

EXECUTIVE SUMMARY

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About the Report

The Report is about the Results of Performance Audit of Select Public Health facilities of tertiary care (Medical College & Hospitals), secondary care (District-level Hospitals), and primary care (one CHC and one PHC) in the State of Manipur. 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). Besides, the audit also reviewed the offices of the Joint Director of Health Services (SS)/ Medical Superintendents of selected DHs, 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 secondary and tertiary 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, Emergency Services, Drug Management, Infection Control, Bio Medical Waste Management, Diagnostic Services, Fire control measures *etc.* and select services of maternity and child care, Cancer and HIV/ AIDS, based on pre-determined performance indicators/criteria in the sampled hospitals. 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 overall State Budget of the Government of Manipur during 2014-19, was ₹ 3282.62 crore (4.8 *per cent*) and ₹ 2740.71 crore (4.7 *per cent*) respectively. The National Health Policy, 2017 envisages allocation of at least eight *per cent* of the total budget of the State for Health Sector. The outlay and expenditure as a percentage of total budget and expenditure had declined during the period 2014-19 from 5.00 *per cent* to 4.51 *per cent* and 6.5 to 4.2 *per cent* respectively. The State could further improve and strengthen its overall expenditure on health as well as capital expenditure which was eleven *per cent* of the total health expenditure incurred during the period.

The Department did not utilise the allocated funds optimally in the five-year period 2014-19, with the savings ranging from ₹ 46.46 crore (seven *per cent*) in 2014-15 to ₹ 197.50 crore (29 *per cent*) in 2016-17 and ₹ 159.68 crore (20.63 *per cent*) in 2018-19. The Department spent only three and one *per cent* of the total revenue expenditure on procurement of drugs and equipment respectively.

Against the normative requirement of 2.5 *per cent*, State's expenditure on Health Sector as percentage of Gross State Domestic Product, declined from 3.18 *per cent* in 2014-15 to 2.27 *per cent* in 2018-19.

(Paragraph 2.1.1.1)

Funds under National Health Mission (NHM)

NHM Society failed to utilise the available funds in any of the years as the unspent balances ranged between ₹ 57 crore (31 *per cent*) and ₹ 97 crore (36 *per cent*) of the total available funds during 2014-19.

Under National Programme for Control of Blindness, National Vector Borne Disease Programme (NVBDCP) and Intensified Diarrhoea Control Fortnight (IDCF), they could spend only 37 *per cent*, 62 *per cent* and 57 *per cent* of the allocated funds respectively.

(Paragraph 2.1.3)

Recommendations

- i. The State Government may enhance the budget provision and expenditure on healthcare services to the expected level of 2.50 per cent of GSDP to ensure that adequate and quality healthcare infrastructure and services are provided to the people of the State.*
- ii. The Department needs to increase its spending under drugs and equipment.*
- iii. The State Government may ensure optimum utilisation of the funds available under NHM by implementing the various health programmes more effectively.*

Essential Resources Management

Shortage of doctors and nurses

The State had an overall shortage of 255 doctors against 355 sanctioned posts in the seven DHs, out of which, 170 (48 *per cent*) posts were lying vacant in the test-checked DHs as of March 2019. The vacant posts of doctors were 53 *per cent* in DH Chandel and Thoubal and 36 *per cent* in JNIMS.

There was shortage of specialist doctors in the selected DHs of Chandel (61 *per cent*) Thoubal (15 *per cent*) and JNIMS (48 *per cent*) impacting the range of services available to the public in these hospitals.

As regards staff nurses, when compared with the IPHS norms, the State had an overall shortfall of 72 nurses (27.17 *per cent*) in the seven DHs with Chandel

DH having maximum shortfall of 55 *per cent* followed by Churachandpur (30 *per cent*) and Bishnupur (17 *per cent*). Further, despite substantial increase in the number of registered OPD and IPD patients during the period in all the test-checked hospitals, neither the sanctioned strength of the medical and para-medical staff was revised to take care of the increasing patient load nor were the existing shortages in manpower of hospitals filled up.

The State had not taken any positive measures to incentivise doctors to serve in remote and hilly areas of the State.

(Paragraphs 3.1.1, 3.1.2 & 3.1.3)

Recommendations

- i. Keeping in view the fact that Health is a State subject, the State Government may come up with a policy and executive intent to address shortfalls in the Human Resources for the State Health Sector, to improve quality of health care.*
- ii. The State may take positive incentivising measures to address the reluctance of doctors and support staff to serve in the State Health facilities.*

Overall shortage of CHCs, PHCs and SCs

The State Government has established seven DHs; two Sub-District Hospitals, 17 CHCs; 95 PHCs; 421 Sub-Centres SCs; 20 State Dispensaries, three Urban Health Centres (UHCs) and two UPHCs. The Jawaharlal Nehru Institute of Medical Sciences (JNIMS) at Imphal, with an attached Medical College and 655 bedded hospital served as a DH and referral hospital for the State.

There was shortage of 150 SCs/ 71 CHCs across all the nine districts constituting a shortfall of 26.27 and 29.17 *per cent* respectively, 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 adequate number of SCs/CHCs so that universal accessibility to healthcare is provided to all sections of Society.

Blood Bank Facility

Blood Bank facilities were not available in DH Bishnupur and Chandel, whereas the Blood Bank at DH Thoubal did not have the requisite license. Patients' lives were therefore at a risk since they were required to travel distance of 20-60 kms. for blood requirements in emergency conditions.

(Paragraph 3.2.3)

Recommendation

Blood bank services be made available/operationalized in all DHs in keeping with IPHS norms. The licenses of DH Thoubal and other DHs be got renewed.

The ramp available in DH Churachandpur was for the OT located on the first floor accessible only through the corridors of the radiology department rooms. Thus, it was not easily accessible to the other users. No ramp was available for the OPD blocks located on the first floor of the OPD building and also for the medicine ward located on the first floor of the emergency building.

(Paragraph 3.2.4)

Recommendation

All DHs may be provided with easy access and ramp facilities for patients

Equipment for health facilities

There was shortage of full range of essential equipment in the test-checked DHs in comparison to the IPHS norms. In seventeen sampled categories of equipment required by the four test checked DHs and JNIMS, the availability of equipment ranged from 47 per cent (JNIMS) to 31 per cent (DH Chandel).

(Paragraph 3.3)

Recommendations

- i. 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. They may ensure that the equipment is functional and available for use.*
- ii. State Government may utilise the available NHM funds to provide wanting diagnostic services.*

Shortages in availability of essential drugs

Many essential drugs were not available in the sampled DHs and even after being requisitioned by the DHs, they were not made available to them. There was no proper linkage between requirement of drugs at various health centres and the procurement done at the Directorate level and many instances of stock-out of drugs were noticed in selected DHs.

The State did not have any laboratory facility for testing of drugs.

(Paragraphs 3.4.1 & 3.4.2)

Recommendations

- i. The State Government may put in place a comprehensive drug policy according to the need of hospitals and increase their spending on drugs.*
- ii. They may revisit the procurement process of drugs to ensure availability of essential drugs in each hospital in order to avoid 'stock outs'.*
- iii. Drug Testing should be taken seriously and the Government may ensure setting up at least one Drug Testing laboratory in the State considering its geographical distance to avail these facilities from other States.*

Delivery of Healthcare Services

OPD Services

The average patient load per counter per hour in Churachandpur, Bishnupur and JNIMS was 38, 42 and 43 respectively as against the norm of 20 patients per hour for registration. The Out-patient Department of the test-checked district hospitals had various shortcomings in availability of basic facilities like portable drinking water, online registration, in-adequacy of suitable seating facility, *etc.*

(Paragraph 4.1)

Recommendations

- i. 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).*
- ii. They may expedite implementation of e-Hospital system for improving service delivery to patients.*
- iii. They may coordinate with District administration for safe piped water facility at DH Chandel.*

IPD Services

Services for IPD were not comprehensive since General medicine, Ophthalmology, and Orthopaedics services were not available in DH Chandel. None of the sampled DHs provided dialysis service. Only DH Churachandpur had a Burns ward.

(Paragraph 4.2)

Intensive Care Unit Services

JNIMS provided ICU services while none of the selected DHs had an ICU. In the absence of ICU facility, patients approaching district hospitals in emergent and serious conditions were referred to /or passed on to the higher facility in public or private hospitals. DHs also could not perform major surgeries particularly those, which require the patient to be kept under observation in the ICU.

(Paragraph 4.3)

Operation Theatre Services

JNIMS provided all three i.e. major, minor as well as emergency OT services. While General OT was available in all four sampled hospitals but emergency services were provided to a limited extent due to lack of facilities as well as manpower.

(Paragraph 4.4)

Trauma and Emergency Services

Trauma Care Centre was not available at any of the DHs at the time of audit (March 2020). Emergency room was available in all test-checked DHs, however, Mobile X-ray and Ventilator were not available in any of the DH's

emergency room. Availability of equipment/facilities also varied from DH to DH. The non-availability of required facilities/equipment adversely impacted the emergency services provided to the patients in the DHs.

(Paragraph 4.5)

Diagnostic Services

X ray services were available in all sampled DHs whereas none of them had a working CT scanner or a CT scan technician. None of the DHs had dental x-ray service for want of either dental x-ray machine or technician despite having a functional Dental Department. DH Thoubal and DH Chandel did not provide ultrasound services for want of technician in spite of equipment being available. Out of 97 Diagnostic Services/ Tests to be ensured at DHs, the no. of available Diagnostic Services/ Tests at the sampled DHs ranged from 35 to 76, compromising on the quality of health services offered to the patients. Tests for Respiratory ailments were not available in the sample hospitals while endoscopy services were available only in JNIMS depriving the public of these services in the DHs.

(Paragraph 4.6)

Recommendations

- i. OT services be made available in all the DHs with required manpower, equipment and drugs.*
- ii. The availability of round the clock accident and trauma services needs to be ensured as per the norms for DHs.*
- iii. The State Government may ensure availability of all the 97 tests prescribed under IPHS.*

Support Services

Storage of Drugs

The prevailing system of storage of drugs in the test-checked hospitals was not conducive for orderly storage and norms/parameters prescribed in the said Rules were not adhered to. No designated area was found earmarked for the controlled, dangerous and restricted medicines, stocked in DHs.

(Paragraph 5.1)

Infection Control

Sterilisation facility using boiling, autoclaving and chemical sterilisation was available in all test checked DHs. However, none of them undertook High Level Disinfection (HLD) process for disinfection/sterilisation. All the selected DHs had taken air and surface samples for checking microbial contamination in the OT.

(Paragraph 5.2)

Bio-medical waste management

Segregation of bio-medical waste (BMW) was done in all the test-checked district hospitals, and it was collected once a week from DHs except for DH Thoubal and JNIMS, where waste was collected every alternate day and on

daily basis respectively. The selected DHs had not established ETPs for pre-treatment of the liquid chemical waste, thereby posing a hazard to public health at large.

(Paragraph 5.3)

Recommendations

- i. Review storage of drugs at DHs as per norms for proper storage and retrieval of drugs.*
- ii. Effluent Treatment Plants may be constructed in all the hospitals on priority. The incomplete ETP at JNIMS may be got completed urgently.*

Maternal & Child Healthcare, Cancer and HIV/ AIDS Care

Maternal and Child Health

There were 1,97,383 live births, 66 maternal deaths and 466 infant deaths reported in the State during 2014-19 with IMR ranging between 9 to 12 during 2012-14 and 2016-18. None of the sample DHs except DH Churachandpur maintained the records of infant and maternal deaths. The percentage of pregnant women had opting for home deliveries declined from 20.0 *per cent* in 2014-15 to 17.7 *per cent* in 2018-19. The percentage of post-partum check-ups to total institutional deliveries increased from 47 *per cent* to 63 *per cent* during the five-year period. The number of C-Section deliveries had also increased in all DHs during the period, posing a risk to the mother and child and also burdening the infrastructure available in the DHs.

(Paragraphs 6.1.1, 6.1.4 & 6.1.5)

Post-natal care

Post Natal follow up care was not provided in DH Bishnupur and Chandel, adversely impacting the lives of high risk new born babies in these districts.

(Paragraph 6.1.6)

Pregnancy Outcomes

Huge mismatches were noticed in the figures uploaded in the HMIS with that of the actual records. None of the hospitals kept records of data being collected before uploading to HMIS. Eclampsia Room equipment for facilitating deliveries of babies in emergency conditions was almost non-existent in DH Chandel.

(Paragraph 6.1.9)

Maternal Health Services

Under Janani Shishu Suraksha Karyakram (JSSK), we noticed shortage of essential drugs and consumables for Intra-partum under Normal and C-section deliveries and for new-borns in all the sampled DHs. There was a shortage of drugs and consumables in all selected DHs whereas at DH Thoubal, essential drugs for C-Section deliveries were not at all available.

(Paragraph 6.1.11.1)

Recommendations

- i. The State Government may take steps to further improve the facilities available for safe deliveries of babies at the DHs in line with the MNHT guidelines*
- ii. The Department should provide actual figures in the HMIS and ensure that DH administration verifies the data before it is uploaded on HMIS.*

Cancer Care

The number of cancer cases detected in the State is 7,941 (Males: 3580, Females: 4361) during 2012-16. The number of cancer cases detected every year in the State was approximately around 1,500 during the five-year period with incidents of lung, stomach and nasopharynx cancer being the most. Three of the four sampled DHs, except DH Bishnupur, had been diagnosing cancer cases during the period test checked. However, cancer treatment was not uniform in all districts and necessitated referrals to Imphal facilities, making it difficult and time consuming for patients to travel in cases of prolonged illness.

(Paragraph 6.2.2)

Recommendations

- i. The State Government may take steps to post dedicated oncologists at each DH.*
- ii. The State Government may take steps to provide day-care chemotherapy centres at all DHs, so that pressures on referral hospitals for routine treatment of cancer are reduced.*

HIV/AIDS Care

The State had detected 5,875 cases with HIV during 2014-15 to 2018-19. In three out of four selected District Hospitals, only first line treatment medicines were provided at ART Centers except for DH Chandel where 1st and 2nd line treatment medicines were provided. No dedicated doctor was provided to ART center at DH Chandel.

(Paragraph 6.3.2)

Scarcity of ART drugs

Out of 20 types of drugs being supplied to the ART centres by the Manipur AIDS Control Society, there were shortage of 12 drugs during the period from 2014-15 till February 2020. Uninterrupted supply of drugs was not ensured to the ART centres resulting in shortage of drugs.

(Paragraph 6.3.3)

Recommendations

- i. The State Government may take up steps to post dedicated HIV/AIDS medical and paramedical staff at ART centres.*
- ii. The AIDS Society may take steps to provide adequate drugs at district ART Centres, by coordinating better with the Central depot for supply of ART medicines.*