

CHAPTER-1

INTRODUCTION AND AUDIT FRAMEWORK

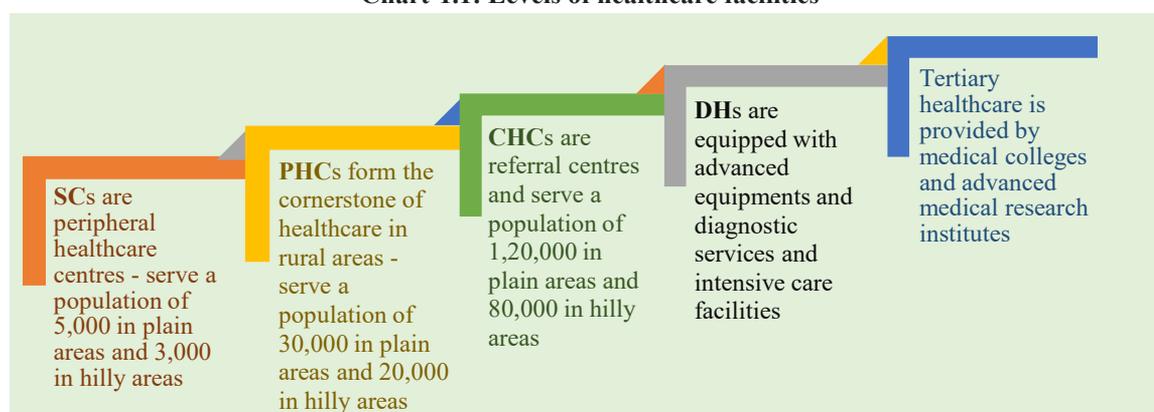


Chapter - 1: Introduction and Audit Framework

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 promotive 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 and is 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: Levels of healthcare facilities



1.2 Overview of Healthcare Facilities in Mizoram

According to 2011 census, the total population of Mizoram stood at 10.97 lakh of which, 47.86 *per cent* (5.25 lakh) lived in rural areas while 52.14 *per cent* (5.72 lakh) lived in urban areas.

The State of Mizoram has eight DHs¹ and each DH is functioning under the administrative control and supervision of a Medical Superintendent (MS) who is assisted by a team of doctors, paramedics and other administrative staff. The State had one medical college at Aizawl.

Under the Constitution of India², health is a State subject. The healthcare services in a State can be evaluated on the basis of the achievement against benchmark of health indicators *viz.*, Birth Rate (BR), Death Rate (DR), Total Fertility Rate (TFR), Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), *etc.* The status of a few important health indicators of Mizoram *vis-à-vis* National average as per NITI Aayog are shown in table-1.1.

¹ Aizawl CH, Lunglei DH, Serchhip DH, Mamit DH, Champhai DH, Kolasib DH, Lawngtlai DH and Siaha DH as of March 2019

² Sl. No. 6 under List-II of the Seventh Schedule to the Constitution of India (Article 246 of Part XI)

Table-1.1: Health Indicators of Mizoram vis-à-vis National average

Sl. No.	Health Indicator	Mizoram			National		
		2011	2016	2018	2011	2016	2018
1.	BR (in per cent)	16.6	15.5	14.8	21.8	20.4	20.0
2.	DR (in per cent)	4.4	4.2	4.1	7.1	6.4	6.2
3.	TFR (in per cent)	1.6	NA	NA	2.4	2.3	2.2
4.	MMR (per lakh live birth)	--*	--*	135	178.0	130.0	113
5.	IMR (per 1,000 live birth)	34.0	27.0	18	44.0	34.0	33

Source: NITI Aayog/ Sample Registration System

* information not available

The table above shows that Mizoram’s health indicators were above that of the national average.

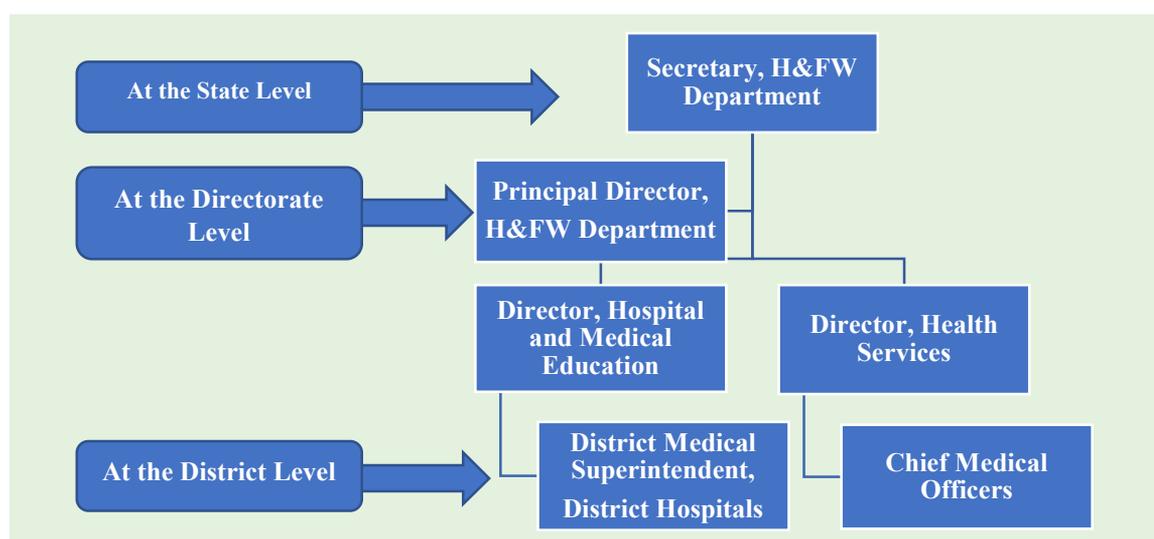
1.3 Accountability Structure for Healthcare in the State

The Health and Family Welfare (H&FW) Department, Government of Mizoram (GoM) is responsible for the management of Primary, Secondary and Tertiary Health Care Centres in the State.

Secretary, H&FW Department at the Government level and Principal Director, Health and Family Welfare Department at the Directorate level are responsible for overall functioning of the health centres/ hospitals under the Primary, Secondary and Tertiary level health services in the State. There are two directorates viz., Directorate of Hospital and Medical Education (DHME) and Directorate of Health Services (DHS). The DHME is entrusted with the responsibility of administration of DHs at the District Headquarters and all other Government hospitals while the DHS is responsible for the administration of the Sub-district hospitals, CHCs, PHCs, and SCs.

At the district level, District Medical Superintendent (DMS) and Chief Medical Officer (CMO) are responsible for functioning of DHs and primary level health services (SCs, PHCs and CHCs) respectively. Organisational structure of the Health and Family Welfare Department, GoM is as given below:

Chart-1.2: Organisational structure of the H&FW Department, GoM



1.4 Audit Framework

1.4.1 Background

The focus of India's National Health Policy, 2017 is to strengthen the trust of the common man in the public healthcare system by making it predictable, efficient, patient-centric, affordable and effective, with a comprehensive package of services and products that meet immediate healthcare needs of most people. It envisages attainment of its goal through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence. Healthcare services in the North Eastern Region (NER) are inadequate, in terms of the number of health facility available as well as the quality of facilities provided. The primary reason for the inadequacy of healthcare services are hilly and difficult terrain, inadequate budgetary outlay for health, absence of specialist doctors and other Medicare personnel, inadequate availability of sophisticated diagnostic equipment and limited presence of private sector in healthcare.

As per the Government of India (GoI) (written statement of the Union Minister of State for Health and 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.

In this context, delivery of health care in Mizoram, a hilly state with difficult terrain, spread over a geographical area of about 21,081 sq. km., a population density of 52 persons per sq. km. and very limited participation of private health care providers compared to the rest of the country is a challenge. Since the majority of the population is mostly dependent on government hospitals, the efficient functioning of the public healthcare system is critical.

Mizoram accounted for eight out of these 88 (10 *per cent*) district hospitals in the NER. Provision of healthcare services by Government of Mizoram has been reviewed by the Comptroller and Auditor General of India (C&AG) which was reported in the Audit Report pertaining to the year ended 31 March 2016.

In this background, it was decided to conduct Performance Audit of healthcare services being provided at DHs in the State to assess the availability of resources identified as essential by Indian Public Health Standards (IPHS) and to evaluate the quality of healthcare services being provided by these hospitals in some selected domains.

1.4.2 Audit Domains

The following audit domains/ themes were identified for the performance audit of district hospitals:

Chart-1.3: Audit Domains

Resources	Line Services	Support Services	Auxiliary Services
<ul style="list-style-type: none"> Manpower Infrastructure Equipment Drugs & Consumables 	<ul style="list-style-type: none"> Out-patients In-patients Emergency Operation & ICU Laboratory & diagnostics 	<ul style="list-style-type: none"> Drug storage Hygiene Infection control Ambulance Power backup 	<ul style="list-style-type: none"> Patient rights Patient safety Referral services

1.4.3 Audit Objectives

In pursuance of the audit domains/ themes identified above, the objectives of carrying out a Performance Audit of select DHs are to assess whether:

- i. adequate and essential resources - manpower, drugs, infrastructure, equipment and consumables are available for effective functioning of the district hospitals;
- ii. timely and quality healthcare is 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.* are aiding the line departments in providing a safe and sterile environment; and
- iv. the adequacy and timeliness of healthcare services relating to maternal and infant care, cancer, and HIV/ AIDS.

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;
- NHM guidelines 2005 and 2012;
- National AIDS Control Organisation (NACO) Programmes guidelines;
- Janani Sishu Suraksha Karyakram (JSSK) guidelines;
- National Quality Assurance Standards (NQAS) for district hospitals;
- Swachchhta guidelines for public health facilities, GoI;
- Assessor's Guide Book for Quality Assurance in District Hospitals 2013, GoI;
- Operational guidelines for prevention, screening and control of common non-communicable diseases, GoI;
- Indian Council of Medical Research (ICMR) guidelines on Hospital Infection Control;
- Bio-Medical Waste (Management and Handling) Rules, 1998 & 2016;
- Operational framework for management of common cancers, GoI;
- Maternal and new born Health Tool kit, 2013; and
- Government policies, orders, circulars, budgets, annual reports, *etc.*

1.4.5 Scope of Audit and Methodology

The Performance Audit covered the five year period from 2014-15 to 2018-19 and involved scrutiny of records in the offices of Director, Hospital & Medical Education; Mission Director, NHM; District Medical Superintendents (DMSs) and three selected DHs.

We test-checked records of the Department and the Directorate of Health and Family Welfare to understand policy initiatives, prioritisation of activities, funding and overall support. Field audit was carried out between November 2019 to February 2020 and records of the selected DHs were scrutinised; healthcare facilities and infrastructure were

physically inspected, on a sample basis, along with the 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 the Hospital Management Information System (HMIS) of the State were analysed and compared with that of the basic records maintained at the hospital level. Samples were drawn from the hospital level data and direct substantive checking was carried out to gain assurance about the integrity of data uploaded in the HMIS. 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 DHs.

An Entry Conference was held on 18 November 2019 with the Health and Family Welfare Department and other officers wherein audit objectives, scope, criteria, *etc.* were discussed and the inputs of the Department were obtained.

The draft Report of the Performance Audit was sent (August 2020) to the State Government for their comments and an '**Exit Conference**' was held on 11 December 2020 to discuss the audit findings. Replies furnished by the Department and views expressed during the Exit Conference have been suitably incorporated in the Report.

1.4.6 Audit Sample

There were eight districts in the State of Mizoram as of March 2019, each district having a DH. Three out of the eight DHs were selected on the basis of Probability Proportional to Size Sampling 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) Aizawl Civil Hospital (269-Bedded), Aizawl District,
- (ii) Champhai District Hospital (87-Bedded), Champhai District and
- (iii) Lawngtlai District Hospital (34-Bedded), Lawngtlai District

Besides, one Community Health Centre (CHC) and one Primary Health Centre (PHC) *viz.*, Saitual CHC and Thingsulthliah PHC located within the district hospital radius in the capital district (Aizawl) were covered in audit to examine the number and nature of cases that are being referred to the DH from the primary and secondary health care facilities, relating especially to maternal and child care issues.

1.5 Acknowledgement

The Office of the Accountant General, Mizoram acknowledges the cooperation extended by the officers and staff of the Health and Family Welfare Department as well as the selected DHs during conduct of this Performance Audit.

