

## Chapter 5 - Healthcare Infrastructure

There was a shortfall of 71 Sub-Centres (24 *per cent*), 20 Primary Health Centres (42 *per cent*) and 6 Community Health Centres (50 *per cent*) in the State *vis-à-vis* Indian Public Health Standards (IPHS) norms. There were inordinate delays in setting up the Tertiary Care Cancer Centre and up-gradation of Trauma Care Facility in Goa Medical College and Hospital (GMCH).

There were gaps in the availability of infrastructure in GMCH against National Medical Commission (NMC) norms and in test-checked Public Health Institutions (PHIs) under Directorate of Health Services (DHS) *vis-à-vis* IPHS norms. Instances of dilapidated buildings were also noticed in test-checked PHIs, with impact on healthcare services.

### 5.1 Healthcare Infrastructure

Infrastructure is a key pillar for promoting improved standards of care and wellbeing for all patients, together with a positive experience of the healthcare system.

The National Health Policy (NHP), 2017 (Para 3.3) states that the public healthcare system must retain a certain excess capacity in terms of health infrastructure for effectively handling medical disaster and health security. It also recommends (Para 3.3.4) closing the infrastructure gaps for improvement in quality of care by aiming for measurable improvements in quality of care in districts and blocks which have wider gaps for development of infrastructure.

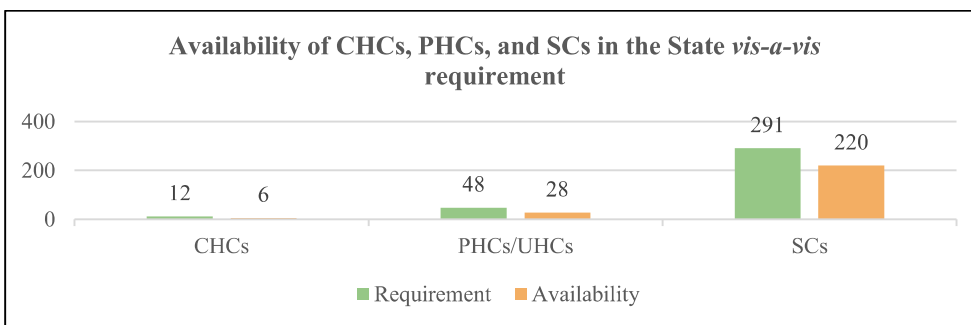
### 5.2 Availability of health infrastructure in the State

Audit findings on the availability and management of healthcare infrastructure in the State are discussed in the succeeding paragraphs.

#### 5.2.1 Gaps in establishment of SCs, PHCs and CHCs against IPHS norms

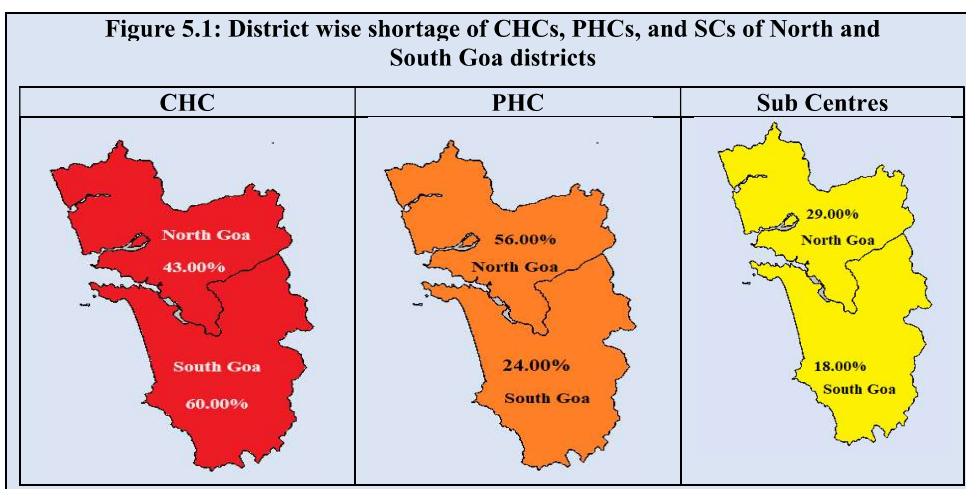
IPHS, 2012 stipulates the establishment of Public Health Institutions as per population norms. As per IPHS norms, there should be a CHC for a population of 1.20 lakh, a PHC for a population of 30,000 and Sub-Centre for a population of 5,000. The population of Goa as per Census of India 2011 was 14.59 lakh. There was shortage of Community Health Centres (CHCs), Primary Health Centres (PHCs)/Urban Health Centres (UHCs) and Sub-Centres (SCs) against IPHS norms in the State as on 31 March 2023 as shown in **Chart 5.1**.

**Chart 5.1: Shortfall in Health Centres in the State as on 31 March 2023**



(Source: Figures of health centres provided by DHS)

There was 50 per cent shortage of CHCs, 42 per cent shortage of PHCs/UHCs and 24.40 per cent shortage of SCs in the State.



(Source: Information provided by Directorate of Health Services)

The Director, DHS stated (February 2023) that necessary proposal will be worked out to address the short falls of SCs, PHCs and seven CHCs as per IPHS norms.

**Recommendation 10: The State Government may ensure the availability of healthcare centres as per IPHS norms, by addressing the shortfall in the number of CHCs, PHCs and SCs in the State.**

### 5.2.2 Delay in execution of projects

The State proposed and initiated projects in collaboration with GoI for creation of specialised health infrastructure in the State. Audit noticed delays in execution of healthcare infrastructure as follows:

- Delay in construction of Tertiary Care Cancer Centre**

The Ministry of Health and Family Welfare (MoH&FW), GoI launched (December 2013) a scheme to provide financial assistance for strengthening of Tertiary Care Cancer Centre (TCCC) facilities under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke

(NPCDCS), with a view to develop tertiary care capacities for cancer in all States and to provide universal access for comprehensive cancer care.

The State sent a proposal (February 2014) to MoH&FW for setting up a TCCC in GMCH. MoH&FW approved the proposal<sup>1</sup> in July 2017 and released grant-in-aid of ₹ 20.25 crore during 2017-19. Originally, the target for completion was set for March 2019 and subsequently extended to March 2020. In the meantime, the Government decided to enhance the project scope and Hospital Services Consultancy Corporation India Ltd. (HSCC) was awarded (October 2018) the consultancy for setting up the TCCC facility in GMCH. The HSCC submitted a Detailed Project Report (DPR) at a total cost of ₹ 247 crore (including consultancy charges) in May 2019, which was approved by the Expenditure Finance Committee (EFC) in April 2021. The HSCC floated tender in May 2021 and GMCH approved Technical bids in July 2021 and forwarded (November 2021) the financial bids of technically qualified bidders to PHD for approval. However, the work was sanctioned in November 2022, but was yet to be awarded (October 2023).

Thus, even after a lapse of more than nine years from the launch (2013) of the scheme and also more than six years from the approval (2017) of proposal by MoH&FW, GoI with receipt of Central share of funds, the work of setting up of TCCC facility is yet to commence in Goa due to delays on the part of GMCH and the State Government.

The Dean, GMCH in his reply stated (October 2023) that the TCCC was a Central project and initially the State Government was awarded only the Radiation Oncology unit with a total cost of ₹ 45.00 crores in the ratio 40:60. Thereafter, the State Government of Goa revived the project and proposed a separate 200 bedded State Cancer Institute for a total cost of ₹ 256 crore. Due to the change in scope of work, there was a delay in construction of the centre.

The fact remains (March 2024) that the project was supposed to be completed by March 2020, but the TCCC could not be established even after a lapse of more than six years from the approval of the proposal by GoI (July 2017).

- ***Delay in up-gradation of Trauma Care Facility***

The MoH&FW, GoI launched the scheme “Capacity Building for developing Trauma Care Facilities on National Highways” during the 11<sup>th</sup> Five Year Plan (2007-12) with a 100 *per cent* Central Grant-in-aid. The objective of the scheme was to bring down preventable deaths because of road accidents to 10 *per cent* by developing a Pan-India trauma care network in which no trauma victim has to be transported for more than 50 kilometres (km) and a designated trauma centre is available every 100 km.

---

<sup>1</sup> After being intimated by MoH&FW of deficiencies in their proposal in May 2014 the State submitted the revised proposal in July 2017 with a delay of more than 3 years.

The proposal for up-gradation of Trauma Care Facility (TCF) in GMCH was approved (March 2017) by the MoH&FW and the 1<sup>st</sup> instalment of ₹ 8.40 crore was released (March 2018). However, even after lapse of more than four years from the receipt of 1<sup>st</sup> instalment of Grant-in-aid, the State did not transfer the amount to GMCH as revealed from the records and consequently, the process for up-gradation of trauma care facility has not commenced.

The Dean, GMCH stated (October 2023) that the trauma care facilities were already commissioned in 2016-17 with three operation theatres, 20 dedicated trauma beds and a trauma ward with High Dependency Bed (HDB).

The reply furnished by the GMCH is not tenable because the funds were released for the up-gradation of Trauma Care Centre. However, Trauma Care Centre was not upgraded, and the funds remained unutilised with the GoG. Further, this non-utilisation of the grant deprived GMCH of subsequent installments from the Central Government.

***Recommendation 11: The State Government may take measures for improved planning and preparation of public health infrastructure projects and ensure that they are executed expeditiously.***

### **5.3 Status of Infrastructure in PHIs in the State**

To deliver quality health services in the public health facilities, adequate and properly maintained infrastructure in PHIs is of critical importance.

Gaps in availability of infrastructure in GMCH as per NMC and in PHIs under DHS as per IPHS norms are shown below:

#### **5.3.1 Infrastructural gaps in GMCH against NMC norms**

##### ***Insufficient infrastructure in test-checked 27 (out of 45) wards:***

- Clinical demonstration rooms were not available in 15 wards (56 per cent).
- Examination and treatment rooms were not available in four wards (15 per cent).
- Resident doctors and student duty room were not available in two wards (11 per cent).
- Stores room for linen and other equipment were not available in four wards (15 per cent).
- Only 34 (14.2 per cent) out of 240 beds in Surgery and Orthopedic departments had oxygen line against requirement for all beds.
- In Ophthalmology department, oxygen lines were provided to only four beds against requirement of at least five beds.

##### ***Insufficient infrastructure in Operation Theatres (OT):***

- GMCH functions with two OTs (with 6 Tables each). In both, only one post-operative recovery bed for each OT table, was provided against the requirement of two beds as per NMC norms.

The Dean, GMCH agreed to the observation regarding oxygen line and stated (October 2023) that the work of connecting supply line of oxygen in Orthopaedic, Ophthalmology and Surgery wards was allotted to Goa State Infrastructure Development Corporation (GSIDC) and the work was under progress.

Further, the Dean also stated that in the Super-Speciality Block, the facility in OT, wards, beds and student gallery has been constructed as per NMC norms.

Reply of the Dean is silent about insufficient infrastructure in test-checked wards in the old building.

### 5.3.2 Infrastructural gaps in PHIs under DHS

#### 5.3.2.1 PHCs and SCs in dilapidated condition

IPHS stipulates that PHCs and SCs should have a building of their own with clean surroundings. The area chosen should have facilities for electricity, all weather road communication, adequate water supply and telephone. The entrance to the SC should be well lit and easy to locate.

Test-check of four PHCs (June/July 2022) revealed that one (PHC, Chimbel) was functioning in a rented building and three (Veling, Siolim and Colva) out of 10 SCs were functioning in rented buildings. Some of these PHCs/SCs were in dilapidated conditions with unclean /water-logged surroundings as shown below:





The Director, DHS stated (November 2023) that the PHC, Chimbel was shifted to new premises in April 2023. However, the reply is silent on other centres pointed out by Audit.

### **5.3.2.2 Non-availability of Operation Theatre Services**

IPHS norms provide that DHs should have minimum three<sup>2</sup> Operation Theatres (OTs), SDHs should have minimum two OTs<sup>3</sup> and CHCs should have minimum one OT<sup>4</sup> equipped with all instruments and facilities like preparation room, pre-operative and post-operative resting rooms.

In three (Sub-district Hospital, Chicalim, CHC, Pernem and CHC Canacona) out of four test-checked hospitals/health centres, despite the availability of OT room and equipment, the OT was not functional.

During joint inspection (May 2022), Audit observed that CHC, Pernem utilised the OT room for storing drugs and other items. Photographs taken during the inspection are shown below:



*Photo No.5.5 and 5.6: Operation Theatre in CHC, Pernem used as store room*

CHCs stated (August 2022) that non-deployment of surgeon and anaesthetist were the reasons for non-functional OTs.

The Deputy Director, DHS stated (February 2023) in the exit meeting that ICU and OT was functional in SDH, Chicalim.

However, the OT was made operational in July 2022 after the issue of non-operational OT was brought to the notice of the Department by Audit.

### **5.3.2.3 Non-availability of Intensive Care Unit (ICU) Services**

IPHS prescribes the availability of ICU services in DH. ICU is an essential service for critically ill-patients requiring highly skilled life-saving medical aid and nursing care. Audit scrutiny revealed that despite the availability of

<sup>2</sup> Three OTs in DH: Elective OT, Emergency OT/Family Welfare (FW) OT and Ophthalmology/ENT OT.

<sup>3</sup> Two OTs in SDH: Elective OT and Emergency OT/Family Welfare (FW) OT.

<sup>4</sup> One OT: Operation Theatre.

equipment<sup>5</sup>, ICU was non-functional in North Goa District Hospital, Mapusa (NGDH).



Photo No.5.7 and 5.8 Non-functional ICU with beds in NGDH, Mapusa

NGDH, Mapusa replied (September 2022) that the ICU could not be made operational for want of trained staff.

However, no evidence of any action taken were furnished to Audit by the NGDH, Mapusa.

Thus, gaps in availability of infrastructure in PHIs *vis-à-vis* IPHS/NMC norms, including instances of dilapidated buildings, impacted the healthcare services in the State. Further, as Goa sees heavy tourist footfall<sup>6</sup>, there is a risk that these infrastructure gaps could have aggravated impact.

***Recommendation 12: Infrastructural gaps in PHIs may be addressed on priority by the State Government by making adequate budgetary provisions and ensuring their effective utilisation. Specifically, urgent action may be taken regarding PHIs functioning in dilapidated buildings.***

<sup>5</sup> Ventilator, O2 therapy devices, suction infusion pumps and eight beds since the inception of the hospital.

<sup>6</sup> The population of Goa as per Census of India 2011 was 14.59 lakh. Tourist arrival statistics as per Dept. of Tourism: 77.86 lakh (2017), 80.15 lakh (2018) and 80.64 lakh (2019).