

EXECUTIVE SUMMARY



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About the Report:

The Report is about the Results of a Performance Audit of Select Public Health facilities of secondary care (District-level Hospitals) and primary care [one Community Health Centre (CHC) and one Primary Health Centre (PHC)], in the State of Mizoram. We covered the period from 2014-15 to 2018-19. The audit examination included records maintained in Directorate of Health and Family Welfare, offices of the Director, Hospital and Medical Education, Mission Director of National Health Mission (NHM) and District Medical Superintendents, Medical Superintendents of selected District Hospitals (DHs), *i.e.* Aizawl, Champhai and Lawngtlai and Senior Medical Officer/ Medical Officer of selected CHC and PHC.

What has been covered in this audit?

In this Performance Audit we have focussed on patient care given by the primary and secondary care levels in the State. We assessed the availability of basic infrastructure facilities in the State, adequacy of manpower in the selected DHs and various Services provided therein like Out-Patient and In-Patient Services, Maternity Services, Emergency Services, Drug Management, Infection Control, Bio Medical Waste Management, Diagnostic Services, Fire control measures, *etc.* based on pre-determined performance indicators/ criteria in the sampled district level and block level hospitals (CHC and PHC). We have adopted the Indian Public Health Standards (IPHS) guidelines as prescribed by Government of India which are a set of uniform standards envisaged to improve the quality of health care delivery in the country for benchmarking various audit findings.

What have we found?

We found significant areas for improvement in the healthcare needs of the people as highlighted below:

Financial Resources

Funds under State Budget

The budget allotment and expenditure of the Health and Family Welfare Department against the State Budget during the period 2014-19 was 5.93 *per cent* and 5.38 *per cent* respectively as against an envisaged allocation of at least eight *per cent* of the total budget for health as per the National Health Policy, 2017. The total expenditure on Health was ₹ 2,230.31 crore during the period and it had increased from ₹ 331.53 crore in 2014-15 to ₹ 576.85 crore in 2018-19. The Department failed to fully utilise the allotted funds during 2014-19 with unspent funds ranging from 24 (₹ 177.49 crore) to 32 *per cent* (₹ 178.47 crore). The capital expenditure on creation/ strengthening of infrastructure facilities constituted 9.2 *per cent* of the total expenditure during the period. We therefore recommend that the Department could further improve its spending on health care.

(Paragraph 2.1.1)

Recommendation

- *The State Government may enhance the budget provision and expenditure on healthcare services to ensure that adequate and quality healthcare infrastructure and services are provided to the people of the State.*

Essential Resources Management

Shortage of doctors and nurses

There was shortage of one specialist doctor each in Orthopaedics and Radiology in Lawngtlai and Champhai DHs. Lawngtlai DH also did not have Ophthalmologist and an ECG technician. There was a shortage of 14 Staff Nurses (10 *per cent*) in Aizawl Civil Hospital.

(Paragraph 3.1.1)

Recommendation

- *The State Government may prescribe/ adopt standards and norms for allocation of human resources for enhanced healthcare services and also undertake action to fill up the vacant posts.*

Non-availability of essential equipments for health facilities

None of the test-checked DHs were fully equipped with the essential equipments. Further, we observed issues in calibration of available equipment in the sampled DHs.

(Paragraphs 3.1.2 & 3.1.3)

Recommendations

- *State Government may ensure availability of full range of essential equipments in every DH, particularly in view of the increasing reliance on diagnostics for treatment of patients.*
- *Proper maintenance of equipments through Annual Maintenance Contracts may also be ensured to reduce the breakdown time of critical equipments for diagnosis.*
- *The DHs may ensure proper maintenance of record of periodic maintenance as well as calibrations of diagnostic equipments.*

Non-availability of essential drugs

The shortage of essential drugs ranged from 50 to 81 *per cent* in the test-checked DHs. The hospitals did not monitor and compile the status of availability of medicines in the Indoor pharmacies of the hospitals as such records pertaining to the Stock-out period during the audit period 2014-19 could not be verified in audit. Non-prescription of medicines in their generic name led to denial of low-cost medicines to the patients.

(Paragraph 3.2)

Recommendations

- *The State Government may put a sound and robust procurement system for timely supply of quality medicines as per the need of hospitals and ensure all time availability of essential drugs in each hospital.*
- *The State Government may streamline procurement of generic medicines and enforce the practice of prescribing medicines in generic name in line with National Quality Assurance Standards (NQAS) guidelines.*

Delivery of Healthcare Services

OPD Services

None of the three test checked DHs had online registration system. All surveyed patients could register at OPD counters in Champhai and Lawngtlai DHs within five minutes while 52 *per cent* of the patients surveyed in Aizawl CH took more than five minutes.

Essential Specialist OPD services such as Orthopaedic and ENT were not available in Lawngtlai DH, while Orthopaedic was not available in Champhai DH. Further, desirable OPD services such as Psychiatry, Geriatric and Dermatology were not available in both Champhai and Lawngtlai DHs.

(Paragraph 4.1)

Recommendations

- *The State Government should take steps for implementation of online Registration process and ensure documentation/ computerisation of clinical history of patients for easy retrieval of patient information.*
- *The State Government may ensure availability of basic facilities/ services in the OPD of each district hospitals as per IPHS norms.*

IPD Services

Services for IPD were not comprehensive since Psychiatry and Geriatric services were not available in Aizawl Civil Hospital, Orthopaedics services was not available in Champhai DH while Ophthalmology, ENT and Orthopaedics services were not available in Lawngtlai DH.

Trauma Care facilities were not yet operational in all the test checked DHs. Essential diagnostic services such as Microbiology, ENT and Endoscopy were not available in two (Champhai and Lawngtlai DHs) out of three test checked DHs. Turnaround time for diagnostic was not maintained in all the test checked DHs.

Further, records in support of disaster readiness were not available. Grievance Redressal system was not fully operational.

(Paragraphs 4.2 to 4.8)

Recommendations

- *Government may proactively synergise availability of specialised in-patient services along with the essential drugs, equipments and human resources in district hospitals.*
- *The availability of round the clock doctors and nurses in DHs needs to be ensured.*
- *The quality of diagnostic services which are crucial for patient care and treatment be made comprehensive as per requirements. The State Government/ hospital administration must ensure availability of all essential diagnostic services and equipments and improve turnaround time for diagnostic tests.*
- *All DHs be equipped with diagnostic tests for cancer detection.*
- *The Hospital administration may also ensure adequate documentation of availability of safety measures for verification.*
- *Adequate grievance redressal mechanism may be operationalised so that hospitals improve performance by tailoring interventions effectively to address the issues related to patient satisfaction.*
- *The Department may review disaster preparedness in all DHs and take remedial steps in coordination with State disaster management authorities.*

Support Services

Storage of Drugs

The prevailing system of storage of drugs in the test-checked hospitals was not conducive for orderly storage and as per norms/ parameters making the drugs susceptible to damage, contamination, theft.

There was no system to monitor and measure hospital associated infection rates in all the DHs. As such the number of hospital associated infection rates could not be ascertained. Incinerator was yet to be made operational in Lawngtlai DH. None of the sampled DHs had all the types of prescribed linen. While the shortage of types of linen in Champhai DH was six which was followed by Aizawl CH (four) and Lawngtlai DH (three), the shortfall of the available linen in terms of quantity ranged from one to 78 *per cent* in respect of Aizawl CH, 10 to 80 *per cent* in respect of Champhai DH and 14 to 80 *per cent* in respect of Lawngtlai DH.

(Paragraphs 5.1 to 5.5)

Recommendations

- *The system of storage of drugs needs to be strengthened so as to ensure their orderly storage as per norms/ parameters.*
- *The Bio-medical waste (BMW) Rules should be adhered to and followed rigorously to provide an infection free environment in the hospital.*
- *The Department may ensure availability of all types of prescribed linen in all the DHs.*

Maternal and Child Care, Cancer and HIV/ AIDS Care

Maternal Mortality Rates (MMR) and Infant Mortality Rates (IMR) in the State

The rate of stillbirths in the three test checked DHs ranged between 0.81 to 1.43 *per cent* during 2014-19. There was a high incidence of neonatal deaths in the test checked DHs ranging from 50 to 85.71 *per cent* during 2018-19.

A review of only ten sampled types of essential equipments for Labour Ward, Neonatal and Special Newborn Care Unit (SNCU) in respect of Champhai and Lawngtlai DHs revealed that the test checked hospitals did not have all the essential equipments such as foetal doppler, cardiotocography and cardiac monitor, required for child deliveries and care of new born babies. Further, a review of 27 types of essential equipments in Labour Ward, Neonatal and SNCU in Aizawl Civil Hospital revealed that various essential equipments such as incubator, phototherapy unit, cardiotocography, cardiac monitor, cardiotocography monitor, nebuliser, haemoglobinometer were not available.

(Paragraph 6.1)

Recommendations

- *The Directorate of Health Services (DHS) and District Hospitals may investigate the causes and take appropriate specific steps to reduce high incidence of maternal and neonatal deaths.*
- *The State Government may strictly monitor the involvement of Accredited Social Health Activist (ASHA) workers of the Health Department for counselling of expectant mothers to reduce MMR and neonatal deaths.*
- *The Government may ensure that all the District Hospitals are equipped completely with all the essential equipments for child deliveries and new born baby care.*
- *The Department may specifically review the fire safety arrangements in SNCU/ Neonatal Intensive Care Unit (NICU) units of DHs considering high incidents of sick new born babies.*

Cancer and AIDS care in the State

The cancer cases in the State showed an increasing trend during the period from 2013 to 2017. The incidence of cancer increased from 1,581 cases in 2013 to 1,731 cases in 2017. Out of the three sampled DHs, Champhai and Lawngtlai DHs were ill equipped for diagnosis of cancer related tests. Further, none of the sampled hospitals maintained data on cancer *viz.*, number and type of cancer cases detected/ diagnosed, number of cancer patients referred to specialised health care facilities, *etc.*

Number of HIV cases have more than doubled during 2014-19 as the number of HIV positive cases have increased from 1,280 in 2014-15 to 2,766 in 2018-19.

(Paragraphs 6.2 and 6.3)

Recommendation

- *The Government may strengthen the testing facilities for detection of Cancer and AIDS cases in the DHs of the State by providing required equipments.*

Overall Recommendations on Outcome Indicators

- *The Government should adopt an integrated approach, allocate resources in ways which are consistent with patient priorities and needs to improve the monitoring and functioning of the district hospitals towards facilitating a significant change in health outcomes.*
- *Corrective action be taken to reduce Left Against Medical Advice (LAMA) rates in Champhai DH.*
- *The referral rates from DHs need to be reduced by providing comprehensive and quality care in all DHs by increasing physical infrastructure and manpower in these DHs.*

What has been the response of the Government?

While providing general and specific response regarding efforts made at their level, which we have incorporated suitably in the Report, the Government have agreed with the recommendations and assured to take necessary action to improve the systems.