HEALTH DEPARTMENT

3.2 AUDIT OF HEALTH DEPARTMENT

Highlights

The Public Health Department provides health services through a network of hospitals, community and primary health centres, sub-centres, rural medical dispensaries, homeopathic and ayurveda clinics. The Secretary (Health), the Director and five Deputy Directors of Health Services, a Joint Director of Accounts, Director of Administration and a Vigilance Officer are the officials responsible for implementation of various programmes including Family Welfare and Reproductive and Child Health Care. A review of the functioning of the Health Department revealed that though the Department had achieved the targets under the family welfare and various disease control programmes it was slow in upgrading its infrastructure and facilities despite availability of funds. Its efficiency was adversely affected due to severe manpower shortage. Monitoring of the key areas of the Department such as upgradation of facilities and utilisation of Central funds was also poor.

- **In the absence of approvals for various works/purchase of machinery and delay in execution of works by the Public Works Department, the Department could not utilise budget provisions for capital expenditure to the extent of Rs.1.68 crore (88 *per cent*) in 2001-02 and Rs 4.05 crore (91 *per cent*) in 2003-04.**

(Paragraph 3.2.6)

- **Due to administrative delay in setting up of Regional Diagnostic Centre at Hospicio Hospital, Margao, the State Government did not receive grant amounting to Rs. 2.70 crore recommended by the Eleventh Finance Commission.**

(Paragraph 3.2.7)

- **Though Rs.1.42 crore were received in August 2002 from the Government of India for setting up a trauma and accident unit at Hospicio Hospital, Margao, the unit was not set up for want of a decision regarding the site and patients continued to be referred to the Goa Medical College.**

(Paragraph 3.2.7)

- **South Goa patients were deprived of intended benefits of the Mental Health programme which was not implemented effectively due to inadequate medical and support staff, lack of hospitalisation facilities and unspent funds of Rs 19.40 lakhs.**

(Paragraph 3.2.8)

- **There was underutilisation of infrastructure and facilities created by the Department as one hospital and several operation theatres in PHCs/CHCs were lying idle for upto 20 years. The infrastructure and other properties of the Leprosy Hospital,**

Macazana was underutilised for the last five years due to new trend of medical treatment.

(Paragraph 3.2.11)

- **Despite formation of the Drug Purchase Committee, purchases of medicines were not finalised by the Committee based on public tenders and annual rate contracts.**

(Paragraph 3.2.12)

- **The Health Department functioned with significant man power shortages as posts of medical practitioners/technical and support staff remained vacant in hospitals and health centres resulting in underutilisation of infrastructure/facilities created and also quality of services rendered.**

(Paragraph 3.2.13)

3.2.1 Introduction

The Directorate of Health Services (DHS), Panaji provides primary health care and family welfare services through various central and state health programmes. It has a network of five general and specialised hospitals, five Community Health Centres (CHCs), 19 Primary Health Centres (PHCs), 172 Sub-Centres, 29 Rural Medical Dispensaries, four Urban Health Centres (UHCs), 18 dental and two homeopathic clinics and one ayurveda clinic. There are also special clinics for implementation of various centrally sponsored programmes such as Family Welfare, Tuberculosis, Leprosy, STD, Malaria, other vector borne diseases, control of blindness, surveillance etc. The State also has an Institute of Nursing Education. Primary health care is administered through the primary and community health centers and sub-centres whereas the secondary level of health care is administered by the DHS through district hospitals and the tertiary level by the Goa Medical College.

3.2.2 Programme objectives

The objectives of the health care system in the state are:

- strengthening the infrastructure facilities at the CHCs, District Hospitals and tertiary care centres.
- providing quality health care services.
- Hundred *per cent* coverage of primary health service facilities.
- strengthening of referral services rendered by Goa Medical College and the district hospitals.
- Eradication, control and prevention of communicable diseases.

3.2.3 Organisational set-up

The Secretary (Health), Government of Goa is the overall in charge of the Health Department. The Director of Health Services implements the

programmes with the assistance of two Deputy Directors cum Medical Superintendents of District Hospitals, three Deputy Directors (Public Health, Medical, Dental), the Joint Director of Accounts, the Director of Administration and a Vigilance officer. The Family Welfare programme including Reproductive and Child Health care is implemented by the Deputy Director (Public Health).

3.2.4 Audit objectives

Audit was conducted to assess:

- the extent of achievement of the objectives in implementation of the various health programmes including the quality of services rendered,
- the adequacy of the available infrastructure and facilities,
- the effectiveness of human resource management and
- efficiency of the system of financial management.

3.2.5 Audit coverage

Audit examination covered the District Mental Health Programme, Mediclaim, Family Welfare programme and other health schemes. The review was conducted during the period April to July 2004 by test checking the records of the Health Department, the Directorate of Health Services, the Central Medical Stores, five General and Specialised hospitals[*], 20 CHCs/PHCs/UHCs and their sub-centres and the Institute of Nursing Education at Panaji for the period 1999-04.

3.2.6 Financial management

The details of the budget provision and expenditure of the Department for the last five years are given below:

(Rupees in lakhs)

Year	Revenue Expenditure				Capital Expenditure			
	Budget provision	Expenditure	Savings	% of savings	Budget provision	Expenditure	Savings	% of savings
1999-00	3699.71	3598.17	101.54	3	50.00	48.37	1.63	3
2000-01	4335.15	4055.25	279.90	6	50.69	33.36	17.33	34
2001-02	4491.74	4052.81	438.93	10	189.75	22.09	167.66	88
2002-03	5050.22	4535.77	514.45	10	189.75	134.12	55.63	29
2003-04	5425.61	4744.48	681.13	13	444.07	39.28	404.79	91
TOTAL	**23002.43**	**20986.48**	**2015.95**		**924.26**	**277.22**	**647.04**	

(Note: The above figures are from the Appropriation Accounts of the Health Department under Major Head 2210, 2211 and 4210 under Demand No. 48)

The percentage of savings under revenue heads during the period 1999-2004 was between three and 13 *per cent.* As stated by the Department, this was due to non filling of vacant posts, less number of incumbents opting for Voluntary Retirement Scheme than expected and savings in travel and medical

[*] Hospicio Hospital at Margao, Asilo Hospital at Mapusa, Cottage Hospital at Chicalim, Leprosy Hospital at Macazana and TB Hospital at Margao. A review of the effectiveness of the internal control mechanism at GMCH was carried out and the findings are reported in Chapter V of this report.

reimbursement expenditure. Though supplementary grant of Rs.3.46 crore was obtained during 2001-02, the final savings were Rs.4.39 crore defeating the very purpose of obtaining supplementary grant. The huge savings in capital expenditure which were as high as 88 and 91 *per cent* in 2001-02 and 2003-04 respectively were attributed by the Department to delay in approval of expenditure proposals by the Government and delay by the State PWD in completing the works. The total expenditure incurred on important schemes implemented by Director of Health Services during the period 1999-2000 to 2003-04 in the State is given below.

(Rs in lakhs)

Sr.No.	Centrally Sponsored schemes	Total expenditure
1.	Family Welfare Bureau	937.
2.	Malaria Eradication Programme	1183.
3.	Leprosy Control	247.
4.	Eye Clinic-Trachoma and Blindness	159.
5.	National T B Control Programme	125.
6.	National Mental Health Programme	36.
7.	National Programme for communicable diseases	28.
	Major DHS Schemes	
8	Hospital and dispensaries	7437.
9	Primary Health Centres	5595.
10	Mediclaim	2450.
11	Director of Health Services	532.
12	Dental Care	314.
13	School Health Programme	248.
14	Assistance to Voluntary organisations	202.
15	Community Health Centres	199.
16	Sexually transmitted diseases	160.
17	Medical Stores Depot	88.
18	Homeopathy	38.
19	Opening of Indian system of medicines	16.
20	Smallpox Eradication Programme	11.
21	Training	5.
TOTAL		**20019.**

3.2.7 Programme implementation

During audit of PHC/ CHC's, low occupancy of beds was generally observed. There was delay in setting up of diagnostic services and trauma and accident unit at the Hospicio Hospital at Margao and consequent non-utilisation of funds. Training grants and financial assistance under the Family Welfare Programme were not utilised and there was delay in setting up of the nephrology unit at GMC. The Mental Health Programme did not achieve its objectives. Several instances of non utilisation and underutilisation of infrastructure were also noticed during the review.

Low bed occupancy at health centres

As per national norms for plain areas one sub-centre for a population of 5000 had been prescribed and for tribal areas a sub-centre for a population of 3000. Similarly one primary health center had been prescribed for a population of 30000 for plain areas and 20000 for tribal areas and community health center for population of 1.2 lakh in plain areas and 80000 in tribal areas. The population of the State as per 2001 census is 13.48 lakh. As against

Government of India's norms, there is a shortfall of four PHCs/ one CHC, but an excess of 37 sub-centres.

Bed occupancy of the CHCs/PHCs ranged between three and 46 *per cent* during the period 1999-2000 to 2003-04 in respect of eight* PHCs/CHCs as test checked in July 2004. The Department replied that the low occupancy was mostly on account of non-availability of doctors thus defeating the objectives of facilities created for treatment of inpatients at these centres.

Delay in setting up the Regional Diagnostic Centre at Hospicio Hospital, Margao-South Goa resulting in non receipt of Finance Commission grant of Rs. 2.70 crore

Central assistance for setting up Regional Diagnostic Centre and Trauma and accident Unit not utilised.

The Eleventh Finance Commission (EFC) (2000-2005) sanctioned grants-in-aid (GIA) of Rs.3 crore in September 2000 for setting up a Regional Diagnostic Centre at Hospicio Hospital, Margao, South Goa. As per the guidelines on utilisation of EFC grants, once a project has been sanctioned by the State Level Empowered Committee (SLEC), a time schedule for various stages of the programme and for requirement of funds was to be submitted to the Ministry of Finance, Government of India. The guidelines stipulated that 50 *per cent* of the provision for the year 2000-01 would be released "on account" during the year on receipt of detailed plans of action approved by SLEC and that the subsequent release of grants would be made in quarterly instalments depending on the utilisation of grants already released and submission of progress report to the MF/GOI.

It was seen that a budget provision of Rs.1.10 crore was decided by SLEC in December 2000 for 2001-02. In March 2001, the Ministry of Finance released Rs.30.16 lakh for the Diagnostic Centre, "on account" for the year 2000-01. This amount was not utilised and utilisation report was also not furnished by the Department. As of July 2004, tenders had not been invited for supply of certain machinery for nine departments (Department of Surgery, Clinical Pathological Laboratory, Anaesthesia etc). Thus due to delay in purchase and tendering procedures, except for the CT scan services, the patients of South Goa continued to be referred to Goa Medical College, Bambolim at North Goa for other specialised tests. The State Government had not furnished utilisation certificate to the Finance Commission till March 2004 and hence they had not received (July 2004) further grant of Rs. 2.70 crore from the Government of India.

There was no evidence of SLEC monitoring the utilisation of the EFC grant.

Delay in setting up of trauma and accident unit at Hospicio Hospital, Margao and non utilisation of Central funds of Rs. 1.30 crore

Government of India sanctioned (August 2002) Rs.1.42 crore as financial assistance to the State Government for upgradation and strengthening of the trauma and accident unit at Hospicio Hospital, Margao under the pilot project

* Madkai, Valpoi, Bicholim, Betki, Candolim, Cansaulim, Cansarvarnem and Pernem

for upgradation and strengthening of emergency facilities of State hospitals located on National Highways.

The details of the grants sanctioned are given below.

(Rupees in lakh)

Sr.No.	Purpose	Amount
1.	Ambulance (2 nos) with equipment	12.00
2.	Communication system	1.00
3.	Civil works	60.00
4.	Maintenance	3.00
5.	Equipment and furniture	60.00
6.	Maintenance	6.00
TOTAL		**142.00**

The entire amount of Rs.1.42 crore was received in August 2002 and as per the guidelines of the project for upgradation and strengthening of the emergency facilities, the expenditure was to be incurred during the financial year 2002-03. The department spent (March 2004) only Rs.12.21 lakh on purchase of ambulances. Estimates for civil works for Rs. 59.93 lakh, though drawn up (January 2001) by the State Public Works Department, were lying with the DHS as the Government was yet to decide the site for the setting up of the trauma and accident unit i.e., whether at Hospicio Hospital or at the T B Hospital at Monte Hill. The Government replied (December 2004) that the civil works were not taken up since a new district hospital was being set up for which land was being acquired and the trauma and accident unit would be set up as a part of the new hospital. Thus the delay of four years in taking decision resulted in non-utilisation of central assistance of Rs. 1.30 crore and depriving South Goa accident patients of emergency services. The patients continued to be referred to Goa Medical College, Bambolim at North Goa.

3.2.8 District Mental Health Programme

Mental Health Programme suffered due to insufficient training of medical staff and non provision of "in service" facilities to patients.

The District Mental Health Programme, under the National Mental Health Programme, launched in India in 1996-97, was to be implemented in the State in two phases, Phase I in 1999-2000 and Phase II from 2000-2004. The objective of the scheme was to provide sustainable basic mental health services to the community and to integrate these services with other health services besides early detection and treatment of the patients within the community, thereby taking pressure off the Mental Hospitals. Accordingly Hospicio Hospital was identified (February 1999) for implementation of the programme.

The following is the component wise break-up of funds allocated, received and spent.

(Rupees in lakh)

1999-2004	Staff	Medicines/ Stationery /contingencies etc	Equipment/ vehicles	Training	Information Education Communication	Total
Budget allocation	46	38.00	9.00	12.00	10.00	115.70
Amount received	17	12.00	9.00	10.00	4.00	52.28
Expenditure incurred	10	17.99	4.00	Nil	Nil	32.88
Unspent balance	**6**	**(-) 5.99**	**5.00**	**10.00**	**4.00**	**19.40**

Central assistance of Rs. 19.40 lakh was not utilised and State did not receive allocated grants amounting to Rs. 63.42 lakh due to non utilisation of earlier grants received.

The above table shows that out of Rs.52.28 lakh released during the period 1999-2001, Rs.19.40 lakh remained unutilised (March 2004). It was also seen that the State Government did not receive the balance of the allocated grants amounting to Rs.63.42 lakh (December 2004) for mental health since the Department had not furnished utilisation certificates and audited statements of accounts to the Ministry of Health, Government of India. Scrutiny of the records revealed that:

- Out of eight training programmes per year required to be conducted for the first three years for medical and non medical workers for creation of qualified mental health team to work at grass root level within the community, only two training programmes as against 24, were conducted in February-March 2002. The Government replied (December 2004) that the process of appointment of a psychiatrist was in process and thereafter the training programmes would be conducted.
- The scheme also envisaged setting up of a 10 bedded in patient facility, but despite supply of 10 beds by DHS (February 2000), the same could not be put to use as personnel, diet and other facilities were not provided (July 2004)

3.2.9 Family Welfare Programme

Financial assistance from GOI for upgradation of District Hospitals/Health Centres not availed.

Under the Reproductive and Child Health Programme, the Department of Family Welfare, Government of India launched a scheme in 1997-98 for strengthening of Primary Health institutions i.e. the sub-centres, PHCs and CHCs. Financial assistance of Rs.10 lakh per CHC and District Hospital was available for major civil works, based on a certificate by the State Government that the estimate was prepared by an authorized agency. As the State had two district hospitals and five CHCs, the total grants that could have been availed of under the scheme as on March 2004 was Rs. 70 lakh. The Ministry (Family Welfare) reminded (November 2003) that the Scheme was extended upto 2003-04 and requested Secretary (Health), Government of Goa for proposals.

An estimate for CHC, Pernem for Rs.10.02 lakh was prepared (December 2003) by the Public Works Department, but was not forwarded to the Government of India (December 2004). CHC Ponda submitted (February 2004) schematic drawing for proposed extension to Operation Theatre/Labour rooms but estimates were not prepared by PWD (December 2004). Thus the Health department did not avail of the Government of India funds for upgradation of health facilities approximately to the tune of Rs. 70 lakh and had also delayed action on the specific proposals mentioned above as no funds were received from GOI.

3.2.10 Goa State Illness Society

The Goa State Illness Society (GSIS) was registered (March 1999) and a corpus of fund for treatment of poor was also created. This was as per the GOI scheme wherein GOI was to contribute upto 50 *per cent* of the contribution made by the State Government subject to a maximum of Rs. two crore per annum. As per this scheme, assistance upto Rs. 1.50 lakh was available to BPL beneficiaries with effect from August 1999. It was noticed in audit that in disregard to the guidelines neither the cash book of the funds for the period 1999-2004 had been written nor the accounts were prepared. There accounts were therefore was also not audited by the Chartered Accountants and as such the UCs as also the proof of deposit of State funds were also not submitted to the GOI. Consequently the stipulated assistance to be received from GOI computed to the tune of Rs. 67.50 lakh was also not received for GOI as of March 2004.

3.2.11 Unutilised/under-utilised infrastructure

Infrastructure at many Primary Health Centres/ Community Health Centres underutilised/not utilised

- The Comptroller and Auditor General's Report for 1998-99 (Para 3.4) pointed out the under-utilisation of a spacious 30 bedded hospital building constructed in 1994 for Primary Health Centre, Madkai at a cost of Rs.60.04 lakh. The Department had replied that staff would be posted as per the approved staffing pattern for PHCs. Scrutiny revealed (July 2004) that only 12 beds were supplied and although rooms were constructed to accommodate an operation theatre (OT), an X-ray room, six wards, etc. equipment for O.T/X-ray were not supplied. The Health Officer replied (July 2004) that specialist medical officers like surgeon, anaesthetist, gynaecologist and radiologist were not provided as that did not fit in with the staffing pattern for PHCs. It is thus obvious that the Government created only the civil infrastructure but did not equip the centre to utilise the same. The reply is also not acceptable as originally a 30 bedded hospital was envisaged and not merely a PHC.

- A hospital with a carpet area of 429 square metres (11 rooms) was constructed in 1980-81 at Vaddem, Sanguem by the Irrigation Department at an estimated cost of Rs.3.89 lakh[*] for catering approximately to 483 persons rehabilitated from submerged areas of Salauli Irrigation Dam. The DHS was to provide the medical staff after

[*] *Tendered/actual cost not avaiable*

PRIMARY HEALTH CENTRE (PHC) MADKAI

UNUTILISED INFRASTRUCTURE

X-Ray Unit of PHC Madkai

Operation Theater of PHC Madkai

taking over the building with available equipment from Irrigation Department. Audit scrutiny revealed (July 2004) that the hospital is lying idle for over 20 years as the Health Department had not taken over the hospital and as such in hospital no medical staff had been posted.

- The Leprosy Hospital at Macazana was founded in 1932 (Portuguese regime). The total area belonging to this hospital is 25.70 hectares. In 1982, Government upgraded the hospital to bed strength of 190. The number of inmates had decreased to 38 in 1998, and in 2003-04, there were only 18 inpatients. The underutilisation of the hospital facilities was due to the new trend of not admitting patients due to 100 *per cent* domiciliary treatment being attempted on Multi Drug Therapy (MDT). Despite DHS apprising (October 2002) the Health Department regarding the vacancies, encroachments and non-utilisation of land, no action was taken by Government for alternative use of the hospital and the vast area of land.

- It was seen that the operation theatres at PHC/CHCs at Candolim, Shiroda, Casarvarnem and Valpoi having bed strength of 8, 12 and 30 respectively were non functional for periods ranging from 5 to 20 years due to non supply of equipment, trained medical officers for OT etc. this was despite the fact that large savings had occurred in the budget in the capital expenditure.

3.2.12 Purchase of Drugs: Non -functional Purchase Committee

Drugs purchased mostly through limited tenders as purchase committee though constituted was not functional

A review of the purchase of drugs and equipment for the period 1999 to 2004 revealed that procurement of drugs and equipment was made mostly by inviting limited tenders (LT) upto Rupees two lakh, instead of public tenders (PT). As against 137 LT only 10 PT were invited during 1999-2004; the total value of purchases made by Medical Stores Depot was Rs.9.27 crore of which

Rs.3.11 crore was spent through PT and Rs.6.16 crore through LT and purchases from the Government undertakings. Audit scrutiny revealed that though a Drugs Purchase Committee (DPC) was constituted by the Government (June 1999, February 2000, January 2004) to procure, select and purchase drugs, the DPC had not finalized the purchase of any drugs. There was nothing on record to explain the reasons why the DPC did not finalise any purchases.

The State Government replied (December 2004) that the Purchase Committee is now functional and medicines are being purchased from public sector units also.

3.2.13 Human Resource Management-Vacancies in medical and support services

The efficiency and the quality of the public health services is largely dependent on qualified and adequate health personnel comprising doctors, nurses and other support staff posted at the health centres. Audit scrutiny revealed that the hospitals, Community Health Centres, Primary Health Centres and sub-centres were inadequately staffed. Important posts were lying vacant as of July 2004 as per details given below.

Name of Hospital/ Centre	Post vacant	No. of posts sanctioned	No. of posts vacant	Date since when vacant
Hospicio Hospital, Margao	Sr. Gynaecologist	1	1	November 2002
	Sr. Ophthalmic Surgeon	1	1	February 2001
	Sr. Orthopaedic Surgeon	1	1	August 2002
	Sr. Physician	2	1	November 2003
	Jr. Anaesthetist	3	1	November 2003
Asilo Hospital, Mapusa	Sr. Gynaecologist	1	1	1999-2000
	Sr. Surgeon	2	1	1999-2000
	Jr. Ophthalmic Surgeon	2	1	1999-2000
	Medical Officers	23	19	For 2 to 3 years
Chicalim Cottage Hospital	Sr. Surgeon	1	1	November 2002
	Jr. Anaesthetist	1	1	April 2002
	Medical Officers	5	2	2002-03

The Community and the Primary Health centres were also functioning with inadequate staff. Comparison of posts sanctioned for medical practitioners, technical and other staff vis-à-vis men in position for the year 2003-04 indicated that out of 277 posts sanctioned, 82 were lying vacant, as per details below.

Sr. No.	Posts	Sanctioned strength	Vacant	Details of some of the vacant posts
1	Medical Practitioners	55	17	Lone posts of Sr.Surgeon at Valpoi and Pernem, Jr. Paediatrician at Pernem and Canacona, Jr.Gynaecologist at Valpoi & Pernem, Radiologist at Pernem, Jr. Physician at Ponda, Valpoi and Pernem, Homeopathic Physician at Pernem and Jr. Anaesthetic at Valpoi, Pernem and Canacona
2.	Technical Posts	30	5	Lone posts of Opthalmic Assistant at Pernem, Lab. Technician at Canacona, Dental attendant at Candolim X-ray Technician at Valpoi and Ponda
3.	Other staff	192	60	Lone posts of Public Health Nurse at Casarvanem and Canacona, Extension Educator at Valpoi, Cansaulim, Sanguem and Canacona, both posts of Sanitary inspectors at Pernem, Ponda.
TOTAL		**277**	**82**	

The percentage of vacant posts to sanctioned posts of Auxiliary Nurse Midwives (ANMs)/Multi Purpose Health Workers (MPHW) (Male/Female) and *Ayah* at sub-centres under Community/Primary Health Centres was between 13 to 23 *per cent*.

The non-availability of medical/nursing staff vis-à-vis the sanctioned strength contributed to the shortfall in bed occupancy in the hospitals/Community and Primary Health Centres. Besides, on account of this shortfall the existing doctors and other support staff were under additional work pressures as they were deputed to the deficient centres/hospitals, in addition to their regular charge.

The State Government in their reply (December 2004) admitted the vacancies and have stated that Government has modified the recruitment rules enabling recruitment of medical doctors.

3.2.14 Regulatory Functions

Deficiency in system of issuance of No Objection Certificate

Section 29 of the Goa Public Health Act 1985 provides that prior permission (NOC) has to be obtained from Health Officers at the commencement of construction of any building, house, cesspool, any structure and also for occupancy of such premises. The Director of Health Services issues NOCs for commercial and industrial establishments as referred by Health Officers. All such permissions are to be issued on payment of fees notified by the State Government. The objective behind issue of NOCs is to ensure proper sanitation facilities.

Audit scrutiny revealed that the Government notification (April 1996) did not specify the jurisdiction of various Health Officers. Thus the sub-centres of the PHCs were under the jurisdiction of different Health Officers and some areas like Agassaim, Bogmalo, Miramar, Caranzalem, Dona Paula had not been

Lack of clear guidelines by DHS to health Centres indicating jurisdiction for issue of NOCs and non co-ordination between DHS and local bodies resulted in defective implementation of the regulations.

allotted against any health centre and residential/commercial NOCs were not being issued in these areas. Further the Urban Health Centre (UHC), Panaji/Director of Health Services did not issue any construction/commercial NOCs in the Panaji/ Miramar/Dona Paula/Taleigao area belt, on the grounds that the Panaji Municipal Council and Village Panchayat, Taleigao (w.e.f 1.4.2003) had not referred any cases to them. The fee structure was inadequate as grading for complex buildings/apartments/five star hotels had not been done and they were issued a single NOC as in the case of smaller structures/establishments. It was noticed that the BITS PILANI, Sancoale with plinth area of 39,106.80 square metres was issued a single construction NOC @ Rs.50. A test check of PHCs/DHS records revealed that due to lack of clear guidelines and non-co-ordination between DHS and local bodies, the centres had charged rates ranging from Rs.10 to Rs.5000 vis-à-vis Rs.50 prescribed, while other had charged Rs.50 vis a vis Rs.300/Rs.500 prescribed. Further, the CHC (Curchorem) having a jurisdiction of one municipality and eight village *Panchayats* with high density of buildings and establishments had only issued seven NOCs as of March 2004. As consolidated/chronological records with serial number for each NOC were not maintained at any health centre, audit could not ascertain the number of NOCs issued and whether fees prescribed were collected in all cases. It was also observed that proper records with distinctive serial number of each NOC issued had also not been maintained by any of the Health centers. In absence of which the extent to which proper fees had been prescribed and collected would not be ascertained in audit as also the loss suffered by the Government in short collection of prescribed fee due to deficiencies in the system and because of lack of proper co-ordination.

3.2.15 Internal Controls

Non functional Internal Audit

Internal audit of only one DDO out of 45 DDOs conducted during 1999-2004.

A good system of internal control requires that the internal auditor be independent of accounting functions for review of work of one individual by another, to minimize fraud or error and the Inspection section be adequately staffed with proper allocation of functional responsibilities. The DHS has an Accounts cum Inspection Section (Internal Audit wing) consisting of an Assistant Accounts Officer and supporting staff under the supervision of a Joint Director of Accounts. This unit is required to carry out the internal audit of the Drawing and Disbursing Officers under the DHS keeping in view the Finance Department's instructions of 1996 on internal audit. Though the DHS has 45 DDOs, no internal audit was carried out and no Inspection Reports were shown to audit for the period from 1999-2000 to 2003-04, except that the Inspection Cell had visited one unit viz. PHC Casarvanem in 2001-02. Due to lack of internal audit, deficiencies in the activities/financial transactions of the sub-offices/health centres, were not brought to the notice of the Government for timely remedial action. Further, the DDO in DHS was never inspected by the Internal Inspection Cell of the Director of Accounts, which was necessary considering the huge budget of the department.

3.2.16 Comprehensive report of properties of Hospicio Hospital, Margao and Asilo Hospital, Mapusa not prepared as directed by Government.

The Hospicio Hospital, Margao was a charitable institution until it was taken over by the Government in December 1976. All its properties vested in the State Government w.e.f 1st January 1977. Hospicio Hospital properties (mostly donated to the Trust) included large tracts of land comprising paddy fields, coconut gardens, salt pans, khazan lands etc. and some houses under occupation of lessees. These lands are situated in Gaulimola/Goa Velha in Tiswadi Taluka, Bicholim (Navelim village) besides Margao and Salcete talukas. All these lands were leased out by Hospicio authorities during 1960-1968, on payment of annual rent fixed in each case, initially for three years renewable for subsequent periods. Most of the lessees had not renewed their contracts after taking over of Hospicio Hospital and its assets and liabilities by the Government (1977) nor were they paying any rent to Hospicio since then.

Comprehensive report of properties of DHS hospitals not prepared, despite Government order of November 1997

In 1997, Government constituted a committee to prepare a comprehensive report of all the properties of Hospicio, Margao and Asilo, Mapusa. As per its terms of reference (November 1997), though the committee under the chairmanship of the Collector (North), Panaji was required to submit its report within three months, till July 2004 no report had been prepared as survey of all these properties had not been completed.

3.2.17 Conclusions

The State Government delayed implementation of upgradation of facilities and infrastructure despite availability of funds. Infrastructure created for administering health care remained underutilised due to manpower shortages and equipment. Regulatory measures to ensure sanitary conditions of buildings were not adequately prescribed or implemented. The system of Internal Audit was weak.

3.2.18 Recommendations

- Effective monitoring of utilisation of Government of India funds needs to be done by the Secretary, Health.
- Proposals for strengthening of infrastructure and equipping the State hospitals with modern diagnostic facilities needs to be attended to urgently.
- Provision of specific clause in the notification for levy of fees for issue of No Objection Certificates under the Goa Health Act, vis-à-vis the existing general category of 'NOCs for private purpose'.
- The drugs purchase committee constituted by the Government should be revitalised.