 1986 when a high powered National AIDS Committee was constituted and a National AIDS Control Programme (NACP) was launched in 1987. Since 1992, the National AIDS Control Organisation (NACO) and the State AIDS Control Societies (SACS), which were set up subsequently, are

nodal implementing agencies under the NACP. The NACP is a wholly Centrally Sponsored Scheme with assistance from International Donor Agencies (IDA). The National AIDS Control Programme, Phase I (NACP-I) was to be implemented from September 1992 to September 1997 with technical assistance from the World Health Organisation (WHO), but due to slow utilization of funds in the first two years of the project, it was extended upto March, 1999. Further, to encourage and enable States themselves to take on the responsibility of responding to the epidemic and reduce the spread of HIV infection and to strengthen India's capacity to respond to HIV/AIDS on a long-term basis, the programme of NACP-II was launched in 1999 with a budget of Rs. 1425.10 crore. The project which was supposed to have been completed in October 2004 is still continuing and it is expected to be completed by March 2006. The Committee hope that all the possible remedial measure would be taken by Ministry of Health and Family Welfare to ensure that NACP-II is not extended and is completed within the stipulated targeted period.

[Sl. No. 3 of Appendix-II, Para No. 197 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The stipulated period of NACP Phase-II was from 1st April, 1999 to 31st July, 2004. This project was extended upto March, 2006 as funds far lesser than the agreed quantum were actually allocated, despite utilization of the budgets as indicated in the table below:—

(Rupees in crore)

Sl. No.	Fiscal Year	Amount to be provided as per the Project	Actual Budgetary Provisions		Expenditures incurred (%)
			Budget Estimates (B.E.)	Revised Estimates (R.E.)	
1.	1999-2000	201.73	140	140	96.60%
2.	2000-2001	317.29	145	180	100.00%
3.	2001-2002	308.62	210	225	100.69%
4.	2002-2003	310.00	225	242	99.23%
5.	2003-2004	310.00	225	225	103.06%
	Total:	1447.64	945	1012	

Even during 2004-05, the B.E. provisions were Rs. 259 crore which were augmented to Rs. 426 crore at R.E. stage. The R.E. was finalized and reported during February, 2005. The expenditure during 2004-05 was 99.06%. Thus, if allocation had been provided

according to the projections the target of completing the project on time, *i.e.*, by July, 2004 would have been achieved.

Phase-II of National AIDS Control Programme has ended on 31.03.06 and 100% commitment of SDR 140.82 million (US $ 191 million) has been fully achieved by receiving disbursement from IDA.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The key objectives of the NACP-I were to slow down the spread of HIV; to bring down morbidity and mortality associated with HIV infection; and to minimize socio-economic impact resulting from HIV infection. For NACP-II the main objectives were focussed on to reduce the spread of HIV infection in India; and to strengthen India's capacity to respond to HIV/AIDS on a long term basis. Some of the important targets which were set to achieve by the completion of the Programme I and II were to keep HIV prevalence rate below 5 per cent of adult population in Maharashtra, below 3 per cent in Andhra Pradesh, Karnataka, Manipur and Tamil Nadu and below 1 per cent in the remaining States where it is still at a nascent stage; to reduce the blood borne transmission of HIV to less than 1 per cent; to attain awareness level of not less than 90% among the youth and others in the reproductive age group; and to achieve condom use of not less than 90 per cent among high-risk categories like Commercial Sex Workers.

[Sl. No. 4 of Appendix-II, Para No. 198 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The specific target of NACP-II was to keep HIV sero prevalence below 5% in high prevalence States, below 3% in moderate prevalence States and below 1% in remaining States besides attaining awareness level of 90% among youth and to achieve condom use of 90% among high risk groups.

The results of HIV prevalence as per the 2005 sentinel surveillance data among the pregnant mother attending the ANC clinics as a proxy of general population indicated that the prevalence levels of HIV has been achieved as per the targets laid down in

NACP-II. The State-wise details on HIV prevalence during the last three years are given below:—

State-wise HIV prevalence among ANC and STD population : 2003—2005

State	Sites (2005)	ANC			Sites (2005)	STD		
		2003	2004	2005		2003	2004	2005
Andhra Pradesh	23	1.25	2.25	2.00	11	21.47	16.40	22.80
Karnataka	27	1.25	1.25	1.25	7	10.40	12.00	13.60
Maharashtra	39	1.25	1.25	1.25	12	10.00	10.40	10.40
Manipur	10	1.25	1.50	1.25	2	13.00	7.20	12.20
Nagaland	8	1.13	1.43	1.63	1	0.98	1.72	3.50
Tamil Nadu	32	0.75	0.50	0.50	11	9.64	8.40	9.20
Gujarat	8	0.38	0.13	0.25	8	4.47	3.60	2.00
Goa	2	0.50	1.10	0.00	2	14.62	16.00	14.01
Pondicherry	2	0.13	0.30	0.25	3	2.45	5.70	4.22
Assam	4	0.00	0.00	0.00	5	1.20	0.80	0.89
Bihar	6	0.00	0.00	0.00	9	0.40	1.20	0.00
Madhya Pradesh	13	0.00	0.25	0.25	10	1.81	1.80	0.49
Rajasthan	6	0.00	0.00	0.13	7	6.08	2.92	5.60
Uttar Pradesh	17	0.00	0.25	0.00	17	0.55	0.80	0.40
West Bengal	9	0.50	0.50	0.84	12	1.61	0.88	2.16
Arunachal Pradesh	2	0.00	0.20	0.43	4	0.45	0.00	0.00
Chhattisgarh	5	0.75	0.00	0.25	3	2.13	2.80	2.83
Delhi	4	0.13	0.38	0.25	4	6.52	7.98	9.15
Haryana	4	0.25	0.00	0.13	5	1.20	0.93	1.30
Himachal Pradesh	6	0.00	0.13	0.13	5	0.40	0.00	0.40
Jharkhand	6	0.00	0.00	0.13	4	0.13	0.10	0.00
Kerala	4	0.00	0.33	0.25	4	1.88	2.78	2.82
Orissa	5	0.00	0.50	0.25	7	2.40	2.80	4.00
Punjab	4	0.13	0.25	0.13	3	1.60	1.16	1.07
Uttaranchal	3	0.00	0.00	0.00	4	0.00	0.37	0.00
J & K	3	0.00	0.08	0.00	2	2.60	0.16	0.00
Meghalaya	1	0.35	0.00	0.00	2	0.25	0.00	0.00
Mizoram	4	2.08	1.25	0.88	2	3.80	1.00	3.00
Sikkim	1	0.25	0.00	0.30	1	0.00	0.00	0.86
Tripura	1	0.00	0.30	0.00	3	2.80	0.70	1.20
A & N Islands	2	0.58	0.00	0.58	2	1.80	1.60	0.40
D & N Haveli	1	0.25	0.00	0.30	0	0.00	0.00	0.00
Chandigarh	1	0.50	0.50	0.00	2	0.80	1.80	1.00
Daman & Diu	2	0.32	0.38	0.13	0	0.00	0.00	0.00
Lakshadweep	2	0.00	0.00	0.00	1	0.00	0.00	0.00

Further the available data on the results of HIVpositivity among blood donors showed 0.3% positivity whereas 2.05% cases of total infections was on account of transmission by blood and blood products.

The provisional data of BSS 2006 indicate increase in awareness among adult population from 76.1% in 2001 in 84.6% in 2006 and the condom use during last sex among high risk population has increased from 76% to 87.3%.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.
[Ministry of Health and Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The Committee are constrained to observe that the programme has achieved limited success as it has failed in generating sufficient awareness among the masses. Besides, there was very slow progress in implementation of its various components. Target groups in many States have remained unidentified due to non-completion of mapping exercises; the scheme of social marketing of condoms was found lacking as NACO could not procure and distribute the targeted number of condoms. The Committee are disturbed to find that the programme could not achieve the targets relating to setting up of Sexually Transmitted Disease Clinics, modernized blood banks and voluntary counseling and testing centres in every district of the country. 12 out of 20 Societies during FHAC May 1999, 21 out of 29 Societies during FHAC December 1999, 19 out of 31 Societies during FHAC June 2000, 19 out of 33 Societies during FHAC April 2001 and 22 out of 37 Societies during FHAC February 2002 failed to attract even 20 per cent of the targeted population. Community Care Centres and Drop-in Centres have been established in very few States and the effectiveness of their functioning remained un-assessed. Grants-in-aid were released to inter-sectoral collaborators without proper assessment of requirement for implementing the various activities of the programme resulting in poor utilization of the grants allocated to them. Besides, NACO had no mechanism to monitor procurement of equipments and testing kits. These issues have been discussed in detail in succeeding paragraphs.

[Sl.No. 6 of Appendix-II, Para No. 200 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The National AIDS Control Programme Phase-II attempted to decentralize the programme to ensure that the programme could be appropriately scaled up and the programme objectives could be reached. Mapping exercise was initiated and completed for all the States and UTs. In some States after the completion of the mapping exercise they have even gone in for a validation exercise. Further details are given in reply to Para 212. Social marketing of condoms and distribution of condoms was attempted and a fair amount of success was attained, the details of which are given in the reply to Para 218. At the start of the NACP-II the target was to set up atleast one STD clinic and modernise one blood bank in each district. If at the start in 1999 there were 504 STD clinics there were 845 STD clinics in the country at the end of 2005-06. Similarly if 685 blood banks had been modernised at the end of 1999, at the end of 2005-06 there

were 1229 blood banks and in addition 42 additional blood component separation units were set up. Voluntary Counseling and Testing Centres (VCTC) were a new concept in prevention as well as detection of HIV and the country had 2815 at the end of NACP-II where there were none in 1999. 122 Community Care Centres were set up by the end of NACP-II and the performance of 12 of them was recently done and all of them would be taken up for evaluation. 84 Drop-in-Centres were established for people living with HIV/AIDS by the end of the NACP-II where there were none at the start in 1999. Initially NTPC had been appointed as the procurement agent for NACO and after an evaluation they were dropped and HLL and HSCC were appointed in their place. Regular monitoring is now done of the various stages of procurement. Specific replies in detail have been given in respect of each issue raised.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health and Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The total financial corpus of NACP-I and NACP-II from all the sources including budgetary support from Government of India stood at Rs. 2344.65 crore. Out of this Government of India and the World Bank contributed Rs. 253.34 crore (Phase I-Rs. 57.34 crore+Phase II-Rs. 196.00 crore) and Rs. 1181.66 crore (Phase I-Rs. 222.66 crore+Rs. 959.00 crore) respectively and the rest was contributed by other funding agencies namely. United States Agency for International Development (USAID) AVERT (Rs. 166.00 crore in Phase-II), USAID APAC (Rs. 64.58 crore for Phase-II), Department for International Development of the U.K. Government (Rs. 487.40 crore for Phase-II). Canadian International Development Agency (Rs. 37.81 crore for Phase-II), Australian AID (Rs. 24.65 crore for Phase-II), United Nations Development Programme (Rs. 6.47 crore for Phase-II) and the Global Fund (Rs. 122.74 crore for Phase-II). The Committee are concerned to note that as against an approved allocation of Rs. 657.55 crore for Phase-I, NACO could utilize only 75 per cent of the funds allocated and in Phase-II (1999-2004) as against an approved allocation of Rs. 1155.10 crore from the Government of India and the World Bank (GOI-Rs. 196 crore+World Bank-Rs. 959.10 crore) NACO had been able to spend only 46% (Rs. 532 crore in the first four year *i.e.* upto March, 2004. The Ministry of Health and Family Welfare attributed the reasons for non-utilisaton of funds to the shortfall in the budgetary provision to the tune of Rs. 218.67 crore during NACP-II. It has further been contended that the revised estimates were usually finalized in the month of January-February of the Financial Year resulting in delay in release of additional funds to the implementing agencies which ultimately resulted in less utilization of funds during the year by the concerned agencies. The poor utilization of the earmarked funds for such an important project resulting in non-achievement of targets set under various programmes in nothing but regrettable. The Committee take a serious view of the fact that NACP-II suffered for want of inadequate fund due to the procedural flaws and lack of seriousness and urgency on the part of Budget Allocating Authority. Obviously, Ministry of Health and Family Welfare also failed to impress upon the Ministry of Finance and the Planning Commission the need for timely release

of the total World Bank Grant for such a vital project. The Committee cannot but over emphasize the need for ensuring not only total utilization of earmarked funds but for enhancing further budgetary allocation for such a vital programme in view of the fact that India has the second largest population of people living with HIV/AIDS in the World. The Ministry of Finance and Planning Commission ought to keep this fact in view while allocating funds for different programmes of the Ministry of Health and Family Welfare. The Committee are also of the view that Ministry of Health and Family Welfare should ensure that Utilisation Certificates by State AIDS Control Societies are submitted timely so that there are no delays for reimbursements from the World Bank in this regard. The Committee would also urge that external grants should be treated as a supplement to the Domestic Central Budgetary Support rather than a substitution. Grants given by External Agencies should not be adjusted into the ceiling determined by Planning Commission and Ministry of Finance for such an important programme.

[Sl. No. 7 of Appendix-II, Para No. 201 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

As can be seen from the table below, inadequate allocation of funds was the main reason for not spending as per target.

Utilisation of Funds Provided under NACP-II

(Rupees in crore)

Sl. No.	Fiscal Year	Projections	Budgetary Provisions		Shortfall against Projections	Expenditure (%)
			Budget Estimate (B.E.)	Revised Estimate (R.E.)		
1.	1999-2000	201.73	140	140	61.73	96.60%
2.	2000-2001	317.29	145	180	137.29	100.00%
3.	2001-2002	308.62	210	225	83.62	100.69%
4.	2002-2003	310.00	225	242	68.00	99.23%
5.	2003-2004	310.00	225	225	85.00	103.06%
6.	2004-2005	476.00	259	426	50.00	99.06%
	Total:	1923.64	1204	1438	485.64	

During 2005-06 and 2006-07 there was a further improvement in resource allocation as shown below:—

Year	Budget Estimate	Revised Estimate	Utilisation(%)
2005-06	533.50	533.50	99.41%
2006-07	905.67	(including Rs. 200 crore for NRHM)	

The observation regarding treating external grant as a supplement to the Domestic Budgetary Support has been agreed to in the Global Fund assisted project and Ministry of Health and Family Welfare has been able to get Rs. 122.74 crore as an additional grant over and above the Xth Plan provision. However, issue with regard to other external grants to be provided as additional to the ceiling determined by Planning Commission and Ministry of Finance will be taken up with Planning Commission during the NACP-III formulation.

As regards Utilisation Certificate, it is true that in the earlier stages of programme implementation, UC were not received on time. However, reimbursement from the World Bank has been received continuously on the basis of SOE submitted by SACS on quarterly basis. It is further submitted that Audit Reports and UCs from the implementing agencies upto 2004-05 have been received and Government of India has received 100% disbursement from the World Bank within the approved period of implementation of the projects, *i.e.*, upto 31.03.06.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

NACO releases Grants-in-aid to Societies which are the main implementing agencies under NACP and they in turn submit quarterly Statements of Expenditure (SOEs) to the former. NACO claims reimbursement from the World Bank on the basis of SOEs. In order to ensure the correctness of claims, expenditure mentioned in SOEs should be reconciled with expenditure shown in the audited statement of accounts. The Audit Review has revealed that in respect of 49 audited statements of accounts, there were differences in figures in 46 cases. Obviously, the Ministry of Health and Family Welfare did not make efforts to ensure that there are no differences in figures of Statement of Expenditure and Audited Statements which was essential for timely and complete reimbursement of the expenditures by the States AIDS Control Societies. Further, no reasons or explanations were given for non-reconciliation of Statement of Expenditures and Audited Statement of Accounts. The Committee have now been informed that the exercise of reconciliation of Accounts has been completed till 2002-03, and the annual audited statements of accounts for the year 2003-04 have been received and further reconciliation of these accounts had been taken up on campaign basis and it is also proposed to meet the financial functionaries from SACS twice in a year for discussion on all issues relating to financial management. The Committee hope that belated realization on the part of Ministry of Health & Family Welfare would ensure concurrent reconciliation of Statement of Expenditures and Audited Statement of Accounts.

[Sl. No. 8 of Appendix-II, Para No. 202 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

In all cases the statement of expenditure(s) are reconciled with the Audit Certificate. However, the Audited statement of account include expenditure as grant released by SACS to various NGOs and other implementing agencies and also include unsettled advances, as the accounts are maintained on the cash basis system. However, the actual expenditure against these grants and advances is included in the SOEs during the particular quarter it actually occurs. This time lag between release to actual expenditure ultimately leads to variation between the figure of expenditure included in the Audit Certificate and SOE and expenditure claimed as reimbursement as per SOE submitted by the SACS.

Reconciliation of accounts has been completed upto 2004-05 for the expenditure incurred by all SACS including 3 Municipal Corporations. The grants released till 2003-04 have been settled by NACO and grants for 2004-05 are being settled by PAO in due course. For 2004-05, UC for 35 SACS have been issued. This exercise has been accomplished by conducting two campaigns, one at Chandigarh in the month of May, 2005 and another at Bangalore in November, 2005.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The Committee note that out of the total grant of Rs. 566.05 crore (including the opening balance) released by NACO during 1999-2000 to 2002-03, the Societies had utilized Rs. 443.93 crore *i.e.* 78 per cent. While 17 State AIDS Control Societies in 1999-2000, 19 Societies in 2000-01, 15 Societies in 2001-02 and 12 Societies in 2003-04 had utilized more than 70 per cent of the grants released, 9 Societies in 1999-2000 and 2000-01, 10 Societies in 2001-02 and 21 Societies in 2002-03 could not utilize even 50 per cent of the grants released to them. The Committee further note that as on 31st December, 2004, an amount of Rs. 19.19 crore was lying unutilized with SACS. Poor utilization of grants by the SACS over the years reflects the sordid state of affairs prevailing in the SACS. Non-utilisation of funds by Societies led to slippage in the targets fixed under the various components and as a consequence NACP suffered to a great extent in achieving its avowed objective of containing the HIV/AIDS in the country. The Committee, while deprecating the failure of SACS in utilization of funds, expect NACO to identify the reasons therefore with a view to taking suitable corrective steps to ensure that there is proper and full utilization of funds by SACS. NACO also needs to periodically monitor the functioning of SACS in relation to their performance for achievement of targets set in a time bound manner.

[Sl. No. 11 of Appendix-II, Para No. 205 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The suggestions included in the observations have been noted for compliance. However, as already clarified in the earlier replies, during the term of NACP-II the

obligation of Rs. 1155 crore to be supported by World Bank as a soft loan could not be met during the 5 years of the Project due to constrained budgetary resources. Due to this fact, this Project had to be extended upto 31.03.06. The total commitment of World Bank was SDR 140.82 million (US $ 191 million) and the commitment has been fully met by claiming reimbursement of expenditure for the SOEs.

The primary reason for poor utilization of grant by the SACS was administrative bottlenecks and delays. Delays in finalizing Revised Estimate results in releases towards the end of the Financial Year and unspent balances. Rs. 19.19 crore lying unutilized with SACS as on 31st Dec., 2004 was due to late sanction of release of funds in the end of October, 2004 amounting to Rs. 15 crore.

To avoid these lapses certain corrective measures have been undertaken as under:—

(1) There was a lot of scope of improve the supervision of the work of the SACSs. Hence regular meetings were held on a quarterly basis with the Project Directors and with the SACS Programme Officers to ascertain the difficulties and during the performance reviews barriers to utilisation of funds were identified and removed.

(2) In the North Eastern States, due to the lack of adequate trained manpower the utilisation of funds has been weak and hence technical assistance in the form of a Regional Office is being set up which will not only supervise the work but also provide capacity building of the personnel of the SACS.

(3) The existing manpower available in the SACS needed to be supplemented at times for specific tasks such as mapping of high risk populations, evaluations of NGOs, needs assessments etc. technical assistance was availed from the RCHSA to fill up the gaps.

(4) Monitoring and Evaluation were identified to be a weak link and the computerised management information system was developed to ensure that all the reporting units reported in a standardized format regularly.

(5) The development of the Annual Action Plan to the SACS was crucial for ensuring the effective utilisation of funds. Timely submission of the proposed Action Plans and the drawing up of agreed action plans before the start of the financial year itself helped in planning the expenditure ahead by the SACS.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

NACO guidelines provide that NGOs involved in the implementation of the programme should contribute atleast 10 per cent of the total project cost.

The contribution can be in the form of infrastructure or staff or any other contribution in kind or cash. However, the Committee are constrained to point out that the records of some State/Municipal AIDS Control Societies revealed that 113 NGOs in Andhra Pradesh, one NGO in Punjab and all the NGOs in Manipur did not contribute the prescribed amount. The Committee are surprised to note that inspite of the non-contribution of the requisite percentage by the NGOs, the Andhra Pradesh State AIDS Control Society had been releasing grants to the NGOs leading to excess release of Rs. 29.90 lakh. Audit has also pointed out an instance where a Society had flouted the guidelines of NACO by involving an NGO in the implementation of project on Targeted Inventions for groups at high risk which had not completed registration for a minimum period of three years. The Committee may be apprised about the precise reason as to why SACS of Andhra Pradesh continued to release grants to the various NGOs when they did not contribute the 10 per cent of the project cost. It is also not clear as to whether any action was taken by NACO in this connection. The Committee are of the firm opinion that NACO should impress upon the SACS that the fund be released after conforming to the rules. Further, the performance of NGOs should also be periodically monitored and those found to be indulging in misappropriation of funds should be black-listed and debarred from participating in the activities of NACP.

[Sl. No. 12 of Appendix-II, Para No. 206 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

To ensure proper use of the funds and lend a measure of accountability among the NGO's, detailed costing guidelines for implementing the Targeted Intervention Programme have been developed. As per these guidelines, participating NGOs' are required to contribute 10% of the budget with the option to calculate this contribution in terms of the infrastructure, human resources and any other assets to be utilized for project activity. This stipulation was to ensure their commitment to the program.

In case of Andhra Pradesh, APSACS has furnished audit reports of NGOs for the year 2000-2001 and 2001-02 wherein the cash contributions made by NGOs form a part of the audit report. Contributions made in other forms like head office space, salary of the project director etc. made in kind were not captured due to non-availability of data during that time. Hence a shortage to the tune of Rs. 29 lakh was reported during the AG audit. Since then the data pertaining to the years from 2000-02 was collected and compiled with respect to both cash and in kind contribution by way of audited statements from NGOs which shows that the NGOs had made an excess contribution of Rs. 11.25 lakh as against shortage of Rs. 29 lakh reported by CAG. Manipur SACS has also categorically mentioned that the 10% contribution was realised from all NGOs receiving grants during the period 2002-03. In the case of Punjab the NGO Indian Society for Youth Development at Chandigarh had not made the 10% contribution in either cash or kind. We have advised the Project Director Punjab SACS to initiate action. The name of NGO in Tamil Nadu which not having three years of existence for receiving projects funds could not be ascertained. The selection and funding of NGOs

is decentralized to the respective State AIDS Control Societies (SACS). Selection of NGO's and release of grants requires the approval of the Executive Committee headed by Secretary (Health) of the respective States. NGOs receiving funds are periodically monitored through monthly reports, quarterly reports, half yearly visits and annual evaluation reports. After every visit and evaluation the NGOs are also briefed thoroughly about the deficiencies and the manner in which they should rectify them. Partnerships with NGOs not found to be functioning satisfactorily are terminated and the assets created are recovered. In case of NGOs involved in criminal defalcation FIRs are lodged with the Police and are blacklisted.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The Committee are of the view that epidemiological categorization of State into high, moderate and low prevalence will have serious repercussion. Such categorization may lead to a false sense of complacency among the so-called low prevalence States resulting in poor and tepid Governmental response even while the virus continues to spread silently. While high prevalence States such as Tamil Nadu have managed to attract lion's share of funding from NACO and set up quasi-Governmental State AIDS Control Society that could receive funds directly from the Centre. On the other hand, States such as Chhattisgarh and Madhya Pradesh, which have been either less motivated or less capable of demonstrating their need and capacity, have fallen behind. Low prevalence States such as Bihar where the public health delivery system is in urgent need of upgradation and expansion, funds they receive from NACO is insufficient for them to upgrade their HIV preventive services. The impasse continues, pushing 'low' prevalence States into a vicious cycle of neglect leading to under reporting of HIV/AIDS cases. Further, many States have reported low levels of HIV and some States reported no cases of HIV/AIDS at all which appears to be far from the reality. A probable explanation for this is States that have reported serious HIV/AIDS epidemic are those that have tried to assess the magnitude of the epidemic as honestly as possible, as most of them have better health infrastructure and hence are able to detect more number of cases. There is no evidence to indicate that the rest of the States are somehow 'different' or less vulnerable to HIV. The survey figures as projected by NACO, therefore, may not be very accurate and the figure would raise substantially once these States as well as private hospitals, clinics start reporting cases as honestly as they could. The claim made by the Ministry of Health and Family Welfare that there had been a steep decline in the number of new HIV infections appears doubtful since the Survey have not taken into account people with AIDS, presumbly numerous, but dying of opportunistic infection like Tuberculosis. It is also quite possible that the number of Sentinel Surveillance sites where high risk people, for example STD Clinic patients, intravenous drug users and sex workers were tested may be same in 2003 and 2004. Further, the data collected appears to be inaccurate due to lack of better

representation from rural India, since a lot of patients (of sexually transmitted infections) in rural areas go to private doctors and quacks and most village women deliver children at home sidestepping the ante-natal and postnatal care centres. The Committee, further recommend that the Ministry of Health & Family Welfare may consider review of the categorization of high, moderate and low prevalence States and an alternative approach may be adopted/introduced which will goad all States into action in combating the disease.

[Sl. No. 14 of Appendix-II, Para No. 208 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

During NACP-II, the country adopted epidemiological classification proposed by UNAIDS/WHO, based on the HIV prevalence among ante-natal attendees and high risk groups, which is in use in different countries. The purpose of this classification was to identify and prioritize the intervention needs State-wise. Such classification of States was helpful as it enabled focusing limited resources to those States which accounted for over 70% of the cases. However for the reasons noted by the Committee, under NACP-III classification of high and low prevalent areas is not State-wise but district-wise. The 611 districts have accordingly been grouped into 4 categories based on the level of risk. In UP and Bihar an additional 40 and 63 sentinel sites have been established.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

Audit scrutiny revealed that Prevention of Parents to Child Transmission (PPTCT) scheme had been implemented in only 74 out of 82 medical colleges and 15 out of 133 district hospitals of high prevalence States till January 2003. In response to Audit observation, the Ministry of Health and Family Welfare submitted that as on January 2005, 288 PPTCT centres are functioning in the country. Out of this, 238 are in high prevalence States and rest (50) are in low prevalence States. In high prevalence States, all the Medical Colleges (85) and all District Hospitals (153) are providing PPTCT services. In moderate/low prevalence States, out of 79 Medical Colleges, 42 Medical Collges are providing PPTCT services. Rest of Medical Colleges are in the process of starting PPTCT services. However, there has been a steady increase in cases of infection of HIV/AIDS through parents to child transmission, which rose from 0.72 per cent to 2.65 per cent which points to the lack of proper implementation and monitoring of the programme. The Committee need hardly emphasise that NACO ought to evolve suitable strategies for counselling the HIV/AIDS infected parents about the ill effect of having an HIV infected child, so as to arrest the spread of infection from parents to child.

[Sl. No. 16 of Appendix-II, Para No. 210 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

NACO has re-strategized HIV/AIDS service delivery by merging all the existing PPTCT, VCTC and HIV-TB VCTCs. These centres are now called Integrated Counselling and Testing Centres (ICTCs). It is proposed to ensure that these services are available upto the 30 bed Community Health Centre level and in very highly prevalent districts covering the primary health centres as well. Currently there are 2815 ICTC's. Of these 1680 are providing PPTCT services. Since the programme of providing PPTCT services was taken up in 2004. 38.4 lakhs pregnant women have been tested upto July 2006 and 37,042 have been found HIV positive. About 50% of these mothers were provided with prophylaxis treatment, saving large number of babies from getting HIV infection.

The increase in prenatal route of transmission among reported AIDS cases could be attributed to accessibility to HIV Counselling and Testing Services to pregnant women.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

Since in nearly 85 per cent of the cases, HIV is acquired through sexual transmission, condom promotion is critically important in HIV prevention and control. The objective of condom promotion programme is to ensure easy access to affordable and acceptable condoms of good quality to promote safe sexual encounters. The Committee note that the State AIDS Control Societies procure condoms from the Department of Family Welfare and distribute them under the scheme for free distribution and social marketing. The objective of condom promotion programme is to ensure easy access to condoms of good quality at affordable price to promote safe sexual encounters. The Committee note that the distribution of condoms by the Societies under free distribution scheme increased from 524.38 lakh pieces in 1998-99 to 907.59 lakh pieces in 2002-03 and under Social Marketing Scheme, it increased from 15.49 lakh to 90.39 lakh pieces. Although the number of condoms distributed by the State AIDS Control Societies have increased in absolute terms/over the years, the Committee are, however, surprised to note that all societies were not involved in distribution of condoms. While Maharashtra and Mumbai Societies had performed exceedingly well as they alone contributed 65 per cent under the social marketing scheme, performance of other Societies was far from satisfactory. The Committee are of the opinion that since SACS are the main implementing agencies which have more direct contacts with the vulnerable section/potential high risk groups of the Society, their role in the distribution of condoms is inevitable.

[Sl. No. 21 of Appedix-II, Para No. 215 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

Social Marketing of condoms among high risk groups under the National AIDS Control Programme (NACP) is being promoted for about past six years.

The Condom programme in National AIDS Control Programme Phase I and II has developed linkages with schemes for condom promotion implemented by Ministry of Health & Family Welfare. During the NACP I and II, Targeted Interventions were commenced for HIV prevention among the vulnerable populations at the highest risk of HIV transmission. These interventions focusing on the vulnerable populations primarily relied on the condoms under free supply scheme as majority of the vulnerable populations do not have the ability to pay. The condoms distributed under the targeted interventions programme have increased from 52.4 million pieces in 1998-99 to 90.7 million pieces in 1999-2000 and 230 million pieces by the end of 2004-05. The increase in free condom distribution through Targeted Intervention programme may be seen at table given below:

Table 1

Sl. No.	Year	No. of condoms made available through TIs (Figures in million pcs.)
1.	2002-03	128
2.	2003-04	171
3.	2004-05	230

The social marketing of condoms have been done through the 15 Social marketing organizations contracted by MOHFW. These organizations have been promoting the subsidized condoms through retail channels in urban and rural areas. A State wide rural marketing programme for condoms in UP implemented by SIFPSA (State Innovations in Family Planning Project Services Agency) has resulted in increasing the access to condoms from 18% to 42% of villages. The overall rural market for condoms increased from 48 million in 2000 to 90 million in 2003 in UP. Besides community based social marketing programmes have been implemented in priority districts of Andhra Pradesh, MP, Bihar, Orissa and Jharkhand. Social marketing programmes aimed at low income population has been done primarily by social marketing organizations. The condom sales data in social marketing reported by SACS is only their direct social marketing through NGOs. As NGOs are primarily involved in free distribution, their social marketing sales component is low. The social marketing organizations are the principal agents for social marketing and they get subsidized condoms and promotional subsidy from MOHFW. Their condoms marketing initiative has been one of the major condom programming linkage which NACO has been using for condom promotion.

The ORG retail audit (estimating the number of condoms purchased from commercial retail outlets) estimates that nearly 10,00,000 outlets have sold over 700 million condoms per annum.

The State-wise sale of condoms both commercial and social marketing and number of outlets (chemists, grocery stores and general stores) are given in the following tables:

Table 2

Condoms (total sale) = Commercial + Social Marketing (units in million pieces)

		2001	2002	2003	2004	2005
	CONDOMS	825.1	817.1	813.6	729.1	700.4*
All India	Social Mkt.	513.5	538.0	536.1	477.0	452.7
	CONDOMS	199.9	187.1	160.5	143.1	135.4
North Zone	Social Mkt.	125.7	128.2	98.0	84.3	83.3
	CONDOMS	138.8	137.7	137.2	124.7	117.4
East Zone	Social Mkt.	99.8	105.5	106.4	95.7	87.4
	CONDOMS	155.0	145.4	131.9	115.5	119.8
West Zone	Social Mkt.	81.9	77.3	71.1	62.6	67.6
	CONDOMS	128.3	122.6	123.2	104.8	113.8
South Zone	Social Mkt.	37.8	41.0	41.3	32.8	35.7
	CONDOMS	119.3	113.2	90.4	75.5	74.7
Punjab	Social Mkt.	82.8	86.8	58.0	45.5	46.0
	CONDOMS	26.7	26.7	24.3	23.8	20.9
Haryana	Social Mkt.	14.8	17.2	14.4	14.2	14.2
	CONDOMS	33.0	28.4	29.4	29.9	28.8
Rajasthan	Social Mkt.	22.2	19.3	21.1	20.3	19.9
	CONDOMS	203.1	224.2	260.7	241.0	231.9
Uttar Pradesh	Social Mkt.	168.3	186.1	219.3	201.6	178.7
	CONDOMS	8.2	7.9	7.0	5.9	5.4
Assam	Social Mkt.	3.1	3.6	2.8	2.1	2.1
	CONDOMS	64.3	62.2	57.8	49.9	48.7
Bihar	Social Mkt.	53.9	54.8	50.8	44.1	41.6
	CONDOMS	16.5	16.2	20.2	15.3	14.3
Orissa	Social Mkt.	12.1	13.0	17.6	13.3	12.2
	CONDOMS	49.8	51.5	52.2	53.7	48.9
West Bengal	Social Mkt.	30.7	34.1	35.2	36.2	31.4
	CONDOMS	23.6	24.2	20.8	20.6	24.0
Gujarat	Social Mkt.	8.1	9.0	7.8	8.3	10.0
	CONDOMS	57.8	50.1	45.0	36.4	37.2
Madhya Pradesh	Social Mkt.	36.3	33.6	29.8	25.5	26.4

		2001	2002	2003	2004	2005
	CONDOMS	73.6	71.1	66.1	58.6	58.7
Maharashtra	Social Mkt.	37.5	34.7	33.5	28.8	31.2
	CONDOMS	41.3	35.6	38.4	35.4	40.6
Tamil Nadu	Social Mkt.	9.1	10.3	10.8	8.9	10.3
	CONDOMS	21.8	17.1	17.7	18.2	20.3
Karnataka	Social Mkt.	5.1	4.2	5.5	5.4	6.3
	CONDOMS	37.2	41.7	39.0	28.0	30.5
Andhra Pradesh	Social Mkt.	20.1	23.4	18.7	11.8	12.7
	CONDOMS	28.0	28.2	28.1	23.2	22.4
Kerala	Social Mkt.	3.5	3.0	6.2	6.6	6.4
	CONDOMS	20.9	22.0	19.4	15.3	15.5
Mumbai	Social Mkt.	6.6	7.6	5.3	3.4	4.4
	CONDOMS	13.1	11.5	12.0	11.4	12.4
Kolkata	Social Mkt.	3.5	4.0	5.2	4.5	5.3
	CONDOMS	20.9	18.7	16.4	13.9	11.0
Delhi	Social Mkt.	5.8	4.9	4.5	4.2	3.2
	CONDOMS	10.2	8.9	8.5	8.4	8.5
Chennai	Social Mkt.	1.3	1.4	0.9	0.9	0.9
	CONDOMS	5.1	5.2	5.0	5.6	6.6
Bangalore	Social Mkt.	0.8	1.0	0.9	0.7	0.7
	CONDOMS	5.3	7.1	8.1	6.7	8.7
Hyderabad	Social Mkt.	1.1	1.8	2.0	1.3	1.8

*There is a decline in condom sale over the years more specifically in the social marketing segment which constitutes major chunk of the total condoms sold in the country. This is primarily because the current social marketing programme is through the traditional outlets which are more urban centric. To reverse the trend focused interventions have been initiated in rural and high risk areas of 10 States namely: Uttar Pradesh, Maharashtra, Madhya Pradesh, Kerala, Gujarat, West Bengal, Orissa, Uttaranchal, Andhra Pradesh and Tamil Nadu.

Table 3: Number of condom stores (Traditional outlets including chemists, grocery shops and general stores)

NACO has developed a challenging programme for condom promotion wherein it estimated that over the next five years the number of outlets selling condoms will be expanded to 3 million and the sales of social marketing condoms will increase from the current level of 0.5 billion to 2.0 billion. During this period the supply of free condoms will be continued for those who have the least ability to pay. It is estimated the number

of free condoms distributed will increase from present level of 0.8 billion to 1.0 billion during the next five years.

	2001	2002	2003	2004	2005
All India (Urban+Rural)	913286	959799	1020373	1014093	1029284
Punjab	69272	67706	66819	68407	68724
Haryana	21517	21724	27019	27947	30636
Rajasthan	27599	28093	30444	36171	29409
Uttar Pradesh (erstwhile)	302419	312427	347173	352220	357242
Assam	17614	18234	25945	25268	24243
Bihar (erstwhile)	102696	106364	117714	103584	100117
Orissa	37563	53472	38574	37671	27319
West Bengal	75894	78004	77293	75862	88634
Gujarat	31236	38474	35360	36291	39124
Madhya Pradesh (erstwhile)	45200	40136	49773	46703	61083
Maharashtra	43674	44931	48820	49693	50591
Andhra Pradesh	27451	31691	30443	29137	31768
Karnataka	24141	21137	27414	34059	28305
Kerala	33312	35859	35807	31290	28294
Tamil Nadu	44430	52861	51472	48516	52274
Delhi	9268	8686	10303	11274	11521
Mumbai	10080	11123	10513	10815	12423
Kolkata	16786	16078	16500	15544	18706
Chennai	7898	9969	8766	10000	10805
Hyderabad	2283	2870	2843	3821	3310
Bangalore	3854	4637	4283	5915	5257

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The Committee also found that during the year 2000-01, NACO had earmarked distribution of 3.30 million pieces of Deluxe Nirodh under the social marketing scheme, but the scheme failed to take-off as NACO could not purchase condoms required for distribution under the scheme. No reasons were furnished by NACO for its failure to procure condoms. Audit scrutiny of the social marketing scheme of condom, further revealed that 140 Condom Vending Machines (CVMs) costing Rs. 9.81 lakh in Himachal Pradesh. 20 CVMs in Chandigarh and 34 CVMs costing Rs. 3.30 lakh in Haryana were inoperative since 1998, June 1999 and March 1997 respectively for different reasons. Out of total 385 CVMs purchased by Punjab at a total cost of Rs. 22.61 lakh, 230 CVMs

were found to be non-functional as of May 2003. The Committee are not aware whether the machines are operational or not. Against the background that 85 per cent of the cases of HIV/AIDS is acquired through sexual intercourse the non-functioning of a number of such machines for a considerable period is nothing but inexplicable and exhibits callous and negligent approach of the concerned authorities in this regard. The Committee recommend that the matter may be enquired with a view to identify the reasons for poor implementation of the social marketing scheme during 2000-01. It also need to be enquired whether the purchased machines were faulty or were allowed to remain inoperative. Government should fix accountability on the persons responsible for these lapses. The Committee also recommend that NACO should lay down realistic targets for distribution of condom under the scheme and periodically review the progress made by SACS in this regard. More condom vending machines should be installed and kept operative in all important public places such as red light areas. Railway Stations, Bus Stations, important traffic intersection points in all metros and major cities and also on all National and State Highways for the use of Commercial Sex Workers. Truckers, Men Having Sex with Men (MSM) and other high risk and vulnerable groups.

[Sl. No. 22 of Appendix-II, Para No. 216 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

During the year 2000-01, Social Marketing Organizations contracted by MOHFW have played the lead role in operationalising the social marketing programmes in various States of India. The condoms were supplied directly by MOHFW to SMOs as the subsidy mechanism is administered by MOHFW.

To complement the already ongoing initiatives through SMOs of MOHFW, 3.3 million pieces of Deluxe Nirodh under the social marketing scheme of NACO was aimed for social marketing through NGOs. However as these NGOs were hitherto providing the condoms free, they faced stiff community resistance when the priced social marketing condoms were launched. The SACS were also not equipped with a marketing infrastructure and field sales force for retail marketing of condoms.

The social marketing organizations procured condoms from MOHFW and have been doing the marketing through their field networks in all the states. One of the major channels which social marketing organizations use for distribution has been the retail shops comprising of chemists, paan shops, general stores etc. The social marketing initiatives were promoting condoms at subisidised prices and the *ORG retail audit for 2000 and 2003 estimates the social marketing sale at 512 million and 535 million respectively.* This indicates significant volume of condom sales under social marketing scheme in collaboration with MOHFW. Some of the large social marketing programmes for condoms in UP adopted "dual protection messaging" whereby condoms were promoted for family planning and HIV/STI prevention.

The vending machine was one of the innovations attempted to create access to condoms easily, while also providing privacy.

Regarding CVMs installed in Chandigarh in 1999, they were put up by AIDS Prevention Society of India (APSI) which had requested SACS Chandigarh to provide

list of suitable locations. They did not receive any funds from Chandigarh State AIDS Control Society. In Haryana, the State AIDS Control Society has filed a case against the supplier firm in the consumer court which is in process. Punjab and Himachal Pradesh have been asked to further ascertain the facts regarding non-functioning of CVMs.

For expanding access to condoms through vending machines. NACO and MOHFW has jointly devised a scheme in 2004-05 for installing 11,025 machines in high risk areas and high fertility districts. The Condom Vending Machines have been procured through a global tender and have been installed in locations identified by State AIDS Control Societies. These locations include red light areas, railway stations, bus stands, public toilets, cinema theatres etc. Currently 11,025 machines are installed in 42 high prevalence districts of Tamil Nadu, Karnataka, A.P. and Maharashtra and 25 high fertility districts of Uttaranchal, UP, Bihar and Jharkhand. These machines have sold 14 million condoms during Jan.—Aug. 2006. Hindustan Latex Limited has appointed Condom Vending Machine (CVM) caretakers for maintaining and supplying condoms to the machines and this will ensure that all the machines are regularly maintained. NACO is planning implementation of another 10,000 vending machines along the highway, public toilets, bars etc. A study has been conducted recently by the M/S IMRB showed that 80% of the CVMs installed were in vending condition, 95% of them were found in clean surroundings. 60% of the users feel that CVM provides anonymity and will ensure 'safe sex'.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The Committee are informed that NACP aims to promote condom use in not less than 90 per cent of the population in high risk categories like Commerical Sex Workers. Behavioural Surveillance Survey (BSS) by ORG shows that only 57 per cent of the brothel based female sex workers and 46 per cent non-brothel female sex workers reported consistent condom use with paying clients. Further, only 21.3 per cent of brothel based and 20.2 per cent non-brothel based Commercial Sex Workers reported consistent use of condoms with non-paying clients. The programme also strives to provide good access to condoms by ensuring that 75 per cent of the population can access condoms within 30 minutes from their residence. However, BSS revealed that the proportion of respondents who had reported that it would take them less than 30 minutes to obtain a condom varied considerably amongst States. Except Delhi (66.4 per cent), Kerala (74.2 per cent) and Punjab (71.5 per cent), accessibility to condoms by the respondents of other States was poor. In rural areas except Kerala (73.7 per cent) and Delhi (66.7 per cent), all other States reported poor accessibility to condoms. The Committee recommend that NACO should launch a vigorous and sustained campaign in cooperation with respective State Governments, Voluntary Organisation/Non-Governmental Organisations etc. among Female Sex Workers—both brothel and non-brothel based to sensitise them about the lurking danger of HIV infection in the event of non-use of condoms by their clients, both

paying and non-paying. Adequate number of condoms vending machines should be set up in all Red Light Areas and all such places where sex workers solicit customers. Apart from propagation of condom use in high risk group, NACO should make efforts to popularize condom use as a safest sex method and to inculcate it as a regular sex habit amongst the non-risk groups and people at large whenever they enter into sex with any persons other than his/her regular partner.

[Sl. No. 24 of Appendix-II, Para No. 218 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The condom promotion initiatives have been strengthened in NACP-II. The free condoms are distributed in Targeted Interventions while social marketing programmes focus on promoting condoms at subsidized prices through retail channel. These initiatives have resulted in increased access availability and use of condoms by the populations at the highest risk of HIV transmission. The recently conducted Behavioural Surveillance Survey among the high risk population estimated that the condom use during last sex with client increased from 76% in 2001 to 87.3% in 2006. Besides, the consistent use in sex with clients during the last one year has also increased from 50.3% in 2001 to 72.9% in 2006. This indeed shows the increase in condom acceptability in the high risk population.

The access building initiatives of NGOs have been complemented with social marketing programmes reaching out to non-chemist outlets in high risk areas. Condom promotion campaigns in high risk areas have been implemented in high prevalence States of Tamil Nadu, Karnataka, A.P., Maharashtra and North Eastern States. This has resulted in increasing the condom access within 30 minutes from the residence from 49.6% in 2001 to 79.9% in 2006. The BSS study comparison indicates the success of ongoing condom promotion approaches and scaled up efforts are being planned in NACP-III for promoting condom use in every sex act with the risk of HIV/STI transmission.

NACO conducts sustained campaigns through the media for promotion of condoms. These campaigns promote triple benefits of condom use *i.e.* protection from HIV, STI and unwanted pregnancy and have featured celebrities like Rahul Dravid. Social Marketing Organisations (SMOs) also have been implementing collaborative social marketing programmes with NGOs for enhancing use of condoms among the population at risk.

To make condom available round the clock and in privacy, Ministry of Health and Family Welfare, NACO has installed 11025 Condom Vending Machines (CVMs) in different parts of the country (may please refer to Action Taken in para 216).

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

Another area of concern is the close link between HIV and Sexually Transmitted Diseases (STD). To control the spread of HIV/AIDS, it is essential to strengthen the STD control programme at every level with a view to effectively tackle HIV/AIDS. The Committee note that in 1992, the STD Control Programme was integrated with NACP. Various studies are stated to have indicated that HIV infection could be contained by effective and strong STD control strategies. The quality of STD services and their expansion. Therefore, assume paramount importance. During NACP-I as against the target of 372 STD clinics, NACO had strengthened 504 Government STD clinics all over the country to provide services to STD patients. However the pace of strengthening of STD clinics in NACP-II has been rather slow. Out of 339 additional STD clinics proposed to be strengthened in Phase-II, only 90 (27 per cent) could be strengthened as of March, 2003. What is more disturbing is the fact that NACO could not furnish State-wise details of the 594 STD clinics that have been strengthened as of March, 2003. Moreover, the physical target of 757 STD clinics, only 674 STD clinics were provided with financial support by NACO duirng the Financial Year 2003-2004. Audit Scrutiny of STD clinics with reference to districts in the country, as per Census 2001, revealed that districts ranging between 7 and 75 per cent in the States/Union Territories did not have STD clinics at any level *i.e.* district hospitals, medical college hospital or taluk/sub-divisional level. The Committee are not satisfied with the progress made so far by NACO in strengthening STD clinics and recommend that NACO should take up steps to strengthen all STD clinics in various parts of the country. The Committee desire that a revised target for provision of STD clinics be laid down with a view to ensuring that every region/part of the country, particularly the target/vulnerable areas are fully covered. Such STD clinics should be provided with necessary financial support by NACO and operationalised expeditiously.

[Sl. No. 25 of Appendix-II, Para No. 219 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

NACO provides financial support to the State AIDS Control Societies for STD Clinics as recurring fund every year for STD drugs, laboratory reagents and consumables and non-recurring fund for purchase of equipment.

As on August 2006, 845 STD Clinics have been provided financial assistance from NACO. The target of having at least one STD Clinic functioning in each district and Government run medical college in all States has since been achieved. At sub-district levels that is, at the Community Health Centres and Primary Health Centres, treatment of STDs is being strengthened in collaboration with Reproductive and Child Health Programme. Under this collaboration, drugs and training of health personnel for treating STDs and RTIs will be provided to CHCs and PHCs. With this collaboration, while RCH program will be able to address the routine needs of the general population, NACO will focus on the needs of high risk groups and bridge populations, working through the NGO's/CBO's and truckers associations etc.

NACO has finalized a training module and also standard operating procedures for STD treatment. Due to the stigma attached to this disease and the relatively poor privacy and confidentiality available in public facilities, most patients prefer to seek treatment in private clinics. Keeping this in view, NACO is now working on a strategy to identify the private providers that could range from medically qualified to quacks and local healers to train them in syndromic management of STD's and thereby expand access to safe and reliable treatment. Besides, this continuous surveillance for monitoring drug resistance for common STIs will be strengthened so as to regularly update the syndromic protocol adopted for STI clinic.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November 2006]

Recommendation/Observation

The Committee are surprised to find that a study by senior faculty members of Medical Colleges of respective States/Union Territories at the behest of NACO to assess functioning of STD clinic has revealed that the attendance of patients at most of the STD clinics was poor. The poorly performing States were Punjab, Haryana, Rajasthan, Madhya Pradesh and Manipur. While Maharashtra, Tamil Nadu, West Bengal and Uttar Pradesh had more than 50 patients a day, most other States had less than 10 patients per day. One third of the clinics in 23 States/UT surveyed, were not located in accessible places. Adequate space for STD clinics was reported from only about 44 per cent of the clinics. Fifty per cent of the clinics reported inadequate space for laboratories. Availability of proper instruments, especially for female patients was reported by only 33 per cent of the clinics. Further, the clinics lacked trained manpower at all levels—doctors, nurses, laboratory technicians, counsellors and para medical staff. Only 33 per cent of the clinics had trained medical personnel. Sixty six per cent of the clinics were manned by untrained para medical personnel. Further only 56 per cent of the clinics had STD specialists. 17 per cent had gynaecologist and 31 per cent had a general duty officer as its in-charge. The Committee regret to observe that on one hand, the target laid down for setting up of STD clinics in Phase-II has not been achieved and on the other hand, the existing STD clinics lack proper infrastructure facilities, doctors, nurses, laboratory technicians, counsellors and para medical staff etc. Obviously, the functioning of the STD clinics in the country has not been given the serious attention it deserves. This is despite the fact that studies over the years have revealed a close relationship between HIV and STD. The failure on the part of the concerned Authorities in this direction is nothing but regrettable. The Committee, therefore, recommend the Ministry of Health & Family Welfare in association/ cooperation with respective States AIDS Control Societies should thoroughly review the functioning of STD clinics in its entirety. The Ministry of Health and Family Welfare should allocate/earmark more funds for upgradation of these clinics by providing them

with state-of-art diagnostic tools, techniques and other equipment so that they become hub centres for detecting and diagnosing cases of HIV/AIDS. In view of the direct link between STD and AIDS, the Committee are of the view that there should be greater synergy between NACO and State Medical Departments in combating HIV/AIDS.

[Sl. No. 26 of Appendix-II, Para No. 220 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

Health being a State subject, it is for State Governments to provide personnel and infrastructure for STD clinics. It is a fact that States have never accorded this speciality any importance. Worse, in view of the stigma attached, STD clinics are often clubbed with dermatology, stifling the professional development of this speciality. Since STD treatment is critical to the containment of the HIV infection, NACO has provided financial support to the STD units in medical colleges and district hospitals, with varied levels of success as observed by the Committee.

In light of the above, the revised strategy of STD treatment consists of :

- NACO will continue to technically and financially support the STD clinics in medical colleges and district hospitals.
- Partner with the RCH program for providing access to syndromic treatment of STD's in all primary health facilities.
- Map and work with the private providers of STD treatment and bring them to follow national guidelines and protocols.
- Regional centres for monitoring drug resistance surveillance have also been identified to continuously improve STD services and at the State levels, Task Forces on STDs are being constituted to provide SACS with technical guidance.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November 2006]

Recommendation/Observation

The Committee is inclined to conclude that there is an urgent need to launch vigorous mass campaign at National level by involving State Governments. NGOs, VOs, Panchayats and other local bodies to raise the awareness level among the masses in general and rural in particular. NACO in cooperation with various cultural groups/ organizations NGOs, VOs, etc. should therefore, formulate programmes for rural masses, such as songs, street shows, stage plays, puppet shows, film shows, photo exhibitions, group discussions and sensitisation workshops to raise the awareness level among the people regarding prevention of HIV/AIDS etc.

[Sl. No. 28 of Appendix-II, Para No. 222 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

National AIDS Control Organisation conducts campaigns from time to time to generate awareness and promote safe behaviours. These campaigns are conducted through mass media including radio, television and print and inter-personal communication channels such as street plays, folk shows, group meetings, puppet shows, film shows and sensitization workshops. In addition, hoardings with messages on HIV/AIDS have been erected and information panels installed at strategic locations. Exhibitions are also organized during Health Melas, fairs and other public gatherings. The communication priorities are defined to address the overall programme objectives while keeping the local needs in mind. Different States conduct Communication Needs Assessment (CNA) studies to ascertain communication gaps and vulnerability factors so that local and rural masses can be reached more effectively.

Panchayati Raj Institutions and other local organizations/groups including NGOs, CBOs, SHGs have been associated in such campaigns. Advocacy initiatives in the past have ranged from Parliament to Panchayat levels. To integrate the national effort with local institutions, a National Convention of Zilla Parishad Presidents and city Mayors was organized August 2006 and efforts are on to mainstream HIV/AIDS prevention programme into the functioning of Panchayati Raj Institutions and Urban Local Bodies.

The States conduct mass compaigns at the State level. Some of the mass mobilization campaigns with high success include AASHA (AIDS Awareness sustained Holistic Action) in Andhra Pradesh in which 1,60,000 volunteers were trained across villages for carrying HIV/AIDS messages to the community. The programme created structural framework at grassroot level. Another programme namely "Goonj" in Punjab, Haryana and Chandigarh aimed at mass mobilization focusing on youth seeking commitments from thousands of youth to spread the messages on HIV/AIDS.

To reach the media dark areas especially in the rural India, considerable emphasis has been made on Inter-personal Communication. The units of Song and Drama Division and Directorate of Field Publicity are used extensively to reach population otherwise inaccessible through mass media. The units organize various films shows, puppet shows, nukkad nataks, stage shows, street plays, folk songs and various other methods to address the issue of HIV/AIDS. Family Health Awareness Campaigns have also been organized to mobilize people. State AIDS Control Societies and NGOs organize interactive orientation and sensitization workshops with various stakeholders and key population including PRIs, health care providers, school teachers, media out of school youth etc. To reinforce and sustain communication initiatives, Red Ribbon Clubs are being established in schools and colleges.

With the expansion of electronic media, it has also been widely used to reach rural masses. The Kalyani Health Programme on Doordarshan supported by NACO has special episodes on HIV/AIDS. The programme has been very well received and many of the villages have even formed Kalyani Health Clubs. NACO also produces programmes namely "Jeevan Hai Anmol" and "Let's Talk AIDS" broadcast on 174 stations of All India Radio across the country in 24 languages. Partner organizations

have also conducted such activities. NACO in association with BBC-WST and Prasar Bharati has aired two serials "Jasoos Vijay" and "Haath Se Haath Mila" on Doordarshan both focusing on HIV/AIDS messages through docu-drama.

With the constitution of National Council on AIDS chaired by Hon'ble Prime Minister, efforts are on to mainstream HIV/AIDS programmes into various Ministries/ Departments, public and private sector, CBOs, NGOs, FBOs and media (may please refer to para 244, Sl. No. 50).

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November 2006]

Recommendation/Observation

Another disquieting feature is the revelation by second round of Behavioural Surveillance Survey-Rural. (February-June 2002) conducted by Dalal Consultant and Engineers Ltd. which revealed that in Tamil Nadu misconception about treating HIV/ AIDS patients persisted even among doctors. Out of 600 respondents 22 per cent among allopathic doctors and 5 per cent among indigenous practitioners were not willing to treat HIV/AIDS cases, although 35 per cent of them had actually been trained in handling HIV/AIDS cases. The survey also revealed that 32 per cent among the masses knew that persons suffering from STD have a higher chance of contracting HIV/AIDS. The level of knowledge about linkages between STD and HIV across the country was also very low *i.e.* 21 per cent. In addition to creating general awareness among the masses about the prevention of HIV/AIDS, the Committee feel that it is essential to sensitize the doctors, nurses, laboratory technicians, counsellors and para medical staff and public that HIV/AIDS is not contagious/communicable disease and HIV patients deserve more sympathetic and humane treatment by one and all.

[Sl. No. 29 of Appendix-II, Para No. 223 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The sensitization of the health staff is an integrated component of the National AIDS Control Programme where special sessions are held for adopting infection control practices for reducing stigma and discrimination by the health care providers. Beside this the special training of about 180000 registered private practitioners is being arranged by Clinton Foundation emphasizing the above issues. During 2003-04, 2004-05 and 2005-06 582781, 112936 and 106005 health personal were trained respectively.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organization's O.M. No. G-25011/5/2005-NACO, dated November 2006]

Recommendation/Observation

Imparting the right knowledge to young people on how to protect themselves against HIV/AIDS and to empower them with the skill to adopt a responsible lifestyle is an important component of NACP to check the growing prevalence of HIV/AIDS. Under Phase-I, 17 States and UTs had implemented a programme on HIV/AIDS education in schools. Since the programme was not implemented in a uniform and systematic manner and did not cover all the schools in the States/UTs, a National Plan was stated to have been developed which aimed at integrating HIV/AIDS education programmes in the schools in suitable and cost effective manner. NACB decided in July, 1999 that all the schools in States/Union Territories would be covered in a phased manner in a period of five years *i.e.* by 2004. However, from the rapid assessment of Schools AIDS Programme conducted by NACO during January, 2003 it was noticed that the programme had not been initiated in the States of Jharkhand and Haryana. NACO could not furnish the exact number of schools covered in Maharashtra and put the number in the range of 2000-3000. In Uttar Pradesh and Punjab not a single school had been covered. The coverage of schools under the programme in other States was poor and ranged between 1 percent and 59 percent except in the State of Andhra Pradesh (100 percent), Kerala (84 percent) and Nagaland (85 percent). The Committee have been given to understand that the variation in implementations of the Schools AIDS Education Programme in States are largely due to varying levels of commitment to the programme; degree of collaboration with the Department of Education; and available resources and capacity. The Committee express their serious concern over the tardy implementation of the Schools AIDS programme and calls for a thorough review/ revamp especially in view of reports that 50 percent new cases of HIV/AIDS are found in the age group of 15 to 24. Though HIV/AIDS is now a part of National curriculum frame-work, only Southern States *viz.* Andhra Pradesh, Tamil Nadu, Kerala and in Northern States only Himachal Pradesh have so far integrated HIV/AIDS in the Schools curriculum through SCERT. The Committee expect that the remaining States would complete the process of integration of HIV/AIDS in their school curriculum expeditiously so that the students would be able to decide about the difference between wrong information and correct information about HIV/AIDS. Syllabus on HIV/AIDS should be carefully drawn keeping in view the sensitivity of the problem. Since several studies have shown that students who were made aware of sexually related issues are far more circumspect and cautious in their behaviour, it is therefore, highly desirable that School AIDS Programme should be carried out uniformly and effectively throughout the country. The Committee would also like NACO to evolve a suitable programme to educate youth on HIV/AIDS through non-formal education. To achieve this desired objective the Ministry of Human Resource Development and respective State Government should be closely involved at all levels.

[Sl. No. 30 of Appendix-II, Para No. 224 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

1. Initially the School AIDS Education Programme was spearheaded by SACS across the country through NGOs. Following the programme review and secondary

assessment of HIV prevention programme in schools (2003-04), the leadership for steering the programme was shifted from State AIDS Control Societies (SACS) to Department of Education. The primary purpose was to (a) upscale the implementation of the programme, (b) ensure quality transition in the classroom, and (c) ensure long term sustainability of the programme.

2. After consistent advocacy and follow-up by NACO with MHRD, a National Action Plan was developed by MHRD during 2005-06 on HIV Prevention Education among young people with the following key objectives:

I. Covering 100% secondary and senior secondary schools.

II. Integration of skills based age—appropriate HIV Prevention Education into the curriculum of classes IX-XII.

III. Integration of HIV Prevention Education components in in-service/pre-service teachers training.

IV. Developing linkages with adult education to reach out of school children under Adolescence Education Programmes with a view to equip over 10 million adolescents leaving the school system every year.

V. Incorporating measures to prevent stigma and discrimination against learners/students and educators and ensure access to life skills education for HIV prevention into education policy.

Against the above, so far out of 1,44,409 government secondary and senior secondary schools in the country, an estimated 93,848 secondary and senior secondary schools, as on March 31, 2006, have been covered. Under this programme from each schools two teachers and two students (peer educators) have been provided five day training on HIV/AIDS & life skill education. State-wise coverage is given below:

Andamans	63	Goa	60	Maharashtra	12171
A.P.	12000	Gujarat	7625	Manipur	403
Arunachal	204	Haryana	3050	Meghalaya	641
Assam	2900	H.P.	889	Mizoram	514
Bihar	3000	J&K	892	Nagaland	620
Chandigarh	122	Jharkhand	1032	Orissa	2765
Chhattisgarh	300	Karnataka	8341	Pondicherry	198
Dadra	24	Kerala	2600	Punjab	1200
Daman	30	Lakshadweep	0	Rajasthan	4623
Delhi	1100	M.P.	6402	Sikkim	161
TN	9244	Tripura	118	U.P.	300
Uttaranchal	1756	W.B.	8500	**Total:**	**93848**

1. 22 States have, so far integrated content on HIV/AIDS in text books and progress is underway to integrate/review content on HIV prevention and life skill development in the remaining States.

2. NCERT, NCTE, NIOS, CBSE and State Department of Education are primarily involved in the process of curriculum integration based on the National Tool kit developed by NACO and MHRD jointly after numerous consultations with different wings of Education Department. MHRD has constituted two committees for content analysis of school textbooks, teacher education material, adult literacy programme and Mahila Samakhya from the point of view of adolescence education including HIV/AIDS and life skills development. Based on the review undertaken so far:

   - Adolescence Education components reflected in the National Curriculum Framework 2005 developed by NCERT.
   - National Institute of Open Schooling (NIOS) has integrated HIV/AIDS content up to the secondary level and efforts are on to integrate the content in higher secondary education by March 2007.
   - Content Analysis of teaching learning material by Council of Boards of Secondary Education (COBSE) and Central Board of Secondary Education (CBSE) is in the process.
   - Development of model syllabus by Indira Gandhi National Open University for B.Ed. courses is underway.

3. As part of the National AEP plan for reaching out-of-school youth who are not covered through formal education such as linkages and integration of HIV Prevention Education with literacy primers, open and distance education, continuing education programme, Sarva Shiksha Abhiyan (SSA) and Mahila Samakhya have been taken up such as:

   - Adult Literacy Education content are analyzed and reviewed to ensure uniform content on HIV/AIDS and life skills education.
   - Department of Adult Education has directed Population and Development Education Cell, State/Regional Resource Centres to focus on building awareness and provide linkage of services among their beneficiaries in the age group of 15-35 years on HIV/AIDS.

4. Further efforts are being made to consolidate the existing activities with MHRD and work on following proposed activities:

   I. Consolidate ongoing initiatives.

   II. Constitute Red Ribbon Clubs with a minimum membership of 30-40 students in every school and college over a period of two years.

   III. Establish Youth Friendly Information Centres in all the 468 Universities.

   IV. Constitution of Mahila Samakhya Red Ribbon Clubs in 60,000 villages.

V. Constitute HIV/AIDS cell in all student/teachers unions to assist in dissemination on HIV messages.

VI. Make one question on HIV/AIDS compulsory in all board exams (CBSE/ ISCE).

VII. Establishment of a dedicated HIV/AIDS cell in MHRD to implement programme activities.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November 2006]

Recommendation/Observation

With a view to raise the awareness level regarding HIV/AIDS in rural and slum areas and other vulnerable groups and to make people aware of the services available under the public sector for management of Reproductive Tract Infection (RTI)/STD and to facilitate early detection/treatment of RTI/STD cases by utilizing the infrastructure available under primary health care system, five rounds of Family Health Awareness Campaign (FHAC) are stated to have been conducted across the country during the period April 1999 to March 2003 for which Rs. 109.41 crore was released. Since FHACs held between May 1999 to February 2002 failed to attract not even 20 percent of the targeted population, it is therefore, obvious that FHAC have failed to achieve the desired objective. The Committee feel that benefits of any programme/scheme even if well conceived does not accrue to the beneficiaries if such scheme are not properly planned and effectively implemented. It is therefore, essential that implementation of the scheme are given the requisite attention.

[Sl. No. 31 of Appendix-II, Para No. 225 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

Family Health Awareness Campaign (FHAC) was introduced as a pilot project in the National AIDS Control Programme in 1999-2000 with the objective of increasing awareness and providing treatment for reproductive tract infection/sexually transmitted infection. The campaign was carried out from 1999-2000 to 2003-2004 and 2005-2006 in rural areas especially covering the marginalized population. As per the community based STI survey conducted at the National Level in 2003 it was observed that STI prevalence in the community is about 6% among adult populations. Considering the disease load of STI in the community, FHAC campaigns have treated large number of STI patients beside increasing the awareness among the rural masses. As a result of this campaign in 2003-04, 54.29 lakh persons were referred and 48.32 lakh treated indicating the positive outcome of the campaign.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO dated November 2006]

Recommendation/Observation

The Committee note that as against 3.80 lakh health care workers target to be trained, only 1.64 lakh (43 per cent) were trained as of March 2003. While the percentage of workers trained in HIV/AID counselling was 99 per cent in Goa. 85 per cent in Pondicherry, 84 per cent in Uttar Pradesh, 76 per cent in Orissa and 70 per cent in Haryana, it was very low at 16 per cent in Gujarat, 5 per cent in Punjab, 27 per cent in Rajasthan, 20 per cent in Tripura and less than one per cent in Uttaranchal. The Committee cannot but over emphasize the need for proper training of supporting and ancillary staff for the effective implementation of the HIV/AIDS control programme. NACO should therefore formulate a comprehensive programme for imparting training to all healthcare workers, counsellors and volunteers of HIV/AIDS in every district of the country and undertake it in a time-bound manner.

[Sl. No. 33 of Appendix-II, Para No. 227 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

For comprehensive Human Resource Development, a comprehensive training plan has been developed under NACP. The plan includes capacity building of personnel engaged in public sector in prevention, control diagnosis & management of HIV/AIDS. Currently there are 2815 ICTCs' all over the country, having two counsellors & one laboratory technicians each. Till date, 5630 counsellors & 2815 lab technicians have been trained using approved guidelines. Out of these ICTC's there are 502 exclusive PPTCT centres. In these centres, in addition to counsellors and lab technicians. 5 Medical Officers have also been trained from each centres. In the ART centre training, 200 medical officers, 100 counsellors and lab technicians will be trained by October 2006. This is in addition to training of private practitioners being undertaken by Clinton Foundation & Indian Academy of Paediatrics. Bill & Melinda Gates Foundation and AIDS Alliance are also undertaking training of health professionals.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November 2006]

Recommendation/Observation

The Committee note that as of December 2002, there were 1832 licensed/registered blood banks in the country of which only 940 (685 district level blood banks. 255-major blood banks) had been modernized by NACO till March 2003. It was observed that out of the 125 blood banks modernized by NACO, as of March 2003 in Phase-II, 75 blood banks were yet to be licensed. The details of districts remaining uncovered as of March 2003 were not available with NACO. While 84 districts did not have modernized blood banks. 44 districts did not have even blood banking facilities. The Committee regret to observe that despite NACO's financial assistance to all the State AIDS Control Societies, the objective of establishing atleast one modernized blood bank in each district by 2002 remained unachieved. What is more disturbing is the revelation by

NACO that many of the blood banks modernized by them in Phase-II were yet to be licensed, while licenses of some of the Blood Banks modernized in Phase-I might have been withdrawn/cancelled due to non-adherence to the laid down conditions. It is incomprehensible as to how NACO had modernized and continued to provide financial assistance to those blood banks which were either not been licensed or whose license had been withdrawn/cancelled by Drug Controller of India. Similarly, in 17 cases, there were variations between the figures supplied by NACO, and the State AIDS Control Societies in respect of blood banks modernized. Audit scrutiny of records of SACS further revealed that several blood banks were not functional/fully functional due to various reasons such as non-supply of equipment, idling of equipment due to non-receipt of licence for want of repair and non-renewal of licences etc. The Committee are distressed over the sorry state of affairs prevailing in the country with regard to setting up of blood banks, their licencing and modernization etc. Since there is a strong co-relation between HIV and blood transfusion, it is of paramount importance that all the blood banks of the country are modernized and duly licenced so that they provide safe blood devoid of any possible HIV/AIDS virus etc. The Committee recommend that Ministry of Health and Family Welfare should set up a High Level Committee to go into the entire gamut of functioning of blood banks in the country and suggest measures for their modernization and proper functioning so that they are geared up to meet the challenges posed by AIDS. The Committee further recommend that Ministry of Health and Family Welfare should take serious cognizance of cases in which NACO had given financial assistance to blood banks which were either not licenced or whose licence had been cancelled and punitive action should be taken against those found guilty. NACO should also ensure adequate supply of diagnostic tools and test kits in all blood banks to enable them to function smoothly. Private blood banks should be subjected to stringent quality control checks by the agencies authorized by Government and stringent punitive action be taken against the blood banks which are functioning without proper license.

[Sl. No. 34 of Appendix-II, Para No. 228 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

In November 2005, DCG (I) has reported that there are 2177 licensed blood banks operating in the country. Out of these 2177 NACO has modernized and supporting 1230 blood banks in Government and Voluntary/Charitable sector. The remaining 947 licensed blood banks are in Private Hospitals and Private Commercial sector. Presently, except for 39 newly formed districts in States of Bihar, UP, Chhattisgarh, Jharkhand, Kerala, Karnataka, Uttaranchal and Mizoram, all districts in the country have at least one NACO supported licensed blood banks functioning. These 39 newly formed districts have been taken up for NACO support to facilitate the establishment of blood banks in these districts by providing support for minor civil works, equipments and training of personnel to be placed in these blood banks. Since in some of the districts even Districts Hospital buildings does not exist, SACS have been asked to establish in that event at least a Blood Storage Centre to be made functional by the end of the current financial year 2006-07. The physical target of establishing 20 major blood

banks, 80 district level blood banks, 10 model blood banks and 42 component separation units have been achieved during NACP-II.

As observed by the Committee, the objective of establishing at least one modernised blood bank in each district remained unachieved on account of creation of new districts. Under the modernisation scheme, NACO provides only one time equipment grant, while the physical infrastructure in the hospital and the manpower including Blood Bank Medical Officers, support staff except one Laboratory Technician has to be provided by the State Government. Subsequently, the concerned hospital applies for licence and once licensed. They are included in the list of providing annual recurring grant as per the approved pattern of assistance under the National AIDS Control Programme.

Further in regard to providing support to those blood banks which were either not licensed or whose license have been withdrawn, it is submitted that the recurring grant is provided only on the basis of number of licensed blood banks in the respective State as reflected in the Annual Action Plan every year.

All the 80 blood banks taken up under modernization were provided with equipment along with an in-built annual Maintenance Contract for NACP-II period (1999-2005) to ensure that all equipments are kept in working condition. The Joint Director/Deputy Director (Blood Safety) in each of the State during their supervisory visits makes a check list of the inventory of equipment, their current status etc., for taking immediate action to ensure that sustained functioning of these equipments.

As far as the regulatory framework is concerned, the Drugs Controller General (India) with its authorization to State Drug Authorities are the Competent License Approving Authorities and the licence for functioning of the blood banks is issued by these functionaries. At times, due to shortage of manpower all the pending blood banks may not be taken up for renewal in a fixed time frame. However, all possible efforts are made to ensure that once licensed, the renewal of license is given by the State Drug Authorities without disrupting the functioning of the existing blood banks. To ensure stringent controlled checks in Private Blood banks, the representative of State Drug Authority conducts a detailed inspection and subsequent visits before granting/renewing the license to such blood banks. The recent amendments in the Drugs and Cosmetics Rules have authorized State Blood Transfusion Councils in each of the State and the subsequent grant/renewal of license is issued only subject to recommendations of the State Blood Transfusion Councils.

According to the report provided by each State AIDS Control Society, all the blood banks modernized by NACO in their respective States/UTs are licensed. A Joint Director/Deputy Director level officer incharge of the Blood Safety programme and ancillary staff of State AIDS Control Society are frequently monitoring the inventory of blood bank equipments provided by NACO. The State AIDS control Society is carrying out Annual Maintenance Contract for these equipments to ensure maintenance of all the equipment provided under modernization scheme. However, the regulatory framework of granting a license or renewing of the license lies with Drugs Controller General (India) and State Drug Authorities who are being reminded from time to time to provide feedback of their inspection results to NACO.

NACO has constituted National Blood Transfusion Council (NBTC) as a high level Committee as a body to be the policy making body agency and to oversee the functioning of Blood Transfusion Services in the country.

Government is taking initiatives through IEC on improving voluntary blood donation and organizing voluntary blood donation camps through blood banks to improve the voluntary blood donation in the country. In 2005, 53.2% of the blood units were collected from voluntary blood donors. To carry out all the mandatory tests of each donated units, NACO is providing annual recurring grants to State AIDS Control Societies for consumables and diagnostic kits to all public and voluntary/charitable sector blood banks supported by NACO. The State AIDS Control Societies are keeping record of the status of blood banks being supported by NACO and their licensing status and update these records from time to time.

Sd/-
Secretary/ Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November 2006]

Recommendation/Observation

The Committee are informed that during March 2000, NACO initiated a feasibility study on prevention of mother to child transmission in 11 institutions located in 5 high prevalence States of the country. The short course regimen of azidothymidine (AZT) antiretroviral drug was used in this feasibility study. The second phase of this feasibility study was started in October 2001 using a single dose of Nevirapine to both mother and child to prevent mother to child transmission. The actual implementation of PPTCT of HIV was to be completed by April and July, 2002 in Medical Colleges and District Hospitals respectively in high prevalence States and by September 2008 in Medical Colleges in low prevalence States. The Committee note that training had been completed and service delivery started in 74 out of 82 Medical Colleges in high prevalence States. However, training had not been completed in 24 per cent district hospitals and service delivery started in only 11 per cent district hospitals in high prevalence States. The Scheme is yet to be implemented in Medical Colleges of low prevalence States. While expressing their concern over the poor implementation of PPTCT component the Committee desire that the same should be revamped/reviewed by NACO so as to make it more effective and target oriented. The scheme should be broad based so as to cover all the District Hospitals and Medical Colleges in the country. The Committee would also like the Government to shed its complacency in implementation of various schemes in low HIV/AIDS prevalence States and direct NACO to take these States seriously with a view to avoiding the spread of HIV infection in the country.

[Sl. No. 35 of Appendix-II, Para No. 229 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The PPTCT programme is an important component of the programme as considering the 27 million pregnancies taking place every year, and with 1% HIV positivity there will be 2 lakhs and 70 thousand positive mothers. As per the available literature, only

30% of the mothers will deliver a positive child i.e. to say 70-90 thousand. In order to contain the delivery of the positive children, the PPTCT programme is being scaled up and therefore services will be available at all health facilities of the country. The year wise progress of PPTCT services is shown in reply to para 226.

Prevention of Parent to Child Transmission (PPTCT) Services is now being delivered through ICTCs. There are 2815 ICTCs across the country. These ICTCs provide counselling and testing services as well as Navirapine prophylaxis services. During the year 2005-06 a total of 10,19,304, 7,70,895,6,18,388, 60,975 and 7,653 women were registered, counselled tested for HIV infection, found HIV+ve and given Navirapine prophylaxis.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO dated November 2006]

Recommendation/Observation

In December 2002, the Ministry of Health announced a policy where under blood donors found to be HIV positive would be told of their infection and will be asked to seek confirmation test and counselling. However, due to their utter dismay the Committee found that NACO continues to follow its existing policy of giving results only to those who ask for it. The Committee are of the firm view that non-disclosure of HIV status mandatory to all HIV infected persons could lead to situation where such persons would be unknowingly spreading the diseases to uninfected persons. Since HIV virus can remain asymptomatic for three to twelve years till it reaches the final stage of AIDS, the directive of the Ministry would enable the person to get proper treatment at the right time. The Committee recommend that NACO should immediately comply with the above directive of the Ministry of Health and Family Welfare and accordingly issue necessary instructions to all SACS, District Hospitals, STD clinics in this regard for strict compliance. NACO should also intensify efforts to detect the infection during 'window period'— time gap between contracting of infection and becoming sero-positive, so that it would enable early detection of HIV/AIDS virus and help the persons take necessary preventive steps to mitigate the disease.

[Sl. No. 36 of Appendix-II, Para No. 230 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

On the basis of the recommendations of the Parliamentary Standing Committee the issue of revealing HIV status was placed as an agenda in the 16th Governing Body meeting of National Blood Transfusion Council (NBTC). The members of the NBTC suggested that sero-reactive donor must have access to counselling and testing facilities in the large volume blood banks to know their HIV status. In order to ensure that all the

major blood banks in the country should be equipped with the facilities for counselling and confirmatory testing one post of counsellor to be created in all major blood banks in the country. In smaller blood banks with less work load, a strong linkage has to be developed with the existing Voluntary Counselling and Testing Centre. Based on these recommendations the matter was placed in the 26th meeting of the National AIDS Control Board held on 4th October 2006. The National AIDS Control Board has approved the proposal of placing one counsellor in all blood banks with blood collection of more than 3000 units. Thus 347 blood banks have been identified where these facilities will be available so that the HIV status of the blood donors can be revealed after counselling and confirmatory tests. The remaining 883 blood banks with less than 3000 unit blood collection every year will be linked to existing ICTC (Integrated Counselling and Testing Centres).

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November 2006)]

Recommendation/Observation

As a part of low cost AIDS care activities National AIDS Control Board (NACB) in August 1999 approved setting up community care centres for People Living with HIV/AIDS (PLWHA) in those areas where HIV/AIDS infection was comparatively high. As of March, 2003, NACO had established 37 community centres in various parts of high and low prevalence States. Audit observed that there was a shortfall in establishment of Community Care Centres in high prevalence States which ranged between 17 and 78 precent. The establishment of these centres in moderate and low prevalence states was not keeping with the degree of prevalence of HIV/reported AIDS cases. While three centres were established in Delhi where the reported number of AIDS cases were the 766. States like Gujarat with 2474, Madhya Pradesh with 972, Uttar Pradesh with 845 and Chandigarh, Punjab and Haryana together with 1186 reported AIDS cases did not have a single Community Care Centre. Further, the performance of the Community Care Centres established till March, 2003 except Sahara Michaels Care Home, Delhi had not been evaluated by any outside agency. Currently, 54 Community Care Centres are being run across the country with the help of NGOs and are funded through State AIDS Control Societies. The Committee recommend that with a view to have better care and support to presons living with HIV/AIDS, NACO should set up more Community Care Centres, on top priority basis, in all highly infected areas since prevention and care are the keys to limiting the spread of HIV/AIDS. The Committee are also of the view that the Government should enlist the support of Corporate bodies, NGOs, VOs, Community Based Organizations and Civil Society at large in setting up more Community Care Centres.

[Sl. No. 37 of Appendix-II, Para No. 231 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

Low cost Community Care Centres are hospices for taking care of people living with HIV/AIDS (at least 10 PLHAs). The Community Care Centres act as a bridge between hospital, and home based care, and seeks to address the needs of HIV positive people. Initially in NACP-II the Community Care Centres were planned to be set up only in high prevalence States and later the scheme was extended to other scheme. At present 122 Community Care Centres are being run across the country with the help of NGOs and are funded through State AIDS Control Societies. The extension is given on the annual basis at the end of project period of one year. CCCs are regularly monitored and evaluated by SACS to ensure that they create the maximum impact. The external evaluation is conducted by SACS in the third year of the programme as per guidelines. NACO has conducted external evaluation of CCCs in March—May 2005 and the report indicates that the Community Care Centres are performing as per the NACO guidelines. CCCs require additional resources to function effectively and the Organizations that can raise additional resources should be preferred. The guidelines for CCCs needs to be revised for including certain aspects such as support for laboratory facilities, services for children, training, transportation for cases etc.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November 2006)]

Recommendation/Observation

With a view to provide care and support to those infected by HIV/AIDS, establishment of Drop-in-Centre in all the States was invisaged in CACP-II. In December, 2001 National AIDS Control Board (NACB) approved setting up of 10 Drop-in-Centres in every State to be run by registerd associations and networks of PLWHA. However, against this approval, NACO had set up 3 Drop-in-Centres in Maharashtra, 1 in Karnataka and 5 in Tamil Nadu. Evaluation of performance of these Centres had not been conducted as of March, 2003. The Committee express their unhappiness over the slow pace in setting up these Centres and recommend that NACO should hasten up the process of establishing adequate number of Drop-in-Centre in all the States/Union Territories before completion of NACP-II.

[Sl. No. 38 of Appendix -II, Para No. 232 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

As on date 84 Drop-in-Centres are functional in the country. In NACP-II the DICs were planned to be set up only in six high prevalence States and then all States/Union Territories have been asked to set up DICs by involving network of people living with HIV/AIDS. Drop-in-Centres are for providing psychological and care support to PLHAs and to ensure community participation in the programme. NACO got an external evaluation of Drop-in-Centres conducted in March— May 2005. The Report indicated

that Drop-in-Centres were meeting the original objectives adequately as per the guidelines and recommended further scaling up and observed that as the DICs attached to PLHA networks performed better in serving the key objective of social support through peers. Hence the greater involvement of PLHAs' is being encouraged and PLHA networks linked with service providers such as hospitals and NGOs helps them to manage.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November 2006]

Recommendation/Observation

Since Commercial Sex Workers are the most vulnerable and high risk group that is prone to high exposure to HIV/AIDS, their rescue and rehabilitation assume vital importance in control of HIV/AIDS. It is, therefore, imperative that an alternative avocation is provided to the rescued Commercial Sex Workers which is suitable to them. Unless this is done, there is every possibility that their economic condition would rather force them to go back to their earlier profession and consequent exposure to HIV. The Committee, therefore, recommend that NACO should devise an appropriate Relief and Rehabilitation programme for all rescued Commercial Sex Workers inbuilt into National AIDS Control Programme, so that the risk of spreading HIV/AIDS could be minimized to that extent possible.

[Sl. No. 39 of Appendix-II, Para No. 233 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

As per the validation report prepared on the basis of mapping studies there are an estimated 8,31,677—12,50,115 Female Sex Workers in the country. For the relief and rehabilitation programme for all rescued Commerical Sex Workers, linkages with shelter homes of Ministry of Women and Child Development and Ministry of Social Justice and Empowerment are being done. Mainstreaming the HIV/AIDS issues with these departments would ensure increased relief and rehabilitation efforts. For rehabilitation of Sex Workers, efforts are being made to develop Self Help Groups (SHGs) and Community Based Organisations (CBOs) so that Sex Workers are empowered enough to take decisions for themselves. Such SHGs and CBOs have already been set up in Karnataka, Andhra Pradesh, West Bengal and Kerala. In NACP-III the major focus would be on implementing the Targetted Interventions through CBOs formed by High Risk Groups (HRGs) including Sex Workers.

Notwithstanding the above, NACO has no organizational capacity to undertake rehabilitation of Sex Workers with alternative livelihoods. The main focus of NACO is to ensure that the infection is not transmitted to reverse the epidemic. Since poverty and low empowerment are factors that make women vulnerable to sex, work, the Rural Development Departments and the Department of Women and Child Welfare are being

addressed to intensify their efforts at poverty alleviation and women empowerment programmes.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M.No. G-25011/5/2005-NACO, dated November 2006]

Recommendation/Observation

A host of Opportunistic Infections (OIs) such as Tuberculosis Candidiasis and Diarrhoea can easily afflict/affect the person with full blown AIDS. Most of these infections are curable, if effective therapy is initiated promptly. NACO under NACP-II provides drugs for treating common opportunistic infections at district hospitals through State AIDS Control Societies. However, The Committee are concerned to note that out of total allocation of Rs. 18 crore by NACO for procurement of OIs drugs during 1999—2003. Societies had utilized only Rs. 5.90 crore (33 per cent). This is substantiated by the fact that some of the SACS such as Jammu & Kashmir, Goa, Meghalaya, Uttaranchal, Jharkhand, Lakshadweep and Chhattisgarh had not spent any amount on procurement of these drugs. The Committee deprecate the negligent attitude of SACS towards such an important component of the programme, where human lives are at stake, and recommend that NACO should strictly ensure that all the essential drugs are available in all the district level hospitals in adequate quantity and distributed freely to the infected persons, without any difficulty.

[Sl. No. 40 of Appendix-II, Para No. 234 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

It is a fact that OI management has been unsatisfactory. Since then a Technical Expert Group was constituted and a protocol for management of Opportunistic Infections (OIs) prepared. In order to ensure prompt and uninterrupted availability of critical drugs, action has been initiated to Centrally procure drugs and directly supply them to the ART centre, with a buffer stock maintained at SACS to meet additional requirements. The drugs for OI have been divided into three categories:—

List A	List B	List C
Drugs to be supplied by the Institution where ART centre is located (responsibility of Institution/State/NRHM)	Drugs to be "Available" at centre (to be procured by NACO and supplied to ART centres)	"Approved" drug list (to be procured by SACS/centre as per requirement)
1. Metronidazole 400 mg	1. Nitazoxanide 500 mg	1. Fluconazole IV 200 mg
2. Albendazole 400 mg	2. TMP-SMX DS 160/800 mg	2. Acyclovir IV 250 mg
3. Ciprofloxacin 500 mg	3. Azithromycin 500 mg	3. Inj. Gancyclovir 500 mg

List A	List B	List C
4. Prednisolone 10 mg	4. Fluconazole 150 mg	4. Cap. Gancyclovir 250 mg
	5. Fluconazole 400 mg	5. Itraconazole 200 mg
	6. Clotrimazole tubes	6. Clarithromycin 500 mg
	7. Clindamycin 300 mg	7. Ethambutol 800 mg
	8. Sulfadiazine 500 mg	
	9. Inj Amphotericin B 500 mg	
	10. Acyclovir 400 mg	
	11. Cefotaxime 1g	
	12. Levofloxacin 500 mg	
	13. Cap. Amoxyclav 625 mg	

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November 2006]

Recommendation/Observation

The Committee note that at present research and development activities in the field of vaccine development for HIV/AIDS are very limited in the country. With a view to attract and encourage more and more pharmaceutical/Drugs/Biotech Companies to undertake Research and Development activities for development of new vaccine and life saving drugs for control of HIV/AIDS. Government should provide necessary infrastructural facilities, fiscal and other incentives to Indian Companies/Research Institutes to enable them to carry out research work either collectively among themselves or by entering into collaboration with their counterparts in developed and developing countries.

[Sl. No. 41 of Appendix-II, Para No. 235 of 19th Report of PAC)(14th Lok Sabha)]

Action Taken

The National AIDS Control Organization (NACO), Ministry of Health and Family Welfare, Indian Council of Medical Research (ICMR) and International AIDS Vaccine Initiative (IAVI) have entered into a tripartite agreement for developing and evaluating vaccines ethically and adhering to complete transparency. The National AIDS Research Institute (NARI), Pune of ICMR initiated a phase-I trial in February 2005 of TgAACO9-Adeno-Associated Virus (AAV) based vaccine. The second trial started in January 2006 at the Tuberculosis Research Centre (TRC) of ICMR with TBC-M4-Modified Vaccinia Ankara (MVA) based vaccine. Till date no other Pharmaceutical/Biotech Company has approached NACO with a proposal on vaccine development.

The ICMR institutes are also evaluating the efficacy of microbicides for HIV prevention. The ICMR has signed an agreement with Imperial College of Science, Technology and Medicine UK to collaborate on scientific studies and clinical trials. India is likely to host the next International Microbicides Conference to be held in February, 2008.

All the first line dugs used under the National Programme have been procured from domestic manufacturers competing against global tenders. A meeting was held under the chairmanship of the Union Health Secretary on 10th August, 2006 with the Public Sector Pharmaceutical Co. (IDPL, RDPL, HAL and KAPL) with a view to manufacture first and second line ARV drugs by these companies. In pursuance of this meeting RDPL & HAL have already started the manufacture of ART drugs.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's OM. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

For effective implementation of the NACP, NACO had sanctioned posts under various cadres/categories in all State AIDS Control Societies. However, the Committee observed that 50 per cent staff including a number of key posts such as JD/DD (Surveillance), DD (STD), AD (Care), Monitoring and Evaluation Officer in 10 State AIDS Control Societies have not been filled up thereby adversely affecting the programme implementation. The Committee, recommend that NACO should take immediate necessary steps to fill up all the posts lying vacant in different categories more particularly the posts of Monitoring and Evaluation Officers, at the earliest.

[Sl. No. 44 of Appendix-II, Para No. 238 of 19th Report of PAC) (14th Lok Sabha)]

Action Taken

The recruitment of staff for SACS is to be done through deputation from the parent department or through contract.

As can be seen from the table given below out of the 38 State AIDS Control Societies 3 States have less than 10% vacancies. 22 States have 10-30% vacancies and the rest 13 have greater than 30% vacancies. Despite constant followup vacancies persist. In some States such as Meghalaya, Orissa, Chhattisgarh, Goa low priority is accorded to SACS and officers are not in position. Some other reasons are:

- High turnover due to promotions and transfers.
- Inadequate incentives for persons to join SACS on deputation.
- Poor remuneration offered by Govt. resulting in poor response from private sector.

- Ban on appointments on new recruitment.
- Frequent transfers of Project Directors which lead to loss of direction.

A number of steps have been taken by NACO to ensure that the key posts in the State AIDS Control Society are not left vacant. There are:—

(i) The National AIDS Control Board in its 23rd meeting held on 26th March, 2004 empowered AS&DB, NACO to consider and approve the proposal submitted by the State AIDS Control Societies to relax experience prescribed for the posts, which they are unable to fill on the basis of existing guidelines.

(ii) The Board has also given powers to AS & DG to consider and approve proposals submitted by State AIDS Control Societies regarding filling up of deputation posts on contract basis. This, however, is subjected to the condition that such contractual appointments shall be valid for only one year, to renew only with the prior approval of AS&DG, NACO.

(iii) The National AIDS Control Organization has also issued a letter No. T-11014/4/2004-NACO dated 24.3.2005 to all State AIDS Control Societies, wherein it has been conveyed to SACS, that if they are unable to fill a deputation post from among the State Govt. employees, even after circulating the post on two occasions, they are free to fill the post on contract basis with prior approval of NACO and subject to the conditions: the qualification/experiences prescribed for such post shall be strictly adhered to and the initial consolidated remuneration is fixed at the minimum of the scale + dearness pay + allowance as applicable.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The Committee note that NACO had appointed National Thermal Power Corporation Limited (NTPC) on 13 September, 1999 as the procurement agent for procurement of HIV test kits, equipment and certain drugs under the central component, AIDS Control Societies are responsible for civil works, procurement of drugs and NGO services for various activities. Audit scrutiny revealed that 155 out of 299 water baths, 177 out of 250 hot air ovens, 93 out of 100 incubation and 53 out of 100 distilled water equipments purchased during 1997-98 in Phase-I remained uninstalled till June 2003 rendering Rs. 51.64 lakh on their purchase infructuous. From the monthly progress Report submitted to NACO by the National Thermal Power Corporation Limited (NTPC), it was noticed that equipments worth Rs. 60.87 lakh purchased by NACO during Phase-II were lying uninstalled. The Committee express their serious concern over the infructuous expenditure due to non installation of various kinds of equipment resulting in loss to the National/ State exchequers and recommend that Ministry of Health and Family Welfare

should conduct a thorough investigation into the matter with a view to fix accountability on the officials found guilty. The Committee also recommend that in future the requisite equipments should be properly estimated, timely ordered and installed so as to avoid infructuous expenditure and financial loss to the exchequer. Suitable lessons should be taken from the instant case.

[Sl. No. 45 of Appendix-II, Para No. 239 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

During NACP-I, procurement of equipment was handled by DGS&D, the deficiencies in supply were notified for remedial action in terms of the contracts under which these supplies were received. The status of action taken by DGS&D on defaulting suppliers could not be ascertained. This matter is being pursued with the DGS&D.

Regarding equipments lying uninstalled/unutilised costing Rs. 60.87 lakh purchased for NACO through the NTPC during NACP-II the matter relates to the purchase of -40°C and -80°C deep freezer refrigerators from M/s. Nuaire USA. 42 Nos. of -80°C at a contract value of Rs. 1,14,74,114+AMC of Rs. 16,27,400 and 42 Nos. of -40°C at a contract value of Rs. 1,05,43,781 + AMC of Rs. 16,27,400. Letter of credit was opened on 10th October, 2000 and funds were released deducting 10% of the bid value as guarantee for installation and the refrigerators had been received and were also installed in some sites in India. On 20th July, 2001 a complaint was received that the freezers supplied by M/s. Nuaire are not microprocessor control but solid state control system and not in accordance with the technical specifications. This was enquired into by the NTPC and found to be correct. The supplier contested the claim. NTPC encashed the 5% performance security and did not pay the 10% balance outstanding to the company. In the meantime the manufacturer had installed quite a few machines. Efforts to install the equipment has got caught in legal wrangles. As per legal advise the contracts have been terminated and action would be initiated on arbitration proceedings against M/s Nuaire, U.S.A. (the original supplier).

Close monitoring of procurement is being done periodically at procurement agency level as well as at NACO in order to avoid recurrence of such events.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The Committee note that for effective monitoring and evaluation of the programme, each State/Municipal AIDS Control Society was required to appoint a Monitoring and Evaluation Officer. However, it had been noticed by Audit that 17 (45 per cent) out of 35 Societies had no Monitoring and Evaluation Officer. NACO stated that Societies where there are no Monitoring and Evaluation Officer, the Joint Director in charge of Surveillance along with Statistical Assistant perform the monitoring and evaluation functions. The Committee express their serious concern over non-appointment of M & E

Officers by several Societies. They are of the view that since monitoring and evaluation is an important and continuous activity involving periodical appraisal of the progress made in achievement of the targets laid down under various components of the programme, any adhocism with respect to such an important activity would have an adverse impact on the functioning of the programme. The Committee, therefore, recommend that NACO should advise all the Societies to appoint Monitoring and Evaluation Officer without any further delay.

[Sl. No. 46 of Appendix-II, Para No. 240 of 9th Report of PAC (14th Lok Sabha)]

Action Taken

Monitoring and Evaluation teams have been set up in 25 AIDS Control Societies of the States/UTs. State/Municipal AIDS Control Societies. To build their capacities in monitoring, four Orientation Workshops were organized in August-September, 2006 along with regional review meetings, to enhance their knowledge and develop skills in use of Computerized Management Information System.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

A contract for consultancy services was signed in November 2000 by NACO and ORG Centre for Social Research to design and develop a Computerised Management Information System (CMIS)/institutional framework for objective concurrent monitoring and evaluation which includes assessment of the status of project implementation and performance of the National AIDS Control Programme at National and State level. Though CMIS was to be made operational within two months from the date of signing of the contract *i.e.*, by January, 2001, however, it was made operational in all the Societies was poor. Reports from all the societies had never been received during November, 2001 to April 2003. Further, evaluation of information generated from CMIS had not been conducted so far. The Committee cannot but depreciate the indifference and lackadaisical approach adopted by various SACS in submitting Reports to CMIS as result of which the various objectives laid down under CMIS remain unfulfilled. The Committee recommend that NACO should instruct all SACS to submit their Reports periodically to CMIS so that the information furnished by them can be analysed. The Committee also recommend that NACO should take stringent punitive action against those SACS which do not submit their Report in time.

[Sl. No. 47 of Appendix-II, Para No. 241 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

Development of a fully functional computerised MIS required procurement and instalment of computer hardware, development of application software, recruitment of Monitoring & Evaluation Officer, Statistical Assistants and Data Entry Operators and their training. The States took almost one year to get all inputs required for a functional CMIS.

During regional review meetings, several deficiencies were identified which are limiting the use of CMIS up to desired levels. These include lack of M&E unit at the district level, lack of connectivity between reporting units, SACS and NACO and sub-optimal use of CMIS in analysis and use of information in monitoring. This has improved reporting by States to nearly 60%.

Since 2003, there has been a gradual increase in the proportion of reporting units who are using CMIS.

NACO has since taken up the subject with SACS in quarterly review meetings and organised re-orientation training programme of M&E Officers and other staff on CMIS, analyze the data and use in monitoring various activities of NACP.

Further NACO is under process of developing a user-friendly, robust, web-based CMIS for an effective on-line data management system. This system would have an integrated system to monitor programme related activities, financial status of implementing agencies and logistic management of ARV drugs, laboratory test kits etc. Standard reporting formats, monitoring indicators and dashboard have been worked out under NACP-III. This system will facilitate easier performance based budgeting and release of fund.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The Committee are of the considered view that since HIV/AIDS is a multidimensional problems affecting socio-economic development of the country, impinging on various economic and social sectors of Governmental and Non-Governmental activity, the fight against it should be multi-pronged and multi-disciplinary in approach. The control of HIV/AIDS had been taken up exclusively as a Centrally Sponsored Scheme *i.e.* through NACP-I & II and the role of State Government appears to be rather peripheral in the implementation of NACP. Keeping in view the magnitude of the problem posed by HIV/AIDS, the fight against this dreaded disease has to be multi-pronged for which Governments at all levels—National, State and local need be involved. The Committee also note that disparities exist among different States with regard to their fight against AIDS while States which have been categorized as high prevalent States *viz.* Andhra Pradesh, Tamil Nadu, Maharashtra etc. have taken up the battle against AIDS seriously, rest of the States which fall either under the

category of moderate or low prevalence have been complacent. The Committee, therefore, recommend that in order to make the fight against HIV/AIDS, a truly mass movement of National level. Government of India should actively indulge Governments at all levels *viz*. State Governments and local bodies such as Panchayats, Municipalities etc. irrespective of the degree of prevalence of HIV/AIDS should be initiated. Since the prevalence of AIDS varies from State to State and given the socio-cultural differences, that exist among different States, each State should be given freedom to devise and formulate their own HIV/AIDS Control Programme in keeping with the broad National objectives.

[Sl. No. 50 of Appendix-II, Para No. 244 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

National AIDS Control Programme is implemented through the 38 State AIDS Control Societies developed to ensure strong ownership of the HIV/AIDS prevention and control. As the prevalence of the epidemic and its implications vary from State to State, the State Governments devise their own strategies and action plans for tackling the disease keeping the national objectives in view. For smooth flow of funds to the programme and for greater functional autonomy, the State Governments have already adopted the Society model by forming State AIDS Control Societies with proper representation of NGOs, experts in the field and organizations of people living with HIV/AIDS.

More focused interventions were implemented and intensive awareness campaigns were taken up in the high prevalence States of Andhra Pradesh, Maharashtra, Tamil Nadu, Karnataka, Nagaland and Manipur to check the spread of HIV infection as over 70% of the infections are in these States. However, the programme is being strengthened to ensure effective response to the epidemic in other States classified as moderate prevalence, highly vulnerable and vulnerable States. It is planned to saturate the 4 million high risk groups such as Commercial Sex Workers, Men Having Sex with Men & Injecting Drug Users, as estimated 12 million highly vulnerable population namely migrants and truckers and a large number of young women and men in the general community who constitute 40% of the country's population with the prevention messages. Accordingly, the number of Targetted Interventions (TIs) will be increased to 2100 and collaborative efforts are being made to reach young people through other departments and ministries and voluntary networks.

In order to reiterate the Government's commitment to prevent the spread of HIV and to facilitate a strong multi-sectoral response to combat it effectively National Council on AIDS (NCA) headed by the Hon'ble Prime Minister of India has been constituted. It comprises of 31 key ministries and the Chief Ministries of three high prevalence States, one moderate prevalence State and three highly vulnerable States. The council also consists of representatives from the civil society including NGOs, Positive people's networks and the private sector.

The functions of NCA are:

- To mainstream HIV/AIDS issues in all Ministries and departments by considering it as a development challenge and not merely a public health problem.
- To lead the multi-sectoral response to HIV/AIDS in the country with special reference to youth and the work force.
- To review the inter-sectoral commitments.

Under ongoing inter-sectoral partnership on mainstreaming, NACO has been collaborating with M/o Education, Labour, Youth Affairs & Sports, Panchayati Raj, Women & Child Development, Road Transport & Highways, Social Justice & Empowerment, Rural Development and Defence etc.

A summary of mainstreaming efforts taken by above departments is as below:

1. So far 93,000 secondary and senior secondary schools have been covered under the co-curricular activities of National Adolescence Education Programme implemented by Department of Education.
2. 32 VCTCs are at present functional in the hospitals run by Ministry of Railways and more than 828 PLHAs provided ART in 5 ART centers run by railways.
3. NACO supported 30 workshops held to build capacity of 313 staff members of NGO partners and nearly 52,633 drug addicts were counselled on HIV/AIDS through 200 NGOs in collaboration with Ministry of Social Justice & Empowerment.
4. In collaboration with Ministry of Women & Child Development around 75,000 *Anganwadi* workers were trained in different States.
5. Labour department has trained approximately 3000 industrial managers, trade union leaders and employees of labour department in work place interventions. 263 education officers of CBWE are trained as trainers on HIV/AIDS 2,31,532 workers were sensitised during 2005 (organised and un-organised sector) and 35 STD clinics, 35 VCTCs, 10 Blood Banks are functioning with NACO support.
6. A cell on HIV/AIDS has been set up in National Highways Authority of India, Ministry of Shipping, Road Transport and Highways and efforts are being made to strengthen coverage of truckers along the stretch of 65000 KM (Highways).
7. Defence Ministry supports 10 STD clinics, 13 VCTC/PPTCT centres, ART in all major hospitals and modernisation of 17 Modern Blood Banks with technical support of NACO.
8. Ministry of Youth Affairs and Sports has launched quiz and outreach based YUVA (Youth Unite for Victory against AIDS) campaign through their youth organization across the country in June, 2006.

9. A national convention of Zilla Parishad Presidents and city mayors was organized by Parliamentary Forum of HIV/AIDS in collaboration with NACO, M/o Health & Family Welfare, M/o Panchayati Raj. M/o Urban Development and UNAIDS in August 2006 and efforts are on to mainstream HIV/AIDS prevention programme into the functioning of Panchayati Raj Institutions and local bodies.

Sd/-

Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The Committee understand that a number of steps have been taken by the State of Tamil Nadu in fighting the dreaded disease of HIV/AIDS which have yielded encouraging results. As a result of sustained effort of Tamil Nadu State AIDS Control Society in cooperation and coordination with AIDS Prevention and Control Project, the State made significant achievements in AIDS prevention and care. Some of the key features of the success story of Tamil Nadu are behavioural changes such as increase condom use, reducing the vulnerability of people to the risk of infection and effort to offer affordable ARV treatment of people living with HIV/AIDS etc. The USAID funded AIDS Prevention and Project in Tamil Nadu launched in 1995, has been another success story acclaimed for its effective Targetted Interventions approach and research and survey activities like the Annual Behavioural Sentinel Surveillance surveys and the survey to estimate the community prevalence of HIV/AIDS. While appreciating the measure taken by the Tamil Nadu Government, the Committee are of the firm opinion that Ministry of Health & Family Welfare should study them in detail so as to circulate to all the States and impress upon them to replicate the efforts of the Tamil Nadu Government which would eventually help to contain and combat the spread of HIV/AIDS to a large extent.

[Sl. No. 51 of Appendix-II, Para No. 245 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The recommendations of the Committee have been noted. An indepth analysis of the TN data was also undertaken by leading epidemiologists which showed that HIV prevalence in women aged 15-24 years in southern States fell from 1.7% to 1.1% in 2000-04. There was no significant decline in the prevalence in nothern States. The findings have vindicated the efficacy of the NACO strategy. Best practices and interventions taken up in Tamil Nadu are accordingly being replicated in other States also.

Sd/-

Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The Committee are of the considered view that the problem of AIDS is fast assuming an epidemic proportion in North Eastern Region and is qualitatively different from other parts of the country especially that of high prevalence States such as Andhra Pradesh, Tamil Nadu, Maharashtra and Karnataka. The spread of HIV/AIDS in this particular region is largely on account of Intravenous Drug Use (IDU) where over 25 to 30 per cent of the youth population are reported to be HIV positive. The Committee feel that in view of the international dimension to the problem of AIDS in this region on account of illicit drug trafficking from across the borders from Laos, Myanmar and Thailand making youth of this region susceptible to drug addiction, there is an urgent need for having a separate dispensation to control and combat HIV/AIDS in the North-Eastern region. They, therefore, recommend that with a view to giving special focus to this region the Ministry of Health and Family Welfare may examine the feasibility of setting up 9 separate body/agency exclusively for North-Eastern States to oversee the implementation and monitoring of special programme for HIV/AIDS control.

[Sl. No. 52 of Appendix-II, Para No. 246 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

NACO has already initiated action to establish a sub-office of NACO as a Regional Resource Centre at Guwahati to monitor the implementation of the programmes, enhance capacity building and strengthen the management of the AIDS Control Programme in the North-Eastern States. It is expected that the sub-office will be operationalized by the end of this year.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

CHAPTER III

RECOMMENDATIONS/OBSERVATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN VIEW OF THE REPLIES RECEIVED FROM THE GOVERNMENT

Recommendation/Observation

The review conducted by Audit relates to National AIDS Control Programme covering all State/Municipal AIDS Control Societies (SACS/MACS) and National AIDS Control Organisation in Delhi for the period 1998-99 to 2002-2003. The principal objective of this review was to ascertain the impact of various components of the programme such as utilization of funds released and accounting; efficacy of priority Targeted Interventions for groups at high risk; the Information, Education and Communication Programme; adequacy of training programmes; functioning of blood banks and Sexually Transmitted Diseases Clinics; adequacy of procurement procedures; utilization of equipments; achievement of targets and impact evaluation; and monitoring and evaluation procedures.

[Sl. No. 5 of Appendix-II, Para No. 199 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

Statement of fact. No comments.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

Targeted Interventions (TIs) are globally perceived as the most effective strategy for arresting the spread of HIV/AIDS. It focuses on the strategy to prevent HIV infection and transmission among the groups who tend to involve in "High Risk Sexual Behaviour". The activities of TIs are designed basically to inform, educate and counsel the marginalized and vulnerable sections of populations, which are at high HIV risk and provide them with preliminary care and support so that they move towards behaviour change and healthy living practices. Intervention with High Risk Groups (HRGs) that are at the core of HIV transmission can greatly reduce the spread of HIV into the general population. Directing HIV prevention efforts among these groups (with high rate of partner-change, whether sexual or needle-sharing partners) is proven cost effective strategy as it has the multiplier effect of preventing many subsequent

rounds of infections amongst the general population. Such High Risk Groups broadly include Commercial Sex Workers (CSWs), Injecting Drug Users (IDUs), Men having sex with Men (MSM), truckers, migrant workers, etc. Targeted Interventions among these groups involve multipronged strategies such as behaviour change, communication, counselling, health care, treatment for STD and creating demand for and making provision of condoms, along with other activities that can help create enabling environment for behavioural change.

[Sl. No. 17 of Appendix-II, Para No. 211 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The Committee has reiterated the strategy followed by NACO and therefore as such, no follow up action is required.

Sd./-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

As mentioned earlier in the Report, the tenure and level of diffusion of the HIV/AIDS in India indicate that we are accelerating towards a dangerous inflex point, Growing exponentially, HIV/AIDS is different from every other major infectious diseases where new cases grow or decline slowly. In the absence of a vaccine or a cure, prevention is the most effective strategy to control HIV/AIDS. Since majority of population in India is still uninfected, it becomes essential to not only raise awareness levels but also bring about behavioural changes through Information, Education and Communication (IEC) activities. Phase-II of NACP seeks to attain an awareness level of not less than 90 per cent among the youth and others in the reproductive age group. According to the Baseline Surveillance Survey, 2001, 76 per cent of the respondents surveyed at the National level were aware of HIV/AIDS. The percentage ranged between 40 and 98 in the 22 States surveyed by ORG-Centre for Social Research. While States like Andhra Pradesh, Goa, Himachal Pradesh, Kerala, Manipur and Punjab recorded an awareness level of more than 90 per cent, States like Bihar (40.3 per cent), Gujarat (55 per cent), Madhya Pradesh (56 per cent), Uttar Pradesh (51 per cent) and West Bengal (58 per cent) recorded poor awareness of HIV/AIDS. Eighty nine per cent of respondents in urban areas were aware of HIV/AIDS while 72 per cent of respondents in rural areas were aware of HIV/AIDS. The rural-urban disparities were rather prominent in the States of Uttar Pradesh, Madhya Pradesh, West Bengal, Gujarat, Bihar, Assam, Orissa, Rajasthan and Sikkim. Male-female respondents exhibited similar trends in awareness levels. As regards awareness of transmission of HIV/AIDS through sexual contact, the survey revealed that 71 per cent of the respondents at the National level were aware of the mode of tranmission. The level of awareness was 85 per cent in

urban areas and in rural areas it was 67 per cent. The survey further revealed that only 47 per cent among the general population, 66 per cent among the Commercial Sex Workers and only 68 per cent clients of female sex workers were aware of the methods of prevention of HIV/AIDS. A sizeable proportion of the general population in almost all State harbours many misconceptions about the spread of HIV.

[Sl. No. 27 of Appendix-II, Para No. 221 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The provisional results of BSS 2006 indicate improvement in comparison to BSS 2001 (covering about 97000 respondents in the age group of 15-49) regarding most of the parameters related to awareness, mode of transmission and knowledge about HIV/AIDS prevention. Another independent study conducted in 17 States and covering 22,800 respondents, by BBC-WST in 2005 also showed improvement in awareness levels. The Table below gives a comparative picture of the awareness levels at different points in time:

Indicator	BSS 2001	BBC-WST 2004	BSS 2006
Awareness level among urban population	89.1%	90%	92.4%
Awareness among rural population	72.3%	82%	81.2%

Sd/-
Secrtary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

CHAPTER IV

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH REPLIES OF GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE COMMITTEE AND WHICH REQUIRE REITERATION

Recommendation/Observation

Under NACP, State/Municipal AIDS Control Societies are to submit their Annual Action Plans to NACO three months prior to the commencement of the next Financial Year so that they could be approved and allocation of funds be made on time. The Committee are dismayed to note that till 2002-03, none of the SACS/MACS had submitted their Annual Action Plan on time. Inordinate delays in submission of Annual Action Plan by SACS resulted in their belated approval which in turn affected the proper utilization of funds and as a consequence there were considerable unspent balance lying with the SACS/MACS at the end of the year. This also affected the targets set in respect of some programmes like strengthening of Sexually Transmitted Diseases (STD) clinics, Voluntary Counselling and Testing Centres (VCTCs), training etc. The Committee regret to observe the inordinate delay in submission of Annual Action Plan by various SACS and desire that in future NACO should strictly ensure that Annual Action Plans are submitted by all SACS/MACS within the stipulated time frame. For this purpose, the matter needs to be taken at regular intervals with the State Governments at the appropriate levels to impress upon SACS/MACS for the timely submission of Annual Action Plans.

[Sl. No. 9 of Appendix-II, Para No. 203 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

Annual Action Plans of all the societies are finalized within the 1st quarter of that financial year and funds released during the 1st quarter of that financial year.

The procedure adopted by NACO for timely submission of Annual Action Plan by SACS/MCACS has already been submitted in a written note to PAC.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November 2006]

Recommendation/Observation

On the basis of the Annual Action Plans received from Societies, NACO makes component-wise allocation of funds to the Societies which, in turn, report expenditure

through quarterly Statement of Expenditure (SOE). The Committee note that while the expenditure on the component Preventive Interventions for General Community exceeded the indicative percentage of the total outlay, the expenditure on low cost AIDS care and inter-sectoral collaboration fell far short of the indicative outlay. This is substantiated by the fact that in case of preventive interventions for the general community, the indicative cost (per cent) of total outlay as per Project Appraisal Document (PAD) was 33.7 per cent and against this the expenditure were 51.07 per cent (1999-2000), 42.67 per cent (2000-01), 55.19 per cent (2001-02) and 49.99 per cent (2002-03) whereas in case of low cost AIDS care the allocation was 14.1 per cent of indicative cost (per cent) of total outlay and against this the expenditure were 3.53 per cent (1999-2000), 1.84 per cent (2000-01) 3.26 per cent (2001-02) and 5.29 per cent (2002-03). The Committee, recommend that Ministry should identify the bottlenecks responsible for low expenditure of fund in the low cost AIDS care and in Inter Sectoral Collaboration components and take necessary steps for stepping up the expenditure and also periodically monitor progress made by SACS on these components so that the targets set under these components are achieved. NACO should also identify the thrust areas requiring special attention and step up monitoring expecially in planning, management and implementation of other components under NACP.

[Sl. No. 10 of Appendix-II, Para No. 204 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

Low Cost AIDS care include the establishment of Community Care Centres, Drop in Centres, and treatment for Opportunistic Infections (OIs). These services are made available to address the medical, psycho-social and care & support needs of people living with HIV & AIDS. Initially the provisioning of these services were focused in the six high prevalent States and after 2001-02 expanded to other States. As on date 122 Community Care Centres, 84 Drop in Centres are functional in the country. Treatments for Opportunistic Infections (OIs) are being provided through the Community Care Centres and ART Centres. SACS have been encouraged to develop positive networks so that the services made available through these centres are extended to the neediest. The services of People Living with HIV and AIDS (PLWAs) are being utilized as positive speakers for reducing the stigma and discrimination in the community.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November 2006]

Recommendation/Observation

As indicated earlier, there are an estimated 5.14 million HIV cases in the country based on Sentinel Surveillance 2004. According to the reports submitted by various States/Union Territories to NACO, the cumulative number of HIV/AIDS cases stood at 96086 in 2004. The Committee note with serious concern that there had been a

continuous rise in the number of HIV/AIDS cases reported since 2001. During the years 1999-2000, 2000-01 and 2001-02 there had been an increase of 60 per cent, 80 per cent and 69 per cent respectively of the AIDS cases in the country. NACO has attributed the rise in AIDS cases to more and more people coming for treatment in public sector hospitals and also increase in the number of hospitals providing such services. At the same time, NACO has conceded that the statistics available with them may not be accurate as many of the AIDS patients may still not have the access to public sector hospitals and that there may be many more number of unreported AIDS cases in the country. The Committee feel that due to certain reasons like social stigma attached, complacency and lack of awareness some of the patients may not be going to public/private hospitals for treatment. Obviously, such patients do not for a part of the survey conducted by NACO. The Committee, therefore, recommend that with a view to arrive at an accurate and reliable database on AIDS patients/HIV cases in the country, the Sentinel Survey must be broad based so as to capture the scope and extent of the epidemic prevalent in rural areas and also in highly populated and large States such as Uttar Pradesh and Bihar. The Government, therefore, should explore all the possible avenues that survey conducted in this regard are as far as possible scientific and accurate, since the data base on AIDS plays a very important role in fixing realistic targets and also in formulating the plan and programme for combating as well as containing the spread of HIV/AIDS in the country. The Committee, therefore, recommend that Government should undertake a fresh sentinel surveillance based on Systematic and scientific approach so as to arrive at an accurate and fairly reliable data base on HIV/AIDS.

[Sl. No. 13 of Appendix-II, Para No. 207 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The observations of the Committee have been noted and various activities for strengthening the existing surveillance system have been submitted in the reply on para 195. Besides this, the reporting of AIDS cases and deaths is carried out by passive surveillance and not by active search of cases. Further, the diagnosis of HIV infection/AIDS is only possible with laboratory tests. Therefore, the reporting of AIDS cases and deaths will improve as access to integrated counselling testing services expand.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November 2006]

Recommendation/Observation

The sources of infection of AIDS can be broadly divided into five categories, namely sexual transmission, parents to child transmission, blood and blood products. intravenous drug users and others. The Committee note that in 86 per cent of AIDS cases, the sexual route remains the most probable source of infection. Another probable

source of infection is parents to child transmission which rose from 0.72 per cent in 2000 to 2.65 per cent in 2003. The Committee observe that though the transmission of AIDS through blood and blood product has come down from 7.79 per cent in March 1999 to 2.79 per cent in March 2003, the number of cases in absolute terms have however been increasing and the target of keeping it below 1 per cent still remains to be achieved. The Committee are given to understand that NACO have taken a number of steps to ensure that every unit of blood is mandatorily tested for HIV, Syphilis, Malaria and Hepatitis (B&C) before the unit is transfused to patients, test kits are provided free of cost to the Blood Banks that are supported by it and the quality of testing is assured by Nation-wide External Quality Assurance System (EQAS). Professional blood donors have been banned and a number of activities are being undertaken to augment voluntary blood donation in the country. Steps are also being taken to orient the prescribers of blood towards appropriate clinical use, so that blood is transfused only when it is absolutely essential and the right quantities of blood components are used. The Committee while taking note of the steps taken by NACO to reduce the risk of transmission of AIDS through blood, recommend that NACO should redouble their efforts to achieve the target of keeping the number of AIDS cases infected through blood transmission to 1 per cent.

[Sl. No. 15 of Appendix-II, Para No. 209 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

To ensure safety of blood and blood products in various blood transfusion centres in the country, NACO has undertaken several steps as listed below:—

- For the modernization of blood banks and component separation facilities one time equipment grant and yearly recurrent grants as per the approved Pattern of Assistance are provided.
- Structured training on blood transfusion is being provided at 17 identified centres all over the country for improving the capacity of the staff working in the blood banks.
- During the year 2006, it has been planned to conduct 147 trainings sessions in identified training institutions based on the training requirement of States/ UTs.
- Provision made for setting up of Blood Storage Centres to take care of requirement of low volume of Blood in remote/rural settings.
- To augment the proportion of voluntary blood donation. 45,000 voluntary blood donation camps are being organized by various organizations like Indian Red Cross Society, Rotary Club, Indian Medical Association State branches. During the year 2005, 53.2% of the blood units were collected through voluntary blood donation.
- NACO has conducted five regional workshops and one orientation workshop in each of the State on 'Rational use of Blood' to appraise them of the

appropriate clinical use of blood and blood products. The Standard Operating Procedures for blood banks functioning have been developed and are in place including testing protocols to ensure efficiency in testing of transfusion transmissible infections (TTIs).

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November 2006]

Recommendation/Observation

The Committee noted that as of September, 2004, 933 TIs are being implemented across the country. However, the data relating to coverage of target population by these TIs was not available with NACO. Though the Ministry claimed that there has been notable increase in terms of coverage of vulnerable population through TI, yet, 50 per cent of the population is still to be covered. The Committee therefore, desires that efforts need to be stepped up to bring the uncovered population under the ambit of TI Programme. NACO should also ensure regular reporting by SACS regarding progress made by them in implementation of TI programmes through Computerised Management Information System (CMIS). Further the definition of High risk group needs to be broad based so as to include more vulnerable groups such as new recruits of Army and Para-military forces, Army troops separated from families, troops deployed in foreign countries, uniformed forces and their families which are prone to high risk and which need inter-sectoral participation in prevention of HIV/AIDS. The Committee cannot but over-emphasize, the need to ensure that vulnerability and risk should form the basis of planning and programme implementation for prevention and control of HIV/AIDS especially in the backdrop of CIA's National Intelligence Council prediction that the number of AIDS cases in India will surpass every other country and it may have as many as 20 to 25 million AIDS cases by 2010.

[Sl. No. 18 of Appendix-II, Para No. 212 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

As on August 2006, a total of 1088 TIs are being implemented by NGOs/ CBOs across the country. Of these 325 are exclusively focused on the three High Risk Groups (CSW, IDU and MSM). Besides NACO assisted programmes, the Bill & Melinda Gates Foundation is also supporting an estimated 150 NGO's for TI interventions. In addition to the 3 HRGs. IT's are also taken up for covering bridge populations such as truckers, migrant workers, prison inmates, street children etc. covering population groups who have high vulnerability to getting this infection.

Though the armed and para military forces are not categorized as high risk, very high priority has been and is continued to be provided to them.

In 2003, nation wide mapping exercise was undertaken to assess the population of HRG's in the country. This exercise has not only provided information on the probable

number but also points of concentration. This information is now being further refined and used for upscaling to ensure saturation under the NACP III. Lack of funds during NACP II, inadequate capacity among NGO's and SACS and legal hurdles and social stigma related to the HRG's in particular MSMs' were the main factors for lower coverage.

Table below provides the estimated size and coverage of High Risk Groups together by NACO and Bill and Melinda Gates Foundation through Targeted Interventions programme are given below:

Sl. No.	High Rise Groups	No. of TI's	Estimated Size	Estimated Coverage	Percent Coverage
1.	Sex Workers		8,31,677 (—) 12,50,115	5,88,777	55%
2.	IDUs		96,463 (—) 1,89,729	1,02,344	53%
3.	MSM		23,52,113	1,46,397	6.0%
4.	Male sex workers		2,35,213		

The TIs reporting format on CMIS has been revised to incorporate the suggestions made by various stake holders. Monitoring and Evaluation division of NACO conducted five regional workshops for streamlining the CMIS reports on TI. The objective is to monitor the progress of TIs and simultaneously giving the feed back to the NGOs implementing TIs. The reporting has improved from 35% in December 2004 to 54.3% in August 2006. SACS officials conduct monitoring appraisals of TIs on regular basis and give feed back to NGOs/CBOs. Project Support Units (PSUs) have been established in nine states for building the capacity of NGOs/CBOs which has also contributed to improved reporting and monitoring. Under NACP III all SACS will be provided with the PSU's as the experience has been extremely positive.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November 2006]

Recommendation/Observation

The Committee note that a National Targeted Intervention Evaluation Programme was conducted by Sexual Health Resource Centre in partnership with NACO during 2003 in 54 TIs spread across 17 States to assess the average quality of different elements of TIs *viz.* Condom Promotion, STD component, Behavioural Change Communications (BCC)., Enabling environment, Needs assessment proposal, Development, Baseline study and project Management. The study found the average quality of the elements of TIs to be in range of 21 to 41 per cent and the average quality of TIs in the country logged at a poor 37.8 per cent. The study revealed that the inputs (training and funding) provided by States AIDS Control Societies were much below that what was needed and that the average quality of TIs needed to be enhanced if

they are to deliver the expected results. The Committee express their concern over the poor quality of different elements of TIs due to which the Programme could not achieve the desired results. The lackadaisical approach adopted by State AIDS Control Societies and NACO in this regard is nothing but regrettable. They are of the opinion that NACO should promptly identify the weaknesses with a view to taking suitable corrective steps to make TIs more effective and result oriented. Further, the Government ought to take the co-operation of NGOs. VOs, Community Based Organisations, the target community and the Civil Society at large to make TI programme a truly mass movement.

[Sl. No. 19 of Appendix-II, Para, No. 213 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

During 2003-04 NACO undertook two external evaluation studies of TI projects in 22 States. The findings and recommendations of the evaluation studies were:—

- TIs have a critical role in reducing spread of the epidemic and therefore, interventions must focus on groups at highest risk (CSW, MSM, IDU) and saturate their coverage.
- Capacity building of NGOs and SACS should be further strengthened as the number of training (2.67/intervention/year) is inadequate and number of training days (6.63/intervention/year) is low.
- Issues related to financial flows to the NGOs should be addressed to reduce delays (91 days) and low volume of funds (Rs. 5.44 lakhs).
- Quality of implementation should be improved.

For generating a better focus on the Core groups (CSW, MSM, IDU), NACO through national consultations (held in year 2004-05) has revised the costing guidelines for Targeted Intervention Projects. This helped in scaling up of the TI programme for saturating the coverage of Core groups. All SACS have developed plans for saturating the coverage of Core groups. The Targeted Interventions among CSWs have been increased from 147 in 2003 to 186 in 2006; the IDU interventions have increased from 39 in 2003 to 114 in 2006 and 19 Interventions among MSM in 2003 to 30 in 2006. The geographically scattered population of CSWs, MSM and IDUs are also being covered through 416 composite interventions. NACO has set up Project Support Units (PSUs) in nine States to facilitate the scaling up of TIs, building capacity of NGOs and improving the quality of services. The PSUs have developed a year-wise training/ capacity building action plan for each project staff (Project Coordinators, Out Reach Workers, Counsellors, Accountants and Peer Educators), for the themes (CSWs, MSM, IDUs, Truckers, Migrants) and the number of training days have been worked out. The training modules for each category has been compiled and shared with all the SACS for taking up the training programme. Technical Resource Group for each theme (CSWs, MSM, IDUs, Truckers, and Migrants) has been developed to provide technical guidance and assistance for improving the quality of the programme. In order to address the delay in release funds to NGOs by SACS, the finance managers have been sensitized on regular basis. The volume of funding has been improved from Rs. 5.44 lakhs to an average of Rs. 10.00 lakhs. The quality of services such as Syndromic Case

Management of STIs, Condom Promotion etc. is being improved upon as the cost for treating: seed money for Social marketing of Condoms etc. has been incorporated in the revised costing guidelines. The monitoring of NGO activities is being carried out on the monthly and quarterly basis and the monitoring frame work has been developed to include increased condom use, reduction in multi partner exchange (sex & needle), higher treatment seeking behaviour among HRGs. The internal evaluation of TIs is being conducted on half yearly and annual basis to strengthen the quality of the TI programme.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The Committee note that under Project Implementation Plan (PIP) mapping of high risk areas was to be conducted by all Societies to identify the size and number of target groups, their risk behaviour and their environment. This process enables to locate the size of high risk population where TI projects can be implemented. As on October, 2003 barring Lakshadweep, Meghalaya, Haryana and Goa all State AIDS Control Societies have undertaken the programme of detailed mapping of the vulnerable population which was at different stages. The mapping exercise is stated to be over in all States and 33 mapping reports of major SACS are available with the Government barring reports from States of Chhattisgarh, Rajasthan, Orissa, Lakshadweep and Dadra & Nagar Haveli which are being finalized. The Committee, recommend that NACO should finish the mapping exercise of the remaining States at the earliest so as to have a complete and reliable data relating to high risk population.

[Sl. No. 20 of Appendix-II, Para No. 214 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

Mapping of the High Risk Groups (*i.e.* Sex Workers, Men who have sex with men, Injecting Drug Users, Truckers and Migrants) has been completed in all the States to identify location and size of HRGs. These studies were commissioned by each State AIDS Control Societies (SACS) between years 2001-2004 through various research agencies of national repute. The mapping exercise was completed in Haryana, Goa, Meghalaya & Lakshadweep in 2004-05 and the reports are available with NACO. The re-validation of all such mapping data has also been carried out at national level in 2005-06 to consolidate the estimated size and estimated sites of HRGs and the report of

which is available with NACO. Following estimates have been generated out of mapping exercise:—

Sl. No.	High Risk Groups	Estimated Size
1.	Sex Workers	8,31,677—12,50,115
2.	IDUs	96,463—1,89,729
3.	MSM	23,52,113
4.	Male sex workers	2,35,213
5.	Truckers	5-6 million

The States which have mapping information more then three years old are revisiting the mapping exercise to update the mapping information. In the Annual Action Plan for year 2006-07 Rs. 219.51 lakh has been allocated to 16 SACS for undertaking an exercise to update the data.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

A Behavioural Surveillance Survey (BSS) was conducted by ORG Centre for Social Research on behalf of NACO in the year 2001 to assess the availability and accessibility of condoms. At the National level, the data suggests a fairly high level of condom use awareness but with marked regional variations. Punjab and Himachal Pradesh had more than 95 per cent awareness levels, while Delhi, Haryana, Goa, Jammu and Kashmir and Kerala had an awareness level ranging between 85 and 95 per cent. Except Andhra Pradesh (84.7 per cent), the Southern States had awareness figures below 75 per cent. While awareness of condoms in urban areas of the country was fairly high (90.4 per cent), it was relatively low in rural areas particularly in States of Assam (69.5 per cent), Bihar (64.8 per cent), Karnataka (64.8 per cent), Madhya Pradesh (69.8 per cent), Maharashtra (67.2 per cent), Orissa (61.2 per cent), other North Eastern States (62 per cent) and Tamil Nadu (67.6 per cent). The Committee recommend that the awareness about safe sex should be spread more effectively especially in the rural areas by using all available fora such as Gram Sabhas etc. and by conducting Health Mela etc. Training for elected members of Gram Panchayats and Women Self Help Groups on issues related to AIDS should be imparted so as to bring about an attitudinal change and awareness among rural masses to fight against HIV/AIDS. Perhaps the spread of awareness should be more in and around targeted areas of high risk and vulnerable groups and for this SACS should be involved. With a view to have a wider reach amongst the television viewers, the electronic medium should be used to the maximum extent possible in prevention of HIV/AIDS. The Ministry of Health and Family Welfare in co-ordination with Ministry of Information & Broadcasting should make efforts to make it mandatory for all the Satellite Channels to telecast condom advertisements compulsorily during prime time.

[Sl. No. 23 of Appendix-II, Para No. 217 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The provisional results of BSS conducted during 2006 showed improvement in the awareness level of general population from 76.1% during 2001 to 84.6% in 2006. The condom use with last non-regular sex partner has also increased from 49.3% to 66.1%.

National AIDS Control Organization has extensively utilized Satellite Channels for promotion of condoms. For greater visibility and to reach a large number of viewers of these channels the insertion of these advertisements were planned by considering the following facts such as scheduling strategy, high frequency and impact and message recall and acceptability. As per the telecast time available, NACO had judiciously scheduled its 70% video spots during prime time, 20% in prime News Channels and 10% in popular programmes in the afternoon slot to reinforce the viewership.

Considering the popularity and a large number of viewership of the Cable and Satellite Channels, in the current financial year (2006-07), NACO has proposed to release advertisements in the Cable & Satellite Channels focusing on Condom Promotion, address vulnerabilities of youth, women and services.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated, November, 2006]

Recommendation/Observation

With the objective of tracking the geographical spread of HIV infection in the country and providing referral services for its diagnosis during the initial phase of the programme, Government had established 62 Sero-Surveillance Centres and nine referral centres. These centres were advised to function as Voluntary Counselling and Testing Centres (VCTCs). During 1998-99, 69 additional HIV testing Centres were sanctioned as Voluntary Blood Testing Centres to promote Voluntary Counselling and Testing (VCT). These centers were renamed as VCTC. NACO decided in 2001-2002 to expand the VCTC upto district hospital level throughout the country, giving priority to six high prevalence States (Tamil Nadu, Maharashtra, Andhra Pradesh, Karnataka, Manipur and Nagaland). As on 31st March, 2003, 543 (90 per cent) had been established in various States/UTs, which are located in Medical College Hospitals and District Hospitals as against the sanction of 600 VCTCs for the financial year 2002-2003. The Committee note that though the districts providing VCTC facility were 85 per cent in high prevalence States, in moderate and low prevalence States, 52 per cent of districts still remain uncovered. Audit scrutiny of record revealed that a number of Counselling and testing Centres were either non-functional or not fully functional due to non-appointment of Counsellors, laboratory technicians, non-supply of equipments and kits and non-availability of trained personnel. The Committee are concerned to note though NACO had nearly achieved the targets set for establishing VCTCs, but the scheme remained non starter due to poor functioning of VCTCs. They, therefore, recommend that NACO should ensure that all the existing VCTCs are made fully functional at the earliest by providing adequate number of trained technical manpower,

latest equipments and medical kits etc. The Committee further note that though the overall percentage of people who were imparted pre-test counselling had shown an increasing trend, the percentage remained low *i.e.* in the range of 6 to 30 per cent in some Societies. The Committee desire that NACO should instruct all State AIDS Control Societies to offer pre-test counselling to all persons before they are tested for HIV as this would ensure that the affected persons gain confidence for living a normal life without believing in myths and misinformation about HIV/AIDS. The Committee are also of the opinion that the testing of HIV should shift from 'voluntary' to 'routine' which means regular HIV test for every person accessing the health care system.

[Sl. No. 32 of Appendix-II, Para No. 226 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

NACO has now re-strategized HIV-AIDS service delivery by merging all the existing PPTCT, VCTC and HIV-TB VCTCs. These centres will now be called as Integrated Counselling and Testing Centres (ICTCs). The ICTCs will provide services to all the needy clients' *viz.* ANC, RTI, STI, HIV-TB etc. The approach is likely to enhance the coverage of HIV/AIDS related services to the needy clients. The total number of existing ICTCs are 2815 of which PPTCT services are being provided in 1880 centers. The year-wise progress and performance of ICTCs services in the country is shown below. It is also proposed to open an additional 250 centres in the current financial year.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The Committee note that in the current scenario where prices of Anti-Retroviral Therapy drugs are quite exorbitant and beyond the reach of common man, there is an urgent need to develop an alternative drug which is cost effective through Indian systems of medicine like Ayurveda, Unani and Siddha apart from Homoeopathy. The Committee, therefore, recommend that Ministry of Health and Family Welfare should sponsor a special Research and Development (R&D) Project for developing an Indigenous drug through all branches of Indian System of Medicine (ISM) and Homoeopathy which is not only cheaper but also can act as an effective substitute for Anti-Retrovirals Therapy, if not a total cure from the infection. The Committee also recommend that the Government should be vigilant against unscrupulous persons claiming to have invented a cure for HIV/AIDS through magic herbs. The Committee are of the view that if need be the Drugs and Magic Remedies Act should be suitably amended so as to provide stringent punishment to unscrupulous persons taking advantage of the misery of HIV infected persons and defrauding them of huge sums of money. A mass awareness campaign should also be launched by the Government to make people aware of the dangers of usage of such medication by unqualified persons indulging in quackery.

[Sl.No. 42 of Appendix-II, Para No. 236 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

NACO examines the claims of products developed by the Indian System of Medicine like Ayurveda, Unani and Sidha through ICMR for efficacy. At present, we are supporting vaginal microbicides study-PRANEEM polyherbal formulation at NARI, Pune and also ARV activity in western Himalayas Plants by the Institute of Himalayan Bio-Resources, Palampur, Himachal Pradesh. The technical core committee for research has also recommended testing of drug Receptol. AYUSH drugs are also being tested through Homeopathic and Ayurvedic Medical Council. NACO is supporting a study of Jyoti Amritum a herbal product for its efficacy.

The Government is developing standards of care in ART services and once these are finalized, the ART centres in Govt. sector, PSUs and non-government sector will be accredited. A drug resistance committee has been constituted at NACO to look into all issues related to primary drug resistance and development of secondary drug resistance while on ART. A multi-media approach has been planned to make people aware about ART services in the country and discourage them to resort to any untested treatment.

In the absence of any provider regulations and enforcement machinery at the State level, NACO is finding it difficult to take any action against quacks and unscrupulous persons exploiting the gullibility of patients by promising them cure.

Sd/-

Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The Committee are of the opinion that the research and development work that is being carried out in India and rest of the world should have a common meeting ground/ platform so that Research findings can be shared and correlated with each other with a view to arrive at a possible solution to combat this dreaded disease which is threatening the very existence of the mankind. The Committee therefore, recommend that the Ministry of Health and Family Welfare should establish a Research agency in this regard to monitor the research work that is being carried in India and all over the world with view to developing vaccines and cheap life saving drugs for control of HIV/ AIDS.

[Sl.No. 43 of Appendix-II, Para No. 237 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

Indian Council of Medical Research (ICMR) is involved in various research activities relating to HIV/AIDS. Some of the studies being undertaken are as follows:—

1. Study of Incidence of HIV and Risk factors.

2. Development of effective vaginal microbicides.

3. Development of an AIDS vaccine.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

The Committee note that the National AIDS Committee (NAC) acts as the high level deliberative body to oversee the performance of NACO and provide overall policy direction and to forge multi-sectoral collaborative efforts and enable the participating organizations to mobilize their overall administrative network for the various intervention projects. The National AIDS Committee is required to meet as often as possible but at least once in a year. The Committee are dismayed to note that NAC had not met since 2001 and no meeting had been held during the last three years. The Ministry of Health & Family Welfare could not furnish any plausible reasons for not holding any meeting by NAC during the past few years. They further note that there had been an inordinate delay on the part of the Ministry in submission of proposal for convening the meeting, which is inexplicable. Given the alarming situation in the country posed due to emergence of AIDS as a major killer disease on account of rapid spread of HIV virus, the response of NAC to the problem to say least is very casual and negligent. Failure of National AIDS Committee to meet even once during the past few years exposes the hollowness in the claim made by the Government that it is making serious efforts to combat the dreaded disease. The Committee expect that in future, NAC would meet as frequently as they could and at least once in six months to review the

overall implementations of the programme and progress made under various components of the NACP.

[Sl. No. 49 of Appendix-II, Para No. 243 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The National AIDS Committee headed by the Minister of Health & Family Welfare comprises of 23 officials, 6 Members of Parliament and 32 non-officials. It is supposed to meet once a year. During the last 13 years of its existence six meetings of the NAC were held *viz.* 15th February, 1993, 11th October, 1994, 26th March, 1996, 3rd January, 1997, 5th October, 1998 and the 9th May, 2001. This was last re-constituted on 21st November, 2003. The problems faced were the frequent changes in the leadership and the time required for the incumbent Chairman to make an assessment and call for a meeting. With the change in the membership of Parliament the representatives from the Parliament had to be re-nominated along with the changes suggested for non-official members. This used to take a considerable amount of time. In the meantime, considering the requirement of a much larger multi-sectoral support from all Ministries the National AIDS Council headed by the Prime Minister, with the Health & Family Welfare Ministers as Vice Chair and inclusive of 31 Ministers, 7 Chief Ministers, 15 officials was created on 21st November and the first meeting was held on the 16th February, 2006. The ambit of the Council was to mainstream HIV/AIDS issue in all Ministries and Departments by considering it as a development challenge and not merely a public health problem. In addition it was also to lead the multi-sectoral response to HIV/AIDS in the country with special reference to youth and workforce. It is now being felt due to overlapping ambits, the National AIDS Committee would probably be wound up.

Sd/-
Addl. Secretary &
Director General NACO.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated 21 December, 2006]

CHAPTER V

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH GOVERNMENT HAVE FURNISHED INTERIM REPLIES

Recommendation/Observation

The alarming spread of the killer disease *viz.* Acquired Immuno Deficiency Syndrome (AIDS) and increasing number of persons infected by it has thrown an unprecedented challenge to humanity. The problem of AIDS has ceased to be a mere health problem and has now acquired dimensions, which perhaps have very few parallels in the history of mankind. India's nearly two decades old epidemic is estimated to be largest in the South and Southeast Asian Region and the second largest in the world. According to National AIDS Control Organisation (NACO), there are 5.14 million HIV infected men, women and children in India, although the figures have been contested by various Non-Governmental Organisations and International Agencies. Independent assessments by the United States' National Intelligence Council predict that at the present rate of spread, about 25 million people in India would be HIV infected by the year 2010. The UNDP Human Development Report (2003) places the figure at 110 million infections by 2025, with a 13 years reduction in life expectancy from the present 61 years. No wonder that India is said to be sitting on a Human Immuno Deficiency Virus/Acquired Immuno Deficiency Syndrome (HIV/AIDS) "Time Bomb". The Committee feel that the Ministry should examine the desirability of conducting a fresh survey of HIV/AIDS infected people especially in the context of many NGOs' and International Bodies' pointing out the inadequacies in the country's Sentinel Surveillance network and with a view to arriving at correct figures as far as possible regarding the number of people infected with HIV positive. This help the Government to realize the challenge ahead for conceiving realistic and effective programme and targets for different components of the programme.

[Sl. No. 1 of Appendix-II, Para No. 195 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The spread of HIV/AIDS in the country is regularly tracked by conducting the annual sentinel surveillance. Sentinel surveillance started with 180 sentinel sites in 1998 and by 2005, increased to 750 sentinel sites located in different population groups. During 2006, another 434 additional sentinel sites have been established particularly in the northern and central part of the country for filling gaps, and ensure coverage of high risk population sites and every district in the country. In order to ensure the quality of the surveillance, both in terms of data collection and laboratory procedures, five regional institutes and 10 national reference laboratories have been identified to technically support the States and provide continuous monitoring and supervision during the process of surveillance. Also, a National Expert Committee under the

Chairmanship of Director General, ICMR and consisting among others experts from the WHO as well as UNAIDS provides technical expertise and approves the surveillance data findings and also provide estimations. The nodal agencies that support the National AIDS Control Organization in this work are the National Institute of Health and Family Welfare and National Institute of Medical Statistics.

In addition to the regular surveillance sentinel system, during the current year, for the first time HIV infection has been included in the National Family Health Survey that is conducted every five years by the Indian Institute of Populations Sciences (IIPS) under this population based data blood samples of about 125,000 adult population in the entire country are being analyzed for the HIV infection. Further a specialized Integrated Behavioural and Biological Survey (IBBS) is also being carried out in 173 districts of high prevalence States covering about 30,000 high risk population. The data generated from other sources such as the Integrated Counselling and Testing Centres and blood banks are also being analysed. The results of all these specialized activities will be available by the early part of 2007 and should be able to provide a far more accurate picture of the prevalence and incidence of HIV in the country.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

A National Performance Review was to be carried out by National AIDS Control Board (NACB) in accordance with terms of reference satisfactorily to IDA. However, the Committee regret to note that no review of NACP had been carried out by NACB during the period 1998-1999 to 2002-2003. NACO stated that there did not seem to be a need for a separate National Performance Review/Performance and Expenditure Annual Report (PEAR) since performance of all Societies was reviewed during Project Directors meetings and at the time of finalization of Annual Action Plans. The Committee consider the reply of NACO as untenable since a National Performance Review was required to be conducted in accordance with the terms of reference satisfactory to the IDA has been prescribed in the scheme of prevention and control of HIV/AIDS. The Ministry of Health & Family Welfare had subsequently informed the Committee that since its inception in 1992. NACB had met on 24 occasions till date and had discussed different facets of the programme specially major policy issues such as approval of annual action plans of implementing agencies, introduction of Anti-Retroviral Therapy (ART), social marketing of condoms, family health awareness campaigns and implementation of National Blood Policy etc. The Committee recommend that the Ministry of Health & Family Welfare may examine the feasibility of conducting a National Performance Review so as to assess the functioning of NACP-I & II and the deficiencies/shortcomings that may come to their notice should be taken into cognizance while conceiving NACP-III.

[Sl. No. 48 of Appendix-II, Para No. 242 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The programme is being monitored closely using CMIS, review meetings and field visits by officers from NACO and SACS. Quarterly review meeting of SACS are held on a regional basis for in-depth assessment of each component of each State. Regular weekly meetings are taken by Additional Secretary & DG, NACO to identify problems and progress on each issue and action points identified during the meetings. An Independent Evaluation of NACP has been finalized to be carried out by a consortium consisting of IIHMR, Jaipur, IIM Kolkata and John Hopkins University, Baltimore (USA). The study is scheduled to be undertaken during the current financial year.

Sd/-
Secretary/
Addl. Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

Recommendation/Observation

An analysis of the performance of various components of the National AIDS Control Programme—both Phase I & Phase II revealed that the programme had achieved limited success due to various reasons such as failure in generating sufficient awareness among the masses; under-utilisation of funds; no-reconciliation of accounts; absence of adequate infrastructure facilities; lack of adequate quantity of drugs and trained manpower; non-completion of mapping exercise for identification of Target Groups; ineffective Targeted Interventions Programme; failure of NACO to procure and distribute enough condoms, inadequate number of STD clinics, modernized blood banks and voluntary counselling and testing centres in every district of the country etc. and non-assessment of the impact of various components of the programme due to failure of the National AIDS Committee to meet after 2001. Keeping in view the above factors, the Committee, recommend that NACO should immediately get the NACP-I & II evaluated by an independent agency so as to assess the constraints/ bottlenecks and other problems in implementation of the programme and to suggest measures for effective implementation of all the components of the programme.

[Sl. No. 53 of Appendix-II, Para No. 247 of 19th Report of PAC (14th Lok Sabha)]

Action Taken

The study of "Independent Evaluation of NACP" is being undertaken by a consortium consisting of three leading institutes *viz.* IIHMR, Jaipur, John Hopkins University, USA and IIM, Kolkata. The IFD has already concurred for the study. It is expected that the report will be submitted by the end of March 2007.

Further, World Bank has also reviewed the programme through field visit and an extensive review of the documentation of SACS and NACO. The World Bank

assessment is given in the Implementation Completion Report (ICR). The implementation of NACP-II has been rated as satisfactory.

Sd/-
Secretary/
Addl.Secretary/Joint Secretary.

[Ministry of Health & Family Welfare, National AIDS Control Organisation's O.M. No. G-25011/5/2005-NACO, dated November, 2006]

NEW DELHI;
17 *January*, 2008
27 *Pausa*, 1929 *(Saka)*

PROF. VIJAY KUMAR MALHOTRA,
Chairman,
Public Accounts Committee.

PART II

MINUTES OF THE SIXTEENTH SITTING OF THE PUBLIC ACCOUNTS COMMITTEE (2007-08) HELD ON 9TH JANUARY, 2008

The Committee sat from 1600 hrs. to 1630 hrs. in Committee Room "D", Parliament House Annexe, New Delhi.

PRESENT

Prof. Vijay Kumar Malhotra — *Chairman*

Lok Sabha

2. Shri Kirip Chaliha
3. Shri Khagen Das
4. Shri K.S. Rao
5. Shri Mohan Singh
6. Shri Rajiv Ranjan 'Lalan' Singh
7. Shri Kharabela Swain
8. Shri Tarit Baran Topdar

Rajya Sabha

9. Prof. P.J. Kurien
10. Shri Janardhana Poojary
11. Dr. K. Malaisamy
12. Shri Ravula Chandra Sekar Reddy

SECRETARIAT

1. Shri S.K. Sharma — *Additional Secretary*
2. Shri A. Mukhopadhyay — *Joint Secretary*
3. Shri Brahm Dutt — *Director*
4. Shri M.K. Madhusudhan — *Deputy Secretary-II*

Representatives of the Office of the Comptroller and Auditor General of India

Shri A.N. Chatterji — *Director General (PA)*

2. At the outset, the Chairman, PAC welcomed the Members to the sitting of the Committee. Thereafter, the Committee took up for consideration of the following draft Reports:—

(i) Action Taken Report on 19th Report of PAC (14th Lok Sabha) relating to "National AIDS Control Programme";

(ii) Action Taken Report on 38th Report of PAC (14th Lok Sabha) relating to "Performance Audit of Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH)";

(iii) Action Taken Report on 40th Report of PAC (14th Lok Sabha) relating to "Management of Projects relating to Utilisation & Conservation of Soil and Water Undertaken by Institutes of ICAR"; and

(iv) Action Taken Report on 43rd Report of PAC (14th Lok Sabha) relating to "Performance Audit of Sarva Shiksha Abhiyan (SSA)".

3. After taking up the Draft Reports one by one, the Committee adopted these Draft Reports with some verbal changes and authorised the Chairman to finalise and present the same to Parliament in the light of factual verification by the Audit.

The Committee then adjourned.