

Executive Summary

Introduction

Health is a State subject in India. The National Health Policy (NHP), 2017 envisages attainment of the highest possible level of health and well-being for all as its goal, through a preventive and promotive health care orientation in all developmental policies. Role of public health infrastructure and efficient management of health services are vital in this regard.

Why this performance audit?

To assess the adequacy of funding for healthcare services, the robustness of infrastructure and patient care provided by Public Health Institutions (PHIs) in the State, availability of human resources, drugs, medicines, equipment, effectiveness of regulatory mechanisms for ensuring quality health care and progress towards the achievement of Sustainable Development Goal-3 (SDG-3).

Review of implementation of selected Centrally Sponsored Schemes in the State has also been done.

Period of audit: 2016-17 to 2021-22

Sample: 19 units (1 District Hospital, 1 Sub-district Hospital, 1 Specialised Hospital, 2 Community Health Centres (CHCs), 4 Primary Health Centres and 10 Sub-Centres) under Directorate of Health Services (DHS) and Goa Medical College and Hospital (GMCH) were selected.

What audit found?

The chapter-wise findings that led to audit conclusions and recommendations are as follows:

Chapter 2: Human resources

The State did not have a human resource policy for PHIs. There were vacancies among doctors, nurses and paramedics to the extent of 17.5 *per cent* in North Goa district and 17.9 *per cent* in South Goa district under primary health care and to the extent of 20.24 *per cent* in North Goa district and 18.75 *per cent* in South Goa district under secondary health care in the State. Doctors, nurses and paramedics were hired on contract in excess of the sanctioned strength by DHS in primary and secondary healthcare. However, in both the District Hospitals, test-checked PHIs under DHS and in GMCH, Audit noticed lack of adequate specialists which led to non-delivery of related services to patients. GMCH had shortfall of 51 *per cent* of doctors/medical officers despite being the only tertiary hospital in the State. Vacancy of doctors ranged from 18.18 to 81.25 *per cent* in the super-speciality departments of GMCH. ASHA workers who were the key health care personnel at grassroots level were not recruited in the State.

Recommendations:

- ***The State Government may frame a Human Resource policy for the public health sector for effective and efficient management of human resources.***
- ***The State Government may take steps for filling up the vacant posts in GMCH and DHS. DHS may ensure that contract staff are hired only as per available vacancies.***

Chapter 3: Healthcare services

North Goa District Hospital and all CHCs in the State could not achieve the required Bed Occupancy Rate (BOR) as per IPHS norms. There were gaps in availability of essential IPD services as per IPHS norms in both District Hospitals, in all CHCs in the State and the test-checked Sub-District Hospital. Intensive Care Unit (ICU) services were not available in both the District Hospitals of the State. There were gaps in availability of diagnostics, maternity and dietary services in PHIs as per Indian Public Health Standards (IPHS) norms. There were gaps in availability of auxiliary services such as firefighting and hospital infection control.

Recommendations:

- ***The State Government may ensure the availability of line services as per IPHS norms and strive to increase productivity of hospitals/ health centres.***
- ***The State Government may address the gaps in availability of diagnostics, maternity and dietary services in PHIs as per IPHS norms.***
- ***The State Government may make efforts to address deficiencies in auxiliary services in PHIs as per norms.***

Chapter 4: Availability of Drugs, Medicines, Equipment and Other Consumables

The State neither framed a procurement policy nor set up a Centralised Procurement Body for procurement and distribution of drugs, consumables and equipment. Procurement of drugs and equipment by PHIs in the State was fraught with inadequate quality controls and delays.

Non-provision of free drugs in the range of 10 to 83 *per cent* was observed in the test-checked PHIs under DHS and in GMCH during May to July, 2022. 43 to 76 *per cent* of the drugs required as per IPHS norms were not available in the test-checked PHIs under DHS during 2020-21.

There were delays in finalisation of tenders in GMCH and DHS, which affected the availability of drugs, consumables and equipment in PHIs. Lack of policy or mechanism for testing of each batch of drugs received from suppliers by DHS and GMCH led to drugs being distributed without testing, exposing patients to health risks. Gaps in availability of infrastructure as per norms for storage of drugs at GMCH, at Medical Store Depot and at test-checked hospitals under DHS were noticed.

Recommendations:

- ***The State Government may frame a comprehensive procurement policy for drugs, consumables and equipment in PHIs and consider setting up a Centralised Procurement Body to ensure quality, timeliness, efficiency and economy in procurement.***
- ***The State Government may ensure the availability of the full range of required drugs in all PHIs as well as the provision of free drugs to patients as envisaged in NHP.***
- ***The State Government may put in place an appropriate system for quality testing of drugs procured by GMCH and DHS through National Accreditation Board for Testing and Calibration Laboratories (NABL) certified laboratories as per Free Diagnostics Service Initiative (FDSI) guidelines.***
- ***The State Government may ensure that infrastructure facilities for storage of drugs and medicines in PHIs are compliant with FDSI guidelines and Assessors' Guidebook for Quality Assurance.***

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* IPHS norms. There were inordinate delays in setting up the Tertiary Care Cancer Centre and up-gradation of Trauma Care Facility in GMCH. There were gaps in the availability of infrastructure in GMCH against National Medical Commission (NMC) norms and in test-checked PHIs under DHS *vis-à-vis* IPHS norms, including instances of dilapidated buildings, which impacted health care services.

Recommendations:

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

Chapter 6: Financial Management

Only 19.94 *per cent* of total health care allocation was allotted to primary health care as against 66 *per cent* envisaged in the NHP. The State could utilise only 26 to 41 *per cent* of total capital allocation during 2016-22 for creation of health infrastructure in the State. Delays in transfer of funds were observed for

Centrally Sponsored Schemes (CSS) to implementing agencies by the State Government, affecting their timely utilisation.

Recommendations:

- ***The State Government may review its budgetary allocations to health sector for strengthening health systems in the State as envisaged in the NHP.***
- ***The State Government may ensure timely transfer of central funds to implementing agencies to facilitate effective utilisation.***

Chapter 7: Implementation of Centrally Sponsored Schemes

Under Ayushman Bharat Scheme, the unspent balances ranged between 60.26 *per cent* and 95.00 *per cent* during 2018-22. Against the reported up-gradation of 201 health centres to Health and Wellness Centres (HWCs) during 2018-22, non-compliance with the norms was noticed *vis-à-vis* the availability of infrastructure, health care services and required equipment, consumables and miscellaneous supplies in the test checked centres. Non availability of required manpower was noticed in Sub-Centres (HWCs).

Under National AYUSH Mission, the unspent balances ranged between 51 and 88 *per cent* of the total grants available during the period 2017-22. Under the National Health Mission, there was under-utilisation of funds allotted.

Recommendations:

- ***The State Government may make efforts to comply with all norms for HWCs as prescribed in the Ayushman Bharat Scheme.***
- ***The State Government may review the implementation of NHM to identify reasons for under-utilisation of funds and devise strategies to address the same.***

Chapter 8: Adequacy and Effectiveness of Regulatory Mechanisms

Goa enacted the Goa Clinical Establishments (CE) Act, 2019, nine years after the enactment of the Central Act and notified the Goa CE Rules with a further delay of two years in July 2021. The Council of Clinical Establishments and the District Registering Authorities were constituted in April 2022 with a delay of three years from the enactment of the Goa CE Act.

Audit observed shortfall in the number of mandated inspections of establishments conducted by the Food and Drug Administration Department, shortages in drawal of drug samples for testing, absence of NABL certification of FDA's laboratory and absence of follow up action where drugs were found to be sub-standard. Thirty seven out of 38 Public Health Institutions did not apply for National Quality Assurance Standards (NQAS) certification. None of the four test-checked Public Health Institutions' laboratories had obtained NABL certification.

The Goa Medical Council, Goa Pharmacy Council and Goa Nursing Council, responsible for the regulation of medical practitioners, pharmacists and nurses in the State did not publish the lists of the respective professionals registered with them in the public domain as mandated. Pharmacy Council had not appointed inspectors as a result of which licensed premises where drugs are compounded and dispensed remained uninspected in the State.

Several health facilities were functioning in the State without authorisation from Goa State Pollution Control Board (GSPCB) for handling of Bio-Medical waste. Gaps were noticed in Bio-Medical waste management (BMWM) by the test-checked PHIs relating to BMWM Committee and its working.

Recommendations:

- ***The State may ensure validation and certification of its health centres and laboratories as per IPHS norms.***
- ***Public Health Department (PHD) may ensure that the Councils comply with the requirement of publishing the list of registered medical practitioners, nurses and pharmacists in the public domain. They may be advised to make these databases available online as per regulation.***
- ***The State Government may ensure compliance with the BMWM Rules for monitoring the collection and disposal of Bio-Medical Waste in the State at the earliest.***

Chapter 9: Sustainable Development Goal-3

The requirements for time-bound achievement of SDG-3, such as formation of SDG Cell to ensure quality and timely flow of data with regard to SDG indicator framework, mapping of SDG-3 indicators with schemes/departments, dovetailing of health sector plans with SDG-3 targets and assessment of financial resources necessary for achieving SDG-3 targets were not undertaken.

The SDG Core Committee set up for monitoring the SDGs was not functional and the State did not set up any High-Level Technical Committee for reviewing the State Indicator framework.

Recommendations:

- ***The State Government may dovetail health sector plans with SDG-3 targets for achieving the targets in a time bound manner.***
- ***The State Government may strengthen the monitoring and reporting mechanism to track the achievement of SDG targets.***