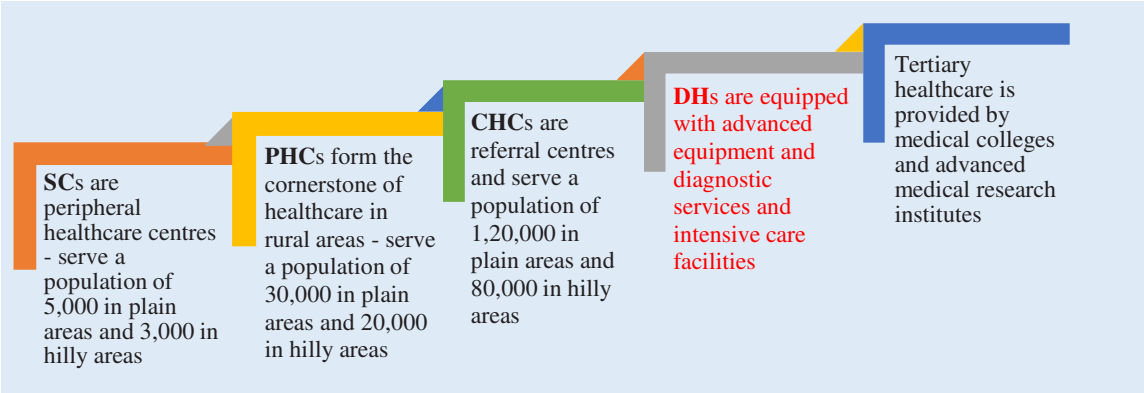
Chapter-1 Introduction and Audit Framework

1.1 Introduction

Public healthcare delivery system in India is organised at three levels – primary, secondary and tertiary. The vast network of Sub-centres (SCs), Primary Health Centres (PHCs) and Urban Primary Health Centres (UPHCs), and Community Health Centres (CHCs) form the primary tier of Public healthcare delivery system for rural and urban population respectively. These health centres provide preventive and protective health care services like immunisation, epidemic diagnosis, childbirth and maternal care, family welfare, *etc.* District Hospitals (DHs) serve as the secondary tier for rural and urban population. These hospitals handle treatment and management of diseases or medical conditions that require specialised care. Tertiary healthcare involves providing advanced and super-speciality services to be provided by medical institutions in urban areas, which are well equipped with sophisticated diagnostic and investigative facilities. The ascending levels of healthcare facilities are shown in the Chart given below:

Chart-1.1



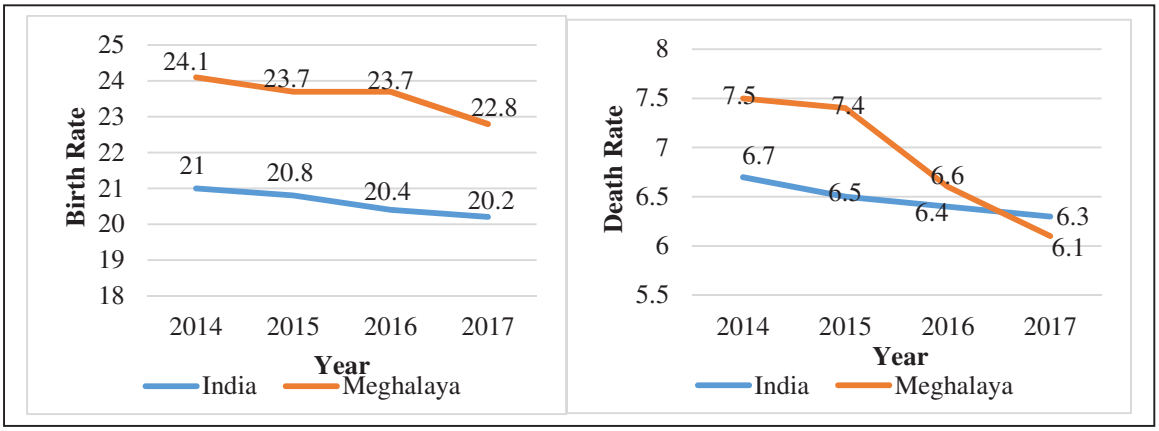
Public healthcare facilities in Meghalaya are structured into two levels for providing primary care and secondary care. In absence of medical colleges, the State Government is yet to provide the third level *i.e.* Tertiary healthcare facilities to its citizens.

1.2 Overview of Public Healthcare Facilities in Meghalaya

Meghalaya had a population of 29.66 lakh as per Census 2011. To cater to the healthcare services of its citizens at different levels, the State Government established 11 District Hospitals (DHs), 27 Community Health Centres (CHCs), 113 Primary Health Centres (PHCs), 450 Sub-Centres (SCs), 13 State Dispensaries and 20 Urban Health Centres (UHCs); out of which, two CHCs and 19 PHCs are operated by NGOs under Public Private Partnership mode.

As per Sample Registration Survey[1] (SRS) report 2014-17, Meghalaya scored higher than the National average in two main health indicators *viz.* Birth Rate and Death Rate during the period, except in the case of 'death rate' in 2017, where the State rate of 6.1 was lower than the National average rate of 6.3. The graphic comparison between the State and National figures of Birth Rate and Death Rate during 2014-17 is given below:

Chart 1.2: Comparison of Birth rate and Death rate of Meghalaya with National average



Source: Ministry of Health and Family Welfare, GoI website.

The State's high birth and death rates therefore need to be addressed *inter alia* in the Health Sector too.

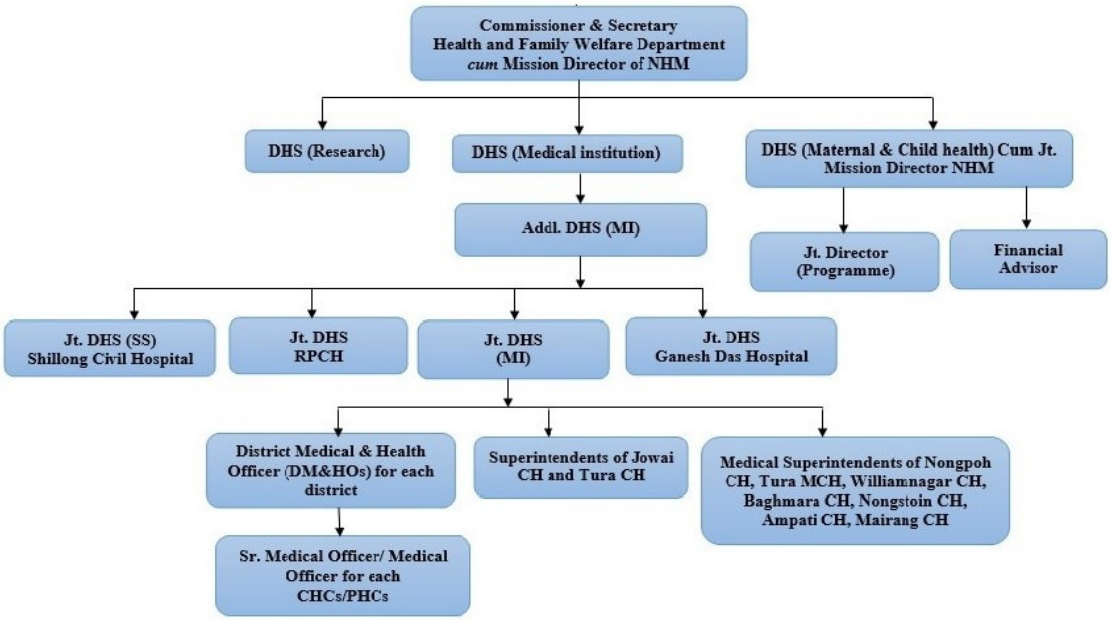
1.3 Accountability Structure for Healthcare in the State

At the Apex level, District Hospitals come under the purview of the Health and Family Welfare Department, which is responsible for policy formulation and oversight. At the organisational level, the Directorate of Health Services (MI) is responsible for implementation of the policy initiatives and developmental programmes relating to healthcare. At the administrative level, the District Medical and Health Officer (DM&HO) is responsible for coordinating all the activities relating to healthcare services in the district. At the operational level, the Medical Superintendent (MS) heads the District Hospitals and is directly responsible for functioning of the DHs. However, the financial and administrative autonomy at this level (MS) is quite limited, with powers delegated only with regard to contingent and establishment matters.

The organisational set up of Health and Family Welfare Department of Government of Meghalaya is given in the following chart:

[1] SRS is being conducted by the Registrar General and Census Commissioner of India, Ministry of Home Affairs for arranging, conducting and analysing the results of demographic surveys.

Chart 1.3: Organogram of Health and Family Welfare Department



1.4 Audit Framework

1.4.1 Background

Healthcare services in the North Eastern Region (NER) are inadequate, in terms of the number of health facilities available, as well as the quality of facilities provided. The primary reasons for inadequacy of the health services are hilly and difficult terrain, insufficient budgetary outlay on health, shortage of generalist and specialist doctors and other medi-care personnel and absence/ shortage of sophisticated diagnostic equipment, limited presence of private sector, *etc*. As per Government of India (GoI) (written statement of the Union Minister of State for Health & Family Welfare in Parliament), as of June 2019, the entire NER accounted for about 10 *per cent* (88 out of 851) of the district hospitals available across the country. Meghalaya accounted for 11 out of these 88 (13 *per cent*) district Hospitals.

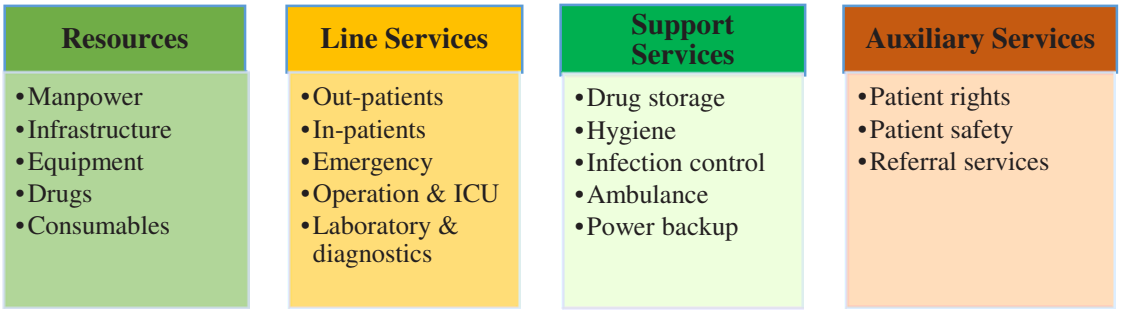
The Comptroller and Auditor General of India (CAG) has reviewed the Provision of Healthcare services by Government of Meghalaya, at periodic intervals. The C&AG had earlier (2015-16) reviewed the Functioning of Primary Health Centres (PHCs) and Community Health Centres (CHCs) of the State. Key healthcare institutes and hospitals are also audited annually on a sample basis.

During 2019, the CAG decided to carry out a Performance Audit of healthcare services being provided at District Hospitals across all the States to assess the availability of resources identified as essential by Indian Public Health Standards (IPHS) for District Hospitals and to evaluate the overall quality of healthcare services provided by these hospitals and in some selected domains.

1.4.2 Audit Domains

The following audit domains/ themes were identified for the Performance Audit of select District Hospitals:

Chart 1.4: Audit Domains



1.4.3 Audit objectives

In pursuance of the audit domains/themes identified above, the objectives of carrying out an Performance Audit of selected district hospitals were to assess whether:

i. adequate and essential resources - manpower, drugs, infrastructure, equipment, and consumables were available for effective functioning of the district hospitals;
ii. timely and quality healthcare was delivered through line services like OPD, IPD, ICU, OT, trauma & emergency, *etc.* and diagnostic services;
iii. support services like drug storage, sterilisation, hygiene, waste management, infection control, ambulance, power back-up/ UPS, *etc.* were aiding the line departments in providing a safe and sterile environment in the hospitals; and
iv. adequate and timely healthcare services were available in selected services relating to maternal and infant care and specialities like cancer care.

1.4.4 Audit criteria

Audit findings were benchmarked against the criteria sourced from the following:

- Indian Public Health Standards (IPHS) guidelines for district hospitals, (Revised 2012);
- National Rural Health Mission (NRHM)/ National Health Mission (NHM) Guidelines 2005 and 2012;
- National Quality Assurance Standards (NQAS) for District Hospitals;
- Assessor's Guide Book for Quality Assurance in District Hospitals 2013, GoI;
- Maternal and New born Health Toolkit, 2013;
- Indian Council of Medical Research (ICMR) on Hospital Infection Control Guidelines;
- Bio-Medical Waste (Management and Handling) Rules, 1998 & 2016;
- Government policies, norms, orders, circulars, budgets, annual reports, *etc.* related to healthcare.

1.4.5 Audit Scope and methodology

Audit scope involved scrutiny of records for the period 2014-15 to 2018-19 in the offices 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. Besides, the audit also reviewed the offices of the Joint Director of Health Services (SS)/ Medical Superintendents of selected DHs, DM&HOs of selected districts, Senior Medical Officer/ Medical Officer of selected CHC and PHC.

We test checked records of the Department and the Directorate of Health and Family Welfare to understand the policy initiatives, prioritisation of activities, funding and overall support. Field audit was carried out (October 2019 to February 2020) in selected district hospitals, health facilities and infrastructure were physically inspected along with concerned hospital authorities to assess the quality of healthcare services being provided.

The benchmarks were with reference to National Quality Assurance Standards (NQAS) for district hospitals. Data in Hospital Management Information System (HMIS) of the State were analysed and compared with the HMIS data at the hospital level. Samples were drawn from hospital level data and direct substantive checking was carried out to gain assurance about the integrity of data.

Photographic evidence was taken where necessary, to substantiate audit findings. Patient feedback was obtained through a structured questionnaire to gauge the extent and quality of healthcare services being provided by the sampled district hospitals.

An entry conference was held (30 October 2019) with the Joint Secretary, Health and Family Welfare Department, concerned District Medical & Health Officers (DM&HOs), Medical Superintendents (MS) and other officers wherein the audit objectives, scope, criteria, *etc*. were discussed and the inputs of the Department were obtained.

Audit findings were reported to the Government on 26 May 2020 and the written responses and responses during the exit conference (16 July 2020) have been suitably incorporated in the Report.

1.4.6 Audit Sample

Four out of the eleven District Hospitals (DHs), also known as Civil Hospitals in the State, were selected using Probability Proportional to Size Without Replacement (PPSWOR) method with size measure being the total number of patients in the DHs during the period 2014-15 to 2018-19. The selected hospitals were:

(i) Shillong Civil Hospital (East Khasi Hills district);
(ii) Nongpoh Civil Hospital (Ri-Bhoi district);
(iii) Jowai Civil Hospital (West Jaintia Hills district); and
(iv) Tura Maternal and Child Hospital (West Garo Hills district).

Besides, one Community Health Centre (CHC) and one Primary Health Centre (PHC) *viz*., Mawiong CHC and Pomlum PHC located within the district hospital radius in the capital district (East Khasi Hills) were randomly selected to examine the number and nature of cases that are being referred to the DH from the primary health care facilities, relating, especially to maternal and child care issues.

1.5 Acknowledgement

The Office of the Accountant General (Audit), Meghalaya acknowledges the co-operation extended by the Health and Family Welfare Department and the sampled district-level hospitals and CHC/ PHC in the conduct of this Performance Audit.