CHAPTER-1

INTRODUCTION AND AUDIT FRAMEWORK

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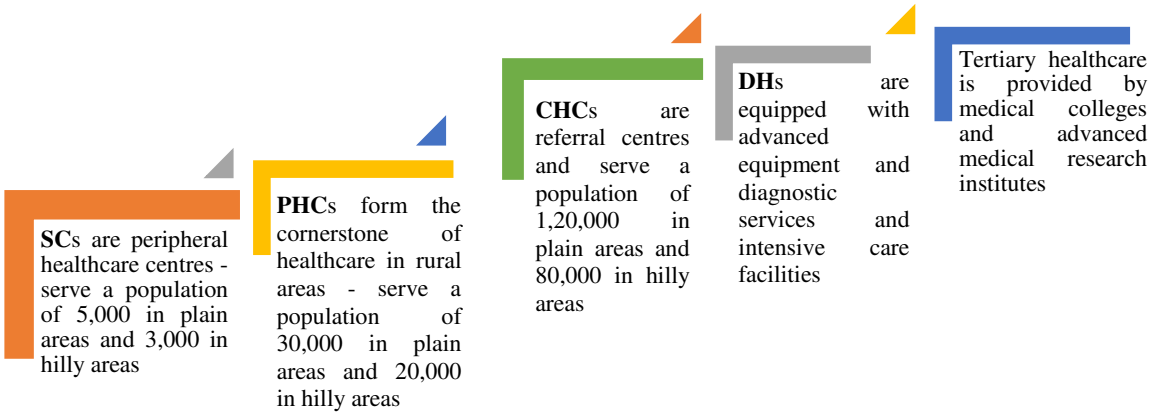
1.1 Introduction

Health is one of the most important parameters for ascertaining the quality of human life. National Health Policy 2017 aims to improve overall population health through a focus on health promotion and disease prevention. Primarily, the policy envisages achieving universal healthcare coverage and reducing the reliance on out-of-pocket spending. It emphasizes restructuring and strengthening the public healthcare institutions with the goal of providing free access to essential drugs, diagnostics and emergency services. There is renewed commitment in India to accelerate the pace of achievement of Sustainable Development Goals (SDGs) including Goal 3 relating to ensuring healthy lives and promoting well-being for all at all ages.

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 Community Health Centres (CHCs) form the primary tier for rural population. These health centres provide preventive and promotive services like immunisation, epidemic diagnosis, childbirth and maternal care, family welfare, etc. DHs serve as the secondary tier for rural population and as primary tier for the 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 below:

Chart 1.1: Levels of healthcare facilities



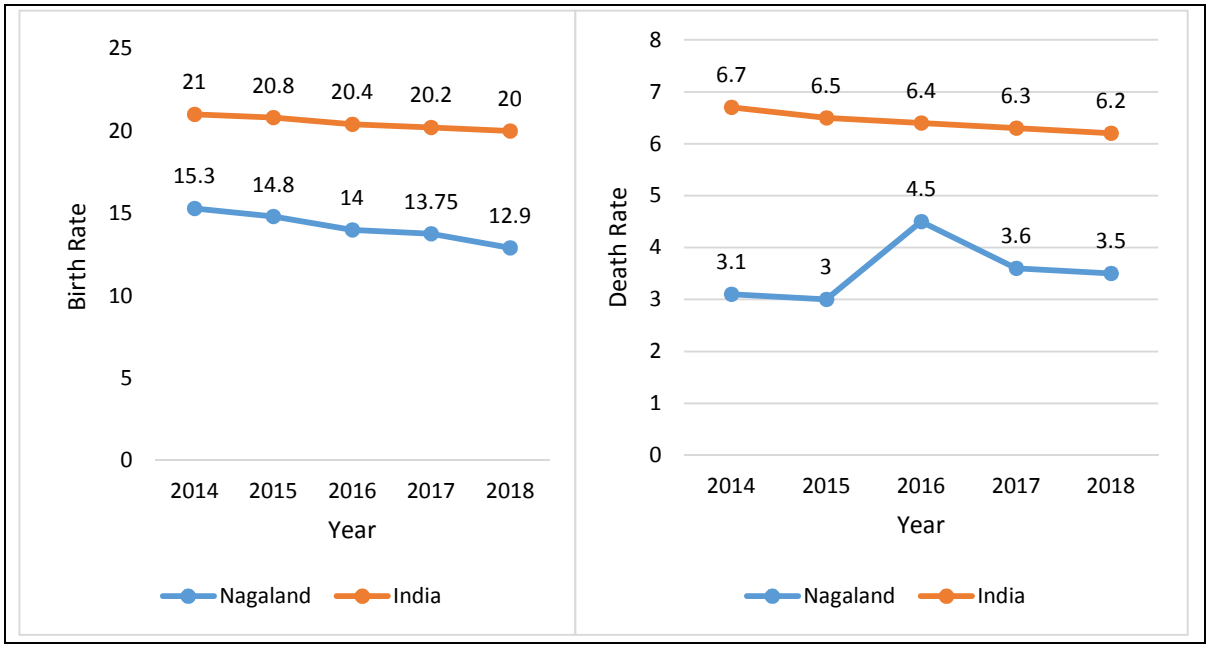
1.2 Overview of healthcare facilities in Nagaland

Nagaland had a population of 19.78 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), 35 Community Health Centres (CHCs), 142 Primary Health Centres (PHCs), one Subsidiary Health Centre (SHC), two Big Dispensaries (BD) and 583 Sub-Centres (SCs). Two Medical Colleges, one in State capital Kohima and another in Mon district are approved by the Government of India. The work for construction of Medical College Kohima is ongoing. In the case of Medical College, Mon, Government of India sanctioned the medical college under CSS

'Establishment of new medical college attached with existing district/referral hospital' for approved cost of ₹ 325 crore in September 2020. At present, the Master Plan, Designs and Institutional arrangement are under process.

As per Sample Registration System (SRS) statistics, 2014-18 of Registrar General of India, Nagaland's score in two main health indicators viz. Birth Rate and Death Rate was better than the National figures. The graphic comparison between the State and National figures of Birth Rate and Death Rate during 2014-18 is given below:

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



Source: Source: SRS Bulletin of respective years (Registrar General, India)

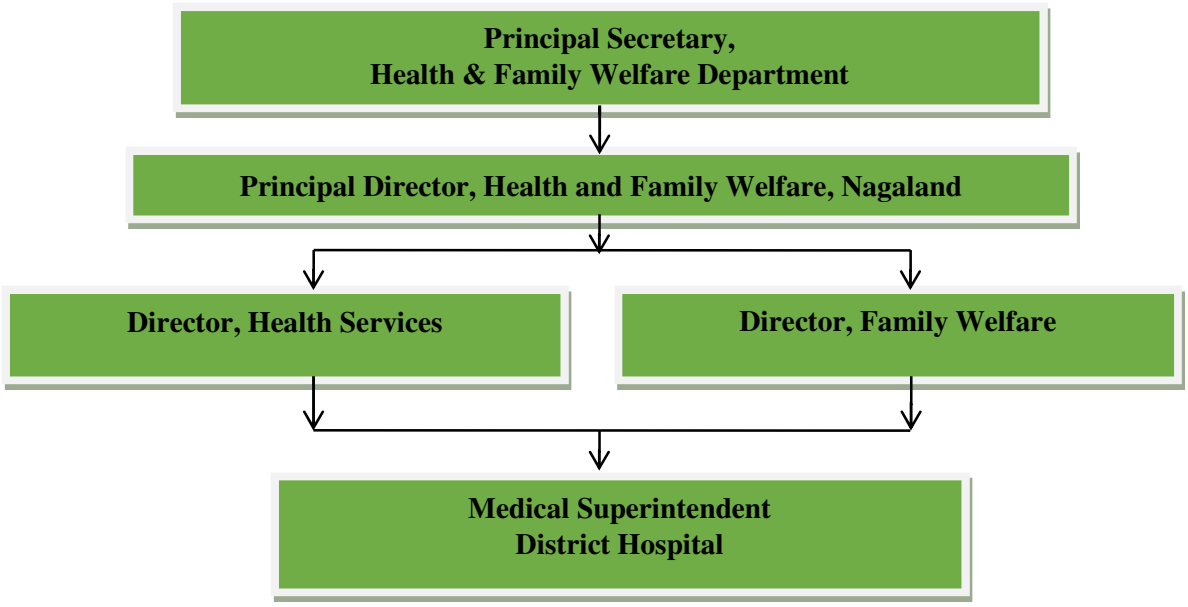
It is observed that the birth rate in the State decreased from 15.3 in 2014 to 12.9 in 2018 and remained less than the national figures throughout the period. However, the rate of decline in birth rate from 2014 to 2018 in the State was higher (2.4 points) than the national rate. Death rate in the State remained lower than the national figures. Death rate in the State showed a mixed trend with increase from 3.1 in 2014 to 4.5 in 2016 and then decreasing to 3.5 in 2018. Disaggregated data between rural and urban population of the above indicators during this period shows that the birth & death rate of the population in the State is more in rural as compared to urban areas. These trends, inter alia, require to be addressed in the policy and programme implementation in the health sector of the State.

1.3 Accountability Structure for Healthcare in the State

The Health and Family Welfare Department is responsible for management of District Hospitals (DHs). Principal Secretary, Health and Family Welfare Department at the Government level and Principal Director, Health and Family Welfare at Directorate level are responsible for overall functioning of the DHs. At the district hospital level, Medical Superintendent (MS) is responsible for day to day functioning of DHs. However, the financial and administrative autonomy at the level of MS is quite limited, with powers delegated only with regard to establishment matters.

The organisational setup of Health and Family Welfare Department of Government of Nagaland (GoN) is given below:

Chart 1.3: Organogram



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 medicare 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 DHs available across the country.

Nagaland accounted for 11 out of these 88 (12.5 *per cent*) districts hospitals in NER. Out of these 11, one district hospital (Naga Hospital Authority of Kohima) has an autonomous status. Out of 11 district hospitals in Nagaland, eight hospitals had a sanctioned bed strength less than 100 and are treated as sub-district hospitals as per IPHS norms though they are district hospitals. The Comptroller and Auditor General of India (CAG) has reviewed the provisions of health care services by Government of Nagaland at periodic intervals. The CAG had earlier reviewed (Report No.1 of 2015) the functioning of NRHM (now NHM). Key healthcare Institutes and Hospitals are also audited annually on a sample basis.

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

1.4.2 Healthcare Services at District Hospitals

District Hospitals are at the secondary referral level responsible for providing health care facilities to a district of a defined geographical area containing a defined population. Every district is expected to have a DH. As the population of a district is variable, the bed strength also varies depending on the size, terrain and population of the district. DHs should be in a position to provide all basic speciality services and should aim to develop super-specialty services gradually. DHs also needs to be ready for epidemic and disaster management all the times.

During the period covered in this audit (2014-19), there were 11 districts[1] in Nagaland. Except Kohima district, other 10 districts had DH. However, Naga Hospital Authority, Kohima (NHAK) with total bed strength of 300 has been functioning as DH for State Capital Kohima District. NHAK was conferred autonomous status by the Government of Nagaland through the Naga Hospital Authority Bill, 2003. Since then, it is functioning as an Autonomous multi-speciality hospital and State's only Referral Centre.

The State did not have a Government Medical College.

1.5 Audit Domains

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

Chart 1.4: Audit Domains

Resources	Line Services	Support Services	Auxiliary Services
•Manpower •Infrastructure •Equipment •Drugs •Consumables	•Out-patients •In-patients •Emergency •Operation & ICU •Laboratory & diagnostics	•Drug storage •Hygiene •Infection control •Ambulance •Power backup	•Patient rights •Patient safety •Referral Services •Maternal/Childcare/Cancer and HIV/AIDS treatment

1.6 Audit Objectives

The objectives of carrying out a 'Performance Audit of Select District Hospitals' were to assess whether:

i. Adequate and essential resources - manpower, drugs, infrastructure, equipment, and consumables are available for effective functioning of the DHs;
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, sterilization, hygiene, waste management, infection control, ambulance, equipment etc., were aiding the line departments in providing a safe and sterile environment in the hospitals; and

[1] Noklak sub-division under Tuensang district became 12th district of Nagaland in July 2020.

iv. the adequacy and timeliness of select healthcare services relating to maternal and infant care, cancer and HIV/AIDS.

1.7 Audit Criteria

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

- Indian Public Health Standards (IPHS) guidelines for District Hospitals.
- National Health Mission (NHM) guidelines 2005 and 2012.
- National AIDS Control Organisation (NACO) Programmes.
- Janani Sishu Suraksha Karyakram (JSSK) guidelines.
- National Quality Assurance Standards (NQAS) for District Hospitals.
- Swacchta 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.
- Operational Framework for Management of Common Cancers, GoI.
- Maternal and New Born Health Tool Kit, 2013.
- Government policies, orders, circulars, budgets, annual reports etc., issued from time to time.

1.8 Scope and Audit Methodology

The scope of audit involved assessing the functioning of selected DHs during the five-year period 2014-19. Audit methodology involved an analysis of the Hospital Management Information System (HMIS) data at the State level, test check of records in the Department and Directorate of Health & Family Welfare to understand the policy initiatives, prioritisation of activities, funding and overall support. At the DH level, the data captured in the local HMIS were analysed and samples were drawn to carry out a direct substantive checking to gain assurance about the integrity of data. Patient feedbacks were obtained through appropriate questionnaires to gauge the quality of healthcare services being provided by the DHs and quality of support services was ascertained through the relevant NQAS checklists for DHs by joint physical verification of the facilities along with the hospital authorities. Photographic evidence was obtained where necessary, to support audit findings.

An entry conference was held (6 September 2019) at the outset to explain and agree on the audit objectives, criteria, scope and methodology with the State Government.

Audit findings were reported to the Government on 17 August 2020 and an exit conference was held through video conferencing on 14 October 2020. The responses during exit conference and written replies received from the Department have been incorporated in this Report, at appropriate places.

1.9 Audit Sample

Out of eleven DHs in Nagaland, highest sanctioned bed strength (300) is in DH Kohima which was selected for audit being the functional DH in the State capital. The selection of the other three DHs in Tuensang, Wokha and Phek districts were done using Stratified Random Sampling.

The selected Districts are highlighted in the map below:

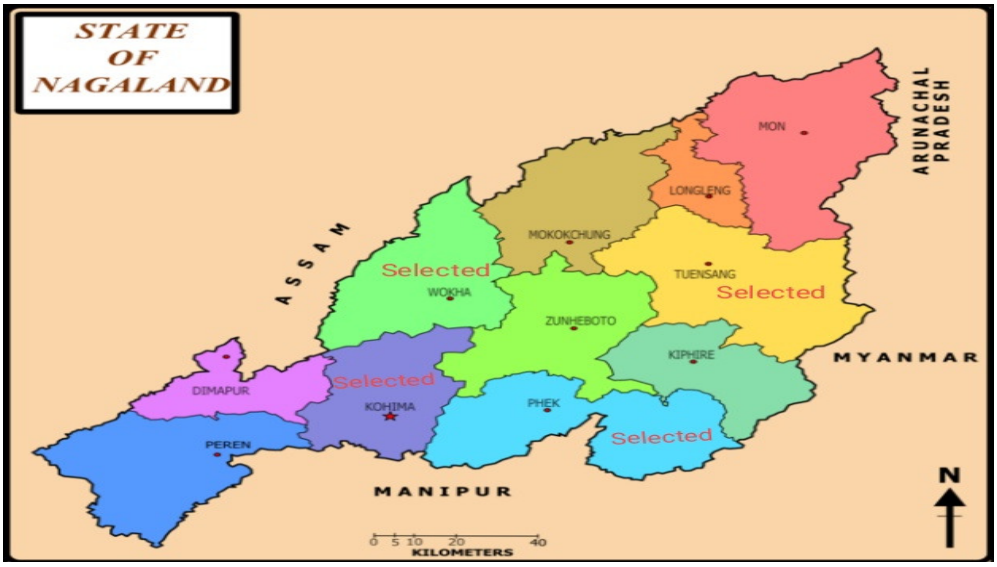


Figure 1.1: Geographical Map of Nagaland State

In respect of the DH Kohima, IPHS norms for 300 bedded district hospital have been applied while as in other three DHs[2], IPHS norms for sub-divisional hospital (51-100 bedded) have been applied.

In addition to the above, one Community Health Centre (CHC) at Viswema and one Primary Health Centre (PHC) at Botsa located within the district hospital radius in the capital district (Kohima) were covered in audit to have a holistic picture 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.

1.10 Acknowledgment

The office of the Principal Accountant General (Audit), Nagaland acknowledges the co-operation extended by the officers and staff of Department of Health and Family Welfare, Nagaland Health Mission, Nagaland AIDS Control Society and Sampled DHs.

[2] DH Tuensang- sanctioned bed strength 100, DH Phek- sanctioned bed strength 75 and DH Wokha- sanctioned bed strength 50.