Chapter III

Essential Resources Management

Chapter-III Essential Resources Management

Adequacy of essential resources - Manpower, Drugs &Consumables, Equipment and Infrastructure for effective functioning of DHs

3.1 Manpower Resources

IPHS guidelines envisage that doctors and nurses should be available round the clock in IPD to provide due medical care to the in-patients. These guidelines also prescribed the minimum number of doctors and nurses to be available in different hospitals according to the number of sanctioned beds.

3.1.1 Shortage of Doctors in the selected DHs and JNIMS

Out of the total 525 sanctioned post of doctors in seven DHs of the State, the State had 270 doctors (51.43 *per cent*) posted in these DHs. Position of the availability of Doctors in the selected DHs and JNIMS is given in the following table.

Table 3.1: Table showing the status of availability of Doctors in the DHs and JNIMS

District Hospitals	Sanctioned Strength	Men in position	Shortfall (*percent*)
Bishnupur	70	40	30 (43)
Chandel	60	28	32 (53)
Churachandpur	116	66	50 (43)
Thoubal	109	51	58 (53)
Total	**355**	**185**	**170 (48)**
JNIMS	410	264	146 (36)

Source: Records of Hospitals *including specialists.

As seen from the above table, there was an overall shortfall of 170 doctors (48 *per cent)* against the total sanctioned posts of 355 in the selected DHs while the shortfall at JNIMS stood at 146 (36 *per cent*). DHs at Chandel and Thoubal had the highest *percentage* (53 *per cent*) of vacant posts of doctors amongst the selected DHs.

Substantial shortage of doctors (48 *per cent*) had an adverse effect on the quality and availability of essential services in the selected DHs as discussed in the Report.

3.1.2 Shortage of Specialists in the selected DHs and JNIMS

As per IPHS norms, DHs should have a minimum of two specialists each in Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics and Anaesthesiology and one specialist each in Ophthalmology, Orthopaedics and Radiology.

Scrutiny revealed shortage of specialists in all the test-checked DH *vis-à-vis* IPHS norms as detailed in the following table:

Table 3.2: Availability of specialist doctors in selected DHs *vis-à-vis* IPHS norms

Name of the discipline	Requirement (100 beds)	Availability in DH				Sanctioned Strength#	Availability in JNIMS
		Bishnupur	Chandel	Cc'pur	Thoubal		
Medicine	2	0	0	2	1	32	18
Surgery	2	1	1*	2	1	35	15
Obs &Gynae	2	2	1*	2	2	25	12
Paediatrics	2	1	2	2	2	16	7
Anaesthesia	2	2	1	2	2	27	17
Ophthalmology	1	1	0	1	1	14	9
Orthopaedics	1	1	0	1	1	17	9
Radiology	1	0	0	1	1	17	8
Total	**13**	**8**	**5**	**13**	**11**	**183**	**95**

Source: Records of Hospitals.

** One specialist each in Surgery and Obstetrics & Gynaecology working as Medical Officers.*

 # IPHS norms are applicable to hospitals up to 500 beds and hence JNIMS manpower has been compared with Sanctioned strength only.

There were shortages in the posting of specialists in three of the four selected DHs. The shortage ranged between eight (61.5 *per cent*) in DH Chandel and two (15.38 *per cent*) in DH Thoubal as shown in the table above. There was no shortage of specialists in the above eight disciplines in DH Churachandpur. JNIMS being a tertiary hospital had a huge shortage of 88 (48.08 *per cent)* specialists.

The Department accepted the shortage of specialists in the selected DHs and stated in their reply that there are 399 MHS officers having PG qualifications and only 166 of them are specialists in core clinical specialties (Medicine, Surgery, Paediatrics, Obstetrics & Gynaecology, Orthopaedics and Anaesthesiology) in the State.

The other reason for shortage of specialists in the State is due to unwillingness of non-local doctors, completing their specialisation from these two Medical Colleges of the State i.e., Regional Institute of Medical Sciences (RIMS) and JNIMS, to join the Manipur Health Services. Also, there was one recruitment for 88 posts of specialists in 2015 and four major recruitments for medical officers during the years 2014-18. In the four recruitment drives for medical officers, 731 candidates were selected for appointment against the total advertised posts of 1,337.

Further, mushrooming of private hospitals in and around Imphal is also one of the major cause for migration of specialists from State Service. The Department needs to take serious incentivising measures to improve the availability of general and specialist doctors in the State services.

3.1.3 Shortage of nurses in the selected DHs and JNIMS

The IPHS envisaged the following nurse-bed ratio for a functional DH of different bed strengths; 45 nurses for 100 beds; 90 nurses for 200 beds; 135 nurses for 300 beds; 180 nurses for 400 beds and 225 nurses for 500 beds. Thus, the nurse-bed ratio should be 0.45:1.

We noted that out of the total 265sanctioned posts of nurses in the seven DHs of the State, the State had posted 193 nurses (72.83 *per cent)* in these hospitals. Further, there was an overall shortfall of nine *per cent* of nursing staff in the test-checked DHs as per IPHS norms. The hospital wise requirement of nursing staff and actual position (PIP) as per IPHS norms are presented in the following table:

Table 3.3: No. of functional beds, required No. of nurses, PIP and shortfall in the test-checked DHs

Sl. No.	District Hospital	No. of functional beds	Required No. of Staff Nurses*	SS	PIP as on 31.03.2019	Shortfall (*per cent*)	
						vs IPHS (4-6)	vs SS (5-6)
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
1	Bishnupur	50	23	31	19	4 (17)	12(38.7)
2	Chandel	40	18	31	28	10 (55)	03(9.7)
3	Churchandpur	141	63	53	44	19 (30)	09(16.9)
4	Thoubal	100	45	52	40	5 (11)	12(23)
5	JNIMS	655	295	389	372	-	17(4.56))
	Total	**986**	**444**	**556**	**503**	**38(9)**	**53(10.53)**

Source: IPHS and records of test-checked DHs.
** As per IPHS norms @0.45 nurse per bed*

From the table above, it can be seen that DH Chandel had a maximum shortfall (55 *per cent*) of staff nurses followed by DH Churachandpur (30 *per cent*), DH Bishnupur (17 *per cent*) and DH Thoubal (11 *per cent*) when compared with IPHS norms.

With regards to comparing SS and PIP, DH Bishnupur with 38.7 *per cent* vacant posts was the highest followed by DH Thoubal (23 *per cent*), DH Churachandpur (16.9 *per cent*) and DH Chandel (9.7 *per cent*). JNIMS was better placed in respect of availability of nurses.

The shortage of nurses leads to poor quality of nursing care for the patients and adds to workload of existing nursing staff impacting safe and effective patient care.

3.1.4 Shortage of Paramedical Staff in the DHs in the selected hospitals

Position of the availability of Paramedical Staff in the selected hospitals is given in the following table.

Table 3.4: Status of availability of paramedical staff in the DHs

Staff	DH Bishnupur			DH Chandel			DH Churachandpur			DH Thoubal			JNIMS		
	SS	MiP	S	SS	MiP	S	SS	MiP	S	SS	MiP	S	SS	MiP	S
Lab Technician	4	9	0	4	3	1	7	6	1	7	13	0	92	92	0
Pharmacist	6	7	0	6	7	0	7	5	2	7	5	2	12	2	10
Storekeeper	0	0	0	0	0	0	0	0	0	1	1	0	20	0	20
Radiographer	1	0	1	1	1	0	2	3	0	3	2	1	15	9	6
ECG Technician	0	0	0	0	0	0	1	0	1	1	0	1	8	8	0
Ophthalmology Assistant	2	2	0	2	2	0	2	2	0	2	3	0	4	1	3
Dietician	0	0	0	0	0	0	1	1	0	1	1	0	2	2	0
Physiotherapist	1	2	0	0	1	0	1	2	0	1	4	0	2	2	0
OT Technician	0	4	0	0	3	0	1	2	0	2	10	0	12	15	0

Staff	DH Bishnupur			DH Chandel			DH Churachandpur			DH Thoubal			JNIMS		
	SS	MiP	S	SS	MiP	S	SS	MiP	S	SS	MiP	S	SS	MiP	S
CSSD[2] Assistant.	1	0	1	1	1	0	1	2	0	1	1	0	5	3	2
Total	**15**	**24***	**2**	**14**	**18***	**1**	**23**	**23**	**4**	**26**	**40***	**4**	**172**	**134**	**41**

Source: Records of Hospitals.

SS: Sanctioned Strength; MiP: Men-in-Position; S: Staff Shortage

**MiP is more than SS as it includes contractual staff*

From the above table, it is seen that sanctioned posts of ECG Technician, Dieticians, and Operation Theatre Technicians were not there in DH Bishnupur and DH Chandel though they were an essential requirement for providing quality services to the patients.

During Exit Conference (July 2020), the Department stated that the Department adopts the IPHS norms for the DHs. The Department also stated with regard to shortage of manpower/specialist doctors in the DHs that the Department is aware of the gaps in manpower and the reason for the shortage will be furnished shortly.

Shortage of specialists, doctors, staff nurses and paramedical staff has direct and adverse impacts on the number of patients dealt both in OPD and IPD as well as on the quality of service provided by DHs. The availability of services in the DHs is linked to the position of manpower. The absence of specialists in medicine in DH Bishnupur and DH Chandel has a significant impact on the functioning of the hospitals and also on the range of services provided to the patients. DH Bishnupur and DH Chandel which has lesser manpower were found to provide lesser healthcare facilities to the patients as seen in ***Paragraph 4.2.1*** of this Report regarding availability of In-Patient services. The two DHs also had lesser number of OPD and IPD patients amongst the sampled DHs.

3.1.5 Adequacy of Manpower in DHs

District Hospitals provide health and diagnostic services to a large number of patients in the State, besides performing surgical operations and other medical treatments for in-patients.

Audit analysed adequacy of manpower (Medical and para medical staff) *vis-à-vis* increase in the number of patients (both OPD and IPD) during the period 2014-19. The details are given in the following table:

Table 3.5: Adequacy of manpower *vis-à-vis* patient load in the test-checked DHs

Hospital	Number of OPD and IPD patients (*per cent* increase over previous year)					*Per cent* increase over 2014-19
	2014-15	2015-16	2016-17	2017-18	2018-19	
Bishnupur	41,387	42,704(3.2)	42,412 (-0.7)	47,772 (12.6)	46,986 (-1.6)	13.5
Chandel	9,048	9729 (7.5)	12,970 (33.3)	13,017 (0.4)	11,088 (-14.8)	22.5
Churchandpur	1,34,070	1,57,173 (17.2)	1,51,225 (-3.8)	143,015 (-5.4)	1,35,125 (-5.5)	0.79

[2] Central Sterile Services Department.

Hospital	Number of OPD and IPD patients (*per cent* increase over previous year)					*Per cent* increase over 2014-19
	2014-15	2015-16	2016-17	2017-18	2018-19	
Thoubal	81,225	90,111(10.9)	1,13,302 (25.7)	1,10,334 (-2.6)	1,02,401 (-7.2)	26.07
JNIMS	2,77,840	2,62,462(-5.53)	3,40,551 (22.93)	3,90,951 (12.89)	3,68,177 (-6.19)	32.51

Source: Information furnished by the hospitals.

It is evident from the table above that the patients registered at all the test-checked DHs showed an increase during the period 2014-19. The patient load at Bishnupur DH increased by 13.5 *per cent*, Chandel DH by 22.5 *per cent*, Churachandpur by 0.79 *per cent*, Thoubal DH by 26.07 *per cent* and JNIMS by 32.51 *per cent* over the period. Further, the average yearly increase in the patient load in the test checked DHs ranged between 0.4 and 25.7*per cent*.

Despite substantial increase in the number of patients in the test checked hospitals, the sanctioned strength of the medical and para-medical staff was not revised. Moreover, as discussed in ***Paragraph 3.1.1***, there was a shortage of 53 *per cent* doctors *vis-à-vis* sanctioned strength, in both Chandel and Thoubal DH. The increase in patient load over the period 2014-19 was 22 and 26 *per cent* in these two hospitals making the situation even more alarming.

Thus, increased patient load had put an immense pressure on the medical system and inadequate infrastructure thereby, adversely impacting quality of patient care and patient safety.

Conclusion

Human resources, an essential resource for hospital management, saw an overall shortage of 255 doctors in the seven DHs against the sanctioned posts of 525 doctors, while the shortage in the test-checked DHs stood at 48 *per cent* (170 doctors) *vis-à-vis* 355 sanctioned posts as of March 2019. The vacant posts of doctors were 53 *per cent* in DH Chandel and Thoubal and 36 *per cent* in JNIMS. 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 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 implemented any positive measures such as special /hill allowances, accommodation or any other incentives to address the reluctance of doctors, nurses and para medical staff to serve in DHs.

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.*

3.2 Physical Infrastructure

3.2.1 Availability of District Hospitals

District Hospital is a hospital at the secondary referral level responsible for a district. Its objective is to provide comprehensive secondary health care services to the people in the district at an acceptable level of quality and to be responsive and sensitive to the needs of the people and referring centres. Every district is expected to have a DH.

There are seven DHs in Manipur located in seven out of nine districts[3]. However, one medical college is present in each of the remaining two districts.

3.2.2 Shortage of CHCs, PHCs and SCs

As per IPHS, there should be a Sub-Centre (SC) for a population of 3000-5000, a Primary Health Centre (PHC) for 20000 to 30000 people and a Community Health Centre (CHC) as referral centre for every four PHCs covering a population of 80,000 to 1.2 lakh to ensure availability of health facilities.

Benchmarking 2011 census population with the above norms, Audit noticed shortage in number of Sub-centre and Community Health Centre in the State. The required number of health facilities, available facilities and shortfall thereof of three categories of healthcare service is as shown in the following table:

Table 3.6: Required number of health facilities, available facilities and shortfall thereof

Sl. No.	Particulars	Requirement	Availability	Shortfall	Shortfall percentage
1	Sub-Centre	571	421	150	26.27
2	Primary Health Centre	95	95	0	0.00
3	Community Health Centre	24	17	7	29.17

As can be seen from the Table above, the shortfall of SCs and CHCs was 26.27 and 29.17 *per cent* respectively. This indicated that the State Government needs to provide the required number of health infrastructure to its citizens, so as to further improve the Universal accessibility of health facilities.

3.2.3 Non-availability of blood banks

As per IPHS 2012, the blood bank service is an essential service that is to be provided by DHs.

As of December 2019, there were five licensed blood banks located at four districts in the State[4]. Out of nine districts in the State, five Districts did not

[3] Prior to 2016-17, there were nine districts in Manipur, presently there are 16 districts.

[4] Two blood banks at Imphal (West), one each at Imphal East, Churachandpur and Thoubal districts.

have blood banks[5].The availability of blood bank services in the sampled DHs is given in the following table.

Table 3.7: Availability of blood bank services in sample DHs

Hospital	Observation	Impact/Remark
DH Bishnupur **DH Chandel**	Blood Bank services are not available.	Required blood units are requested from other Hospitals.
DH Churachandpur	Blood Bank services are available but not round the clock. Licence is valid till December 2023.Blood Bank is supported by National AIDS Control Organisation (NACO). Only whole blood units are available. Component based blood units are not available.	24 x7Blood Bank services were not available. Only one Doctor and one Nurse are provided due to which 24x7 services cannot be provided.
DH Thoubal	Blood Bank services are available but not round the clock. License was valid till December 2018. License has not been renewed. Blood Bank is not supported by NACO. No blood tube sealer at the time of audit (Feb-2020). Only whole blood units are available. Component based blood units are not available. Only one Doctor and one Nurse are provided due to which 24x7 services cannot be provided.	Blood Tube sealer seals the tube of blood bag without causing haemolysis and leakage of blood.

DH Churachandpur and DH Thoubal had blood banks and transfusion services. DH Bishnupur has only a blood storage unit while DH Chandel has neither a blood bank nor a blood storage unit. When required, DH Chandel and DH Bishnupur acquired blood units from other hospitals.

Also, as per Para A-1.1 of Standards for Blood Banks & Blood Transfusion Services issued by NACO, all blood banks should be licensed by State Drug Controller and approved by Drugs Controller General (India) and should be regulated by Drugs and Cosmetics Act and rules there under. It was observed that DH Churachandpur had the required license from the State Licensing & Controlling Authority, Directorate of Health Services, GoM for running of the blood bank services and was NACO supported. However, the blood bank at DH Thoubal was a non-NACO supported blood bank and its license has not been renewed after December 2018.In the absence of such licensing, the safety of the blood transfusion services provided by DH Thoubal cannot be assured.

The availability of blood banks in each of the DHs becomes crucial in emergency conditions such as road traffic accidents where the requirement of blood can be immediate. Road traffic deaths and injuries are unpredictable and preventable. It is an accepted strategy of Trauma Care that if basic life support, first aid and replacement of fluids can be arranged within first hour of the injury (the golden hour), lives of many of the accident victims can be saved. Scrutiny of records of the Superintendent of Police of the above districts revealed that there were several road traffic accident (RTA) cases as shown in the following table.

[5] Senapati, Ukhrul, Chandel, Tamenglong and Bishnupur districts do not have blood banks.

Table 3.8: Availability of Blood Bank in DHs *vis-à-vis* emergency cases during 2014-19

<table>
<tr><th>District</th><th>Availability of Blood Bank services in the DH</th><th>RTA Cases</th><th>Domestic violence with injuries</th><th>Cases with injuries</th></tr>
<tr><td>Bishnupur</td><td rowspan="2">Blood Bank services are not available.</td><td>817</td><td>19</td><td>140</td></tr>
<tr><td>Chandel</td><td>25</td><td>0</td><td>7</td></tr>
<tr><td>Churachandpur</td><td rowspan="2">Blood Bank services are available.</td><td>49</td><td>12</td><td>34</td></tr>
<tr><td>Thoubal</td><td>819</td><td>37</td><td>300</td></tr>
<tr><td></td><td>Total</td><td>1,710</td><td>68</td><td>481</td></tr>
</table>

Source: Records of DHs and District Superintendents of Police

The situation in the case of DH Bishnupur was more worrisome as DH did not have blood bank service and the number of emergency cases was very high in the district. Thus, patients needing emergency medical attention in Bishnupur and Chandel districts would have to travel to the nearest hospital with blood bank services, which are 20-60 km away from the DHs. Unavailability of blood bank services, could prove fatal in the case of emergency or trauma cases that need immediate intensive care services.

During Exit Conference (July 2020), the Department acknowledged the audit finding and stated that the GoI has approved operationalisation of Blood banks in Bishnupur and Chandel DHs. In case of Bishnupur DH, they stated that Blood bank is almost complete and installation of equipment was pending.

3.2.4 Access to DHs

Obstruction-free access to the health facilities to both patients and hospital staff is an important element in ensuring smooth healthcare services. As per IPHS, for easy access to non-ambulant (wheel-chair, stretcher), semi-ambulant, visually disabled and elderly persons, infrastructure as per *"Guidelines and Space Standards for barrier-free built environment for Disabled and Elderly Persons"* of GoI, is to be provided.

Audit found that ramps to ensure easy access were available in all sample hospitals. However, 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.

Photograph 3.1: Faulty location of ramp in DH Churachandpur

Ramp was for OT located on 1st Floor and not easily accessible for others. (December 2019)

As the ramps are not easily accessible, patients are lifted through a nearby staircase. (December 2019)

Consequently, as evident from the photographs above, patients who could not walk had to be carried through a nearby staircase which is not only inconvenient to the attendants but unsafe for patients as well. This reflected on the poor design of the building and facilities.

In the Exit Conference (July 2020), the State Government acknowledged the audit observation and reiterated that it is potentially dangerous and necessary action would be undertaken for remedial measures. Action taken in this regard has not been informed to Audit till date (July 2020).

The overall obstruction free access has been found to be satisfactory in the sampled DHs. This is corroborated in the patient survey, where 81 (82.65 *per cent*) out of 98 respondents stated that lifts, wheel chairs, stretchers, ramps, *etc*. were available for specially abled.

Conclusion

Inadequate health system infrastructure, limits the access of health facilities and also contributes to poor quality of care and outcomes, particularly among vulnerable sections of society. The State did not have DHs in two of its districts, there was shortage of 150 SCs/ 71 CHCs across all the nine districts. Five out of nine districts did not have blood bank, thereby risking life of patients in emergency conditions. DH Churachandpur and Thoubal did not have round the clock availability of blood bank services.

Recommendations

i. 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.

ii. Blood bank services be made available in all DHs in keeping with IPHS norms.

iii. All DHs may be provided with easy access and ramp facilities for patients. The licenses of DH Thoubal and other DHs be got renewed.

3.3 Equipment for Health Facilities

Indian Public Health Standards (IPHS) has prescribed norms of equipment for DHs under different categories based on the number of beds, keeping in view the assured services recommended for various grades of the DH.

Equipment is a very important component for providing assured service by the DHs. The IPHS norms stipulate list of equipment required for the delivery of assured service by DHs.

To ascertain the availability of essential equipment in the sample DHs, Audit examined the availability of essential equipment in DHs as per the Essential Equipment List prescribed by IPHS 2012 for DHs. It was observed that many essential equipment were not available in DHs. The summary of status of availability of essential equipment are tabulated below:

Table 3.9: Availability of essential equipment *vis-a-vis* IPHS norms in selected DHs

Type of equipment	Essential for 101-200 bed hospitals	DH Thoubal	DH Bishnupur	DH Churachandpur	DH Chandel	Essential for 301-500 bed hospitals	JNIMS
Imaging	4	4	3	3	3	7	6
X-ray Room Accessories	7	5	3	5	5	7	5
Cardiopulmonary	14	10	8	0	8	16	14
Labour Ward, Neo-natal	27	19	23	17	15	28	23
Special Newborn Care Unit (SNCU): General	11	5	0	5	0	11	11
Disinfection of SNCU	11	4	0	3	0	11	11
Individual patient care in SNCU	14	7	0	6	0	14	13
Immunisation	16	10	14	0	8	16	14
Ear, Nose, Throat	18	3	4	3	3	20	20
Eye	24	11	7	10	5	25	23
Operation Theatre	21	10	6	12	8	19	12
Laboratory	69	34	24	20	15	76	13
Surgical	43	12	11	20	19	53	0
PMR	30	1	0	1	0	30	0
Endoscopy	3	1	0	1	0	7	0
Anaesthesia	15	10	15	15	12	15	0
	327	**146**	**118**	**121**	**101**	**355**	**165**

Source: Records of DHs.

Against the IPHS norms of 327 essential equipment required in DHs, the shortage was most with 226 (69 *per cent*) in DH Chandel and least in DH Thoubal with 181 (55 *per cent*). JNIMS had better infrastructures with 165 out of 355 types of equipment available.

Lack of essential equipment in DHs meant deficient diagnostic and poor quality of healthcare services to the patients which not only made patients spend more from their pockets on visiting private clinics or diagnostic centres, it also put a question mark on the service delivery of DHs.

During Exit Conference (July 2020), the Department acknowledged the audit finding and stated that non-availability of equipment and consumables were mainly due to financial constraints and also stated that it looked forward to address the issue with NHM funding. The Department also stated that they will initiate free X-Ray services in 42 public health facilities based on patient load and other criteria and free CT Scan services in DH Churachandpur and DH Thoubal due to high patient loads in the two DHs. The reasons put forward by

the Department are factually incorrect as it failed to utilise the allocated funds in three out of the five years, as detailed in ***Paragraph 2.1.1.1***.

Conclusion

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

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 are functional and available for use.*

ii. *State Government may utilise the available NHM funds to provide wanting diagnostic services.*

3.4 Drugs Management

3.4.1 Shortages in availability of essential drugs

The State has prescribed 445 drugs in its Essential Drugs List (EDL). IPHS has also prescribed a list of drugs for delivery of minimum assured services in the DHs. To ascertain the availability of essential drugs in the sampled hospitals, audit kept the Essential Drugs List prescribed by IPHS 2012 for DHs in view while examination. It was found that the procurement of drugs is done centrally in the Directorate and the DHs requisition drugs according to their requirements. Audit observed that despite availability of funds as pointed out in ***Paragraph 2.1.1.1***, many essential drugs were not available in the sampled DHs and even after being requisitioned, were not made available to the DHs. There was no proper coherent linkage between requirement at various health centres and the procurement done at the Directorate level. Many instances of stock-out of drugs even after being requisitioned were noticed. Summary of status of availability of essential drugs and period of stock-out of drugs are given below:

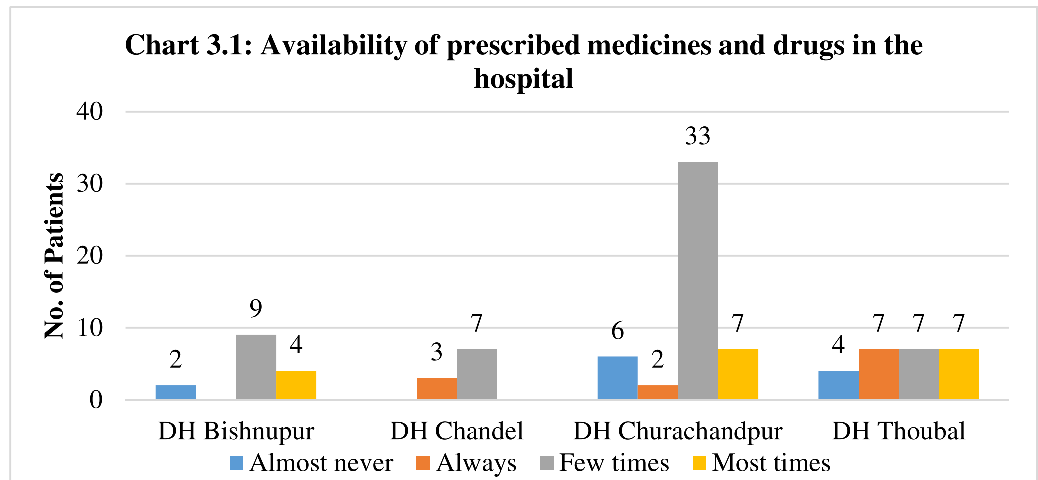
Table 3.10: Availability of essential drugs and period of stock-out of drugs

Name of DHs	Total no. of essential drugs	No. of available drugs	Minimum period of stock-out	Maximum period of stock-out
DH Bishnupur	505	128	0.5 month	69.5 months
DH Chandel		74	2 months	23 months
DH Cc'pur		63	0.5 month	41.5 months
DH Thoubal		43	0.5 month	64.5 months
JNIMS		77	-	-

Source: Records of Hospitals.

The non-availability of drugs is also corroborated by the fact that 68 out of 98 respondents (69 *per cent*) covered in the patient survey had replied that drugs

were either available only few times or almost never as shown in the following chart.



The shortage of essential drugs in DHs meant out of pocket expenditure for the patients as well as potential loss of precious time in buying and administering of these medicines in times of emergency. There is no surety that these medicines would be available in the nearby pharmacies causing inconvenience to the patients and their attendants. Thus, non-availability of essential drugs not only defeated the very purpose of having public funded health services in the State but also exposed the patients to risks of non- availability of drugs in case of emergencies.

During Exit Conference (July 2020), the Department stated that that there was partial non-availability of essential drugs due to lack of monitoring. The Department stated that it had followed a Free Drug Policy to ensure availability of essential drugs to patients and an IT platform called Drug and Vaccine Distribution Management System (DVDMS) for purchase, inventory management and distribution of various drugs, sutures and surgical items to various District Drug houses of State DHs up to the Sub-Centre level due to which the issue will be addressed in future.

With regard to procurement, the Department stated that drugs are procured centrally at the Directorate level after taking into account the requirement/ assessment of the drugs from the CMO level. The Department also stated in their reply (September 2020) that they received tenders for only 254 drugs from the suppliers/ firms when open tenders for procuring 445 essential drugs were called for by them. This also contributed to the shortfall of essential drugs in the hospitals. The Department further stated that they are considering revisiting the existing EDL through consultation with various stakeholders as per the need of the State to ensure that only drugs which are commonly prescribed are listed in the EDL.

3.4.2 Quality Control and Testing of Drugs

The State did not have any laboratory facility in the State for testing of drugs. However, drug samples were sent to Guwahati for testing. During the Audit period, all the samples sent for testing were certified.

Conclusion

During 2014-19, out of the 505 essential drugs, there were cases of 'stock out' of drugs for a period ranging from 0.5 to 69.5 months. The serious non-availability of essential drugs in the test-checked DHs, compelled the patients to purchase the prescribed medicines from open market out of their pocket.

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. *The Department needs to ensure optimum utilisation of funds allocated under drugs and equipment.*

iii. *They may revisit the procurement process of drugs to ensure availability of essential drugs in each hospital in order to avoid 'stock outs'.*

iv. *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.*