EXECUTIVE SUMMARY

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 CHC and one PHC), in the State of Meghalaya. We covered the period from 2014-15 to 2018-19. The audit examination included records maintained in the office of the Commissioner & Secretary, Health and Family Welfare Department, Director of Health Services (DHS), Mission Director of National Health Mission (NHM), State Project Management Unit (SPMU) of NHM, Joint Director of Health Services (SS)/ Medical Superintendents of selected District Hospitals (DHs), DM&HOs of four selected districts *i.e.* Shillong, Nongpoh, Tura and Jowai 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 as well as State norms as applicable 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 6.19 *per cent* and 7.51 *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. However, in 2018-19, the State Government increased its health spending to 8.76 *per cent* of its total expenditure. The Department failed to fully utilise the allotted funds during 2014-19, except during 2015-16, with the unspent funds ranging from six (₹ 41.56 crore) to 14 *per cent* (₹ 172.24 crore). The capital expenditure on creation/ strengthening of infrastructure facilities constituted only 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)

Funds under National Health Mission (NHM)

Out of the total available funds of ₹ 1407.85 crore under NHM (a CSS programme) during 2014-19, the Mission Director NHM utilised only ₹ 795.04 crore *i.e.* the expenditure was 56 *per cent* and the unspent funds during 2014-19 ranged between 30 to 58 *per cent*. The DHS did not provide the itemised details of matching share to be contributed by the State Government on this CSS programme and hence adequacy of State's contribution could not be analysed.

(Paragraph 2.1.3)

Recommendations

- *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; and*
- *The State Mission Director, NHM may enquire the reasons for suboptimal or no spending on specific health programmes being administered in the State and ensure optimum utilisation of funds received under various National Health Programme through effective implementation and monitoring.*

Essential Resources Management

Shortage of doctors and nurses

There was a shortage of 50 doctors including specialist (24 *per cent*) in the hospitals in the State against the State's norms while the shortfall ranged from 13 to 65 *per cent* (87 Doctors) in the test-checked DHs during the period 2014-19. The sanctioned posts of doctors were not fully filled up resulting in overall 15 *per cent* vacant posts against the 136 sanctioned posts in the test-checked DHs. The vacant posts of doctors were nine *per cent* in Shillong CH and 29 *per cent* in Nongpoh CH.

We noticed that the State Government had neither enforced the Bond Conditions for doctors to compel them to serve in State Hospitals nor had they taken positive measures to incentivise the doctors to join government service, resulting in acute shortage of general and specialist doctors in the State and the test checked districts.

As regards Nursing Staff, based on the IPHS norms, there was a 22 *per cent* shortage of staff nurses in the test-checked DHs.

Though the OPD and IPD patient load at Shillong CH increased by 10.71 *per cent*, Nongpoh CH by 50.73 *per cent* and Jowai CH by 52 *per cent*, over the period, the sanctioned strength of the medical and para-medical staff, the Department had not revised the same, putting immense pressure on the existing health systems.

(Paragraphs 3.1.1, 3.1.2 & 3.1.3)

Recommendations

- *Keeping in view the fact that Health is a State subject, the State Government may come up with a policy intent to address shortfalls in the Human Resources for the State Health Sector, to improve quality of health care.*
- *To arrest the tendency of Doctors not joining the Government Health Facilities, State Government needs to take stringent action to enforce the Bond conditions for enforcing services of Doctors in rural areas. The State Government also needs to take positive measures such as special allowances, availability of accommodation, etc. to incentivise doctors to get posted to rural/ hilly area of the State. They can enquire about such measures being taken by other States.*

Non availability of District Hospital in three districts

Three districts *viz.* (i) North Garo Hills district; (ii) East Jaintia Hills district and (iii) South West Khasi Hills district are yet to have DHs (December 2019), since the Department had not planned for them.

(Paragraph 3.2.1)

Overall shortage of CHCs, PHCs and SCs

There was an overall shortage of 536 Centres/ 113 Primary Health Centres and eight CHCs across the eleven districts of the State, constituting a shortfall of 54, 24 and 23 *per cent* respectively (as on March 2019), underlining the need to improve the health infrastructure in the districts and villages.

(Paragraph 3.2.2)

Recommendation

The State Government may ensure setting up of district hospital in all the districts as well as adequate number of SCs/ PHCs/ CHCs so that universal accessibility of healthcare is provided to all sections of society.

Non availability of blood bank services

Blood bank was available only in the Civil Hospital (CH) of Jowai while no functional blood bank was available in other test-checked DHs, as required as per norms. The blood bank at Nongpoh CH was not made functional (December 2019) even after incurring an expenditure of ₹ 1.14 crore since the State Government had not sanctioned manpower for running the service. As a result, we saw maximum referrals being made out of these districts to Shillong and other places, risking life of patients in critical conditions.

(Paragraphs 3.2.3 & 3.2.4)

Recommendation

The State Government may ensure availability of blood bank in all the DHs, ensure completion of sanctioned projects in a timely manner and make them functional with required manpower and equipment.

Non-availability of critical equipment for health facilities

The State Government has no Equipment Procurement Policy (EPP) or any Standardised norms/ procedures for procurement of equipment for different health facilities and have neither adopted the IPHS norms. None of the test-checked DHs were fully equipped with the essential equipment. Further we observed frequent breakdown of available critical equipment due to inadequate maintenance thereby impacting the efficiency and appropriateness level of health care provided in the test-checked DHs.

(Paragraph 3.3)

Recommendations

- *State Government may ensure availability of full range of essential equipment in every hospital, particularly in view of the increasing reliance on diagnostics for treatment of patients.*
- *Proper maintenance of equipment through Annual Maintenance Contracts may also be ensured to reduce the breakdown time of critical equipment for diagnosis.*

Non-availability of essential drugs

The Health Department had persistently provided less funds than those demanded by the hospitals for drugs, during the period 2014-19. As a result, out of the 60 sampled essential drugs, 42 to 53 *per cent* of the drugs were never supplied to the test-checked DHs, while 6 to 18 drugs were 'stock out' for a period ranging from 1 to 29 months. The serious non-availability of essential drugs in the test-checked DHs, defeated the State's free drugs policy and compelled the patients to purchase the prescribed medicines from the open market out of their pocket.

(Paragraph 3.4.2)

Recommendations

- *The State Government may put in place a comprehensive drug policy according to the need of hospitals to ensure all time availability of essential drugs in each hospital in order to avoid 'stock outs'.*
- *They may ensure that a formulary of drugs is prepared by each hospital on the basis of disease patterns and inflow of patients. The State Essential Drug List (SEDL) be updated accordingly.*
- *Storage of drugs under conditions prescribed in the Drugs and Cosmetics Rules, 1945 to maintain their efficacy may be ensured, before being administered to the patients.*

Delivery of Healthcare Services

OPD Services

The average patient load per counter per hour in Shillong and Tura MCH was 33 and 26 respectively as against the norm of 20 patients per hour for registration. We also found that the OPD hours adopted by the test checked DHs were not uniform ranging from three to five hours which was below the standard of six hours, thereby impacting availability of OPD services to the patients.

(Paragraph 4.1.2)

The Out-patient Department of the test-checked district hospitals had various shortcomings in availability of basic facilities like non-availability of separate toilets for men and women, disabled friendly toilet and washbasin, portable drinking water, online registration, crowding and in-adequacy of suitable seating facility, *etc.* Further, except for Shillong, the registration of patients was not computerised in the other three DHs.

(Paragraph 4.1.4)

Recommendation

- *The State Government may ensure availability of basic facilities/ services in the OPD of each hospitals as prescribed in the Assessor's Guidebook for Quality Assurance of Services in District Hospitals, 2013 (Vol-1).*
- *They may ensure documentation/ computerisation of referral cases and clinical history of patients.*

IPD Services

Services for IPD were not comprehensive since Centres/ Units for Accidents & Trauma and Burns were not available in any of the test-checked DHs, while Dialysis and Psychiatry indoor services were available only in Shillong CH and Jowai CH respectively. Further, Nangpoh and Jowai CH could not provide surgical interventions in ENT/ Ortho related cases for want of OT facilities and apparatus. Due to non-availability of all in-patient services, the DHs could not provide comprehensive health care services and patients had to visit costly private hospitals/ clinics or Shillong CH for their healthcare needs. None of the test-checked DHs had maintained computerised data of admissions/ referrals and treatment given to the patients.

(Paragraphs 4.2.1 & 4.2.2)

Intensive Care Unit services

ICU service was available only in Shillong CH. The DHS had not even planned for ICU services in the remaining three hospitals. Due to absence of ICU facility in the three DHs, patients in emergent conditions were likely to be referred and/or passed on to other/ private hospitals, thereby exposing them to risks of delayed care.

(Paragraph 4.3)

Absence of Accident/ Trauma and Burns Care Centres

Despite the requirement to have Trauma and Burns care centre, the facility was not available in any of the test-checked DHs. In absence of functional Trauma care centre, patients with serious injuries were referred out to facilities located within and outside the State thus, thereby losing the golden hour, to save the life of the victims.

The construction of State Spinal Injury centre sanctioned in 2018 and the Trauma Centre for Shillong CH due for completion by September 2018, did not even commence despite funds of ₹ 9.08 crore made available by GOI.

(Paragraphs 4.2.2 & 4.6)

Diagnostic Services

The Diagnostic Services in the test checked hospitals were inadequate to the extent of radiological equipment not being available. The imaging equipment available were frequently non-functional for want of proper maintenance. As regards Laboratory Equipment, in test checked DHs, non-availability of essential equipment and shortages in available equipment impacted the availability and timeliness of comprehensive diagnostic services to the public. There was an overall shortage of 25 Lab Technicians (69 *per cent*) in the four test checked hospitals, which was one of the main reasons for the high turnaround time for testing services in the selected DHs.

(Paragraphs 4.7 & 4.8)

Patient Rights, Grievance Redressal

The State Government launched (December 2012) Megha Health Insurance Scheme (MHIS) to provide health insurance to all the residents of the Meghalaya, excluding State and Central Government employees and reduce out-of-pocket expenses of the residents of the State. There were about 168 empanelled hospitals/ health facilities in the State and about 5.54 lakh beneficiaries (households) registered under the scheme.

Grievance Redressal Committee/ Cell were not found in all the hospitals impacting feedback on the adequacy and quality of patient services.

(Paragraphs 4.10.2 & 4.10.3)

Patient safety

We found that fire safety of patients, attendants, medical personnel and the hospital buildings had not been ensured by the Hospital administration and neither was any documentation available of fire safety measures taken during the period covered.

(Paragraph 4.11)

Recommendations

- *Government may proactively synergise availability of specialised in-patient services along with the essential drugs, equipment and human resources in district hospitals.*
- *OT services be made available in all the DHs with required manpower, equipment and drugs.*
- *The availability of round the clock accident and trauma services in DHs needs to be ensured as per the norms for DHs.*
- *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 that available equipment are functional and turnaround time for services is reduced.*
- *The hospitals may rigorously adhere to the National Building Code 2016 to ensure safety of patients/ attendants/ visitors and the hospital staff from fire incidents. The Hospital administration may also ensure adequate documentation of availability of fire safety measures for verification.*

- *The grievance redressal mechanism be activated so that hospitals improve performance by tailoring interventions effectively to address the issues related to patient satisfaction.*

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 and theft. The Hospital administration was negligent in risking lives by storing poisonous material not meant for human consumption, along with the drugs.

(Paragraph 5.1)

Cleanliness in Hospitals

In the test checked DHs the Cleaning services and hygiene practices were not satisfactory to provide an assurance regarding an infection free environment to the medical staff and patients, due to poor conditions of toilets, drainage facilities, seepages in hospital rooms, linen maintenance, norms for safe distance between hospital beds and for size of corridors not being met.

(Paragraphs 5.3.1, 5.3.2 & 5.3.3)

Bio-medical waste management

BMW was not being collected on daily basis in the test-checked DHs as envisaged in the BMW Rules. The Staff had been trained on BMW handling in only two of the four test-checked hospitals. Effluent Treatment Plants were not established in Shillong, Jowai and Tura hospitals, thereby posing an environment and patient safety hazard, while the ETP at Nongpoh constructed at a cost of ₹ 45.35 lakh could not be made functional for want of inspection by State Pollution Control Board as on June 2020.

(Paragraphs 5.4.4, 5.4.5 & 5.4.6)

Recommendations

- *The infection control mechanism should be embedded in hospital through proper monitoring by the Hospital Infection Control Committee. Adoption of pest and rodent control measures, methods of sterilisation of OT instruments prescribed, microbiological survey, proper immunisation, medical check-up and training of staff should be ensured by the hospital administration.*
- *The BMW Rules should be adhered and followed rigorously to provide an infection free environment in the hospital.*
- *Effluent Treatment Plants may be constructed in all the hospitals. State Government needs to effectively pursue the matter of inspection of ETP at Nongpoh CH with SPCB.*

Maternal and Child Care and Cancer

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

During 2014-19, the State's average MMR was 226 per one lakh live births and that of IMR was 28 per 1000 live births. Both the MMR and IMR showed a declining trend, which is a positive sign. However, the State's target of 150/100000 live births set-forth for achievement by 2017 was yet to be achieved. The State's MMR at 197 continued to be higher than the all India MMR of 113 for 2016-18.

During 2014-19, the average IMR of two test-checked DHs *viz.* Tura MCH and Jowai CH with 72 and 36 per 1000 live births was much higher than the State average of 28 per 1000 live births. The IMR of Tura MCH had gone up to 78 in 2018-19. Neonatal deaths was the main contributor to the State's IMR. Further, the State could not convincingly explain for the huge mismatch of figures (667,464) between pregnant women registered and the deliveries (428,917) in the State, thereby indicating that they needed to monitor institutional deliveries of registered women, more strictly.

(Paragraphs 6.1.1, 6.1.2 & 6.1.3)

Special New born Care Unit

A review of only nine sampled types of essential equipment for Labour Ward, Neonatal and Special New born Care Unit (SNCU) revealed that the test checked hospitals did not have all the essential equipment such as incubators, foetal Doppler and vacuum extractors, required for child deliveries and care of new born babies. None of the test-checked DHs had achieved 100 *per cent* immunisation of new born babies for the four Zero day vaccines.

(Paragraphs 6.1.7 & 6.1.8)

Recommendations

- *Concerted efforts may be made to reduce the IMR to the target of* 150/100000 live births *set by the State Government. This can be achieved to a great extent by providing adequate and timely ANC and PNC to all pregnant women.*
- *The State Government may ensure achievement of 100 per cent institutional delivery to improve its MMR and also ensure Immunisation of all new born babies.*
- *The Government may ensure that the hospitals are equipped completely with all the essential equipment for child deliveries and new born baby care.*
- *Pregnancy outcomes of stillbirths and neonatal deaths needed to be addressed by the State Government by more positive measures including awareness/ communication campaigns.*

Cancer incidence and treatment in the State

The number of cancer incidences in the State had increased by 30 *per cent* from 1248 in 2014 to 1621 in 2018. Oesophagus/ Oesophageal cancer with 30 *per cent* followed by Oral (16 *per cent*) and Hypo pharynx (seven *per cent*) all associated with the use of tobacco also known as Tobacco Related Cancer (TRC), were the three most common cancer in the State. The Department had not provided adequate number of SCs/ PHCs/

UPHCs/ CHCs for screening of common NCDs in the population for early detection and treatment of cancer.

Due to serious negligence on the part of the implementing authority, the Cancer Treatment Centre at Civil Hospital, Shillong could not be completed despite funds of ₹ 26.16 crore being made available by the Department of Atomic Energy (DAE), Government of India.

(Paragraphs 6.2.1, 6.2.2 & 6.2.4)

Recommendation

- *Screening centres for early detection and treatment of cancer may be provided adequately in the CHCs, PHCs and SCs to ensure that target set for coverage of population based screening of common cancer is achieved and all CHCs are strengthened to enable them to conduct conformity test.*
- *The Commissioner & Secretary of Health and Family Welfare Department cum Chairman of the State Cancer Society may ensure early completion of the Cancer Hospital at the Shillong CH, funded by GoI. They also need to make an enquiry and fix responsibility on those responsible for the delay in completion of the facility.*

Overall Recommendations on Outcome Indicators

- *The Government needs to 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.*
- *The monitoring mechanism should be revamped by including measurement of outcome indicators pertaining to productivity, efficiency, service quality and clinical care capability of the hospitals. The high LAMA and Absconding rates in test-checked DHs may also be addressed by improving counselling services.*

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.