



Government of Goa

CITIZEN'S CHARTER

OF

**DIRECTORATE OF HEALTH SERVICES
(GOA STATE)
2024**



DIRECTORATE OF HEALTH SERVICES

CAMPAL, PANAJI-GOA

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FOREWORD

Today in addition to the facilities in Government sector, private services also play a significant role in providing health care. In order that the health care does not become a tool for exploitation of the vulnerable section, Government of India has taken measures such as Consumer Protection Act, accreditation of Private Hospitals etc. The Consumer Protection Act seeks to provide better protection to the interest of the consumers and settlement of consumer disputes and matters connected therewith. As such, the health care providers in the country are now alert to the need of providing quality health care. Accreditation is a kind of star rating, as existing in the case of tourism industry, on the basis of levels of service, efficiency as well as cleanliness. Thus, accreditation involves the evaluation of health care facility's performance. The main aim of Citizen's Charter is to raise quality, extend accountability besides providing information, choice and redressal mechanism.

Equity of access to health facilities and securing a prominent place for health in the overall developmental framework is one of our major concerns. At the ground level, a number of key issues need to be addressed viz. better management, more efficient administration, greater accountability and improved quality and performance of services in the health sector. Until recently the provider has dominated in the provision of health services. The focus now has to be on the user. Accordingly the charter sees the public services through the eyes of those who use them. I am sure the up-dated "Citizen's Charter" would contribute in a significant manner in bringing together the provider and the user for further improving the health care delivery system. Needless to mention that success of this charter would largely depend on the support and co-operation we receive from the users.

Panaji - Goa.
Dated: 30/ 01 /2025

(Arun kumar Mishra)
Secretary (Health)

INTRODUCTION

Goa is considered as one of the best performing states in the health & medical care. Directorate of Health Services (DHS) has an important role in the provision and administration of health services. In order to raise the quality, extend accountability and deliver the services fairly, effectively and courteously, 'Citizen's Charter' for Directorate of Health Services has been prepared. The charter seeks to provide a framework which enables our users to know:

- The services available in the hospitals and other institutions under the Directorate.
- The quality of services they are entitled to.
- The means for redressal of complaints regarding denial or poor quality of service.

Thus, the essential principles behind the charter are to ensure transparency, public participation and accountability as also quality service, besides information, choice and redressal mechanism wherever possible.

Achievements in Health Care system in Goa

- Goa has been able to reduce the birth, death, and Infant Mortality Rate more drastically in the post Liberation period.
- Health care system has been able to make positive contribution towards increasing life expectancy.
- Health Care system has been able to reduce Maternal Mortality by achieving almost 98% institutional deliveries and a vigorous antenatal checkup programme.
- The Child Immunization coverage is 89 % (Govt. of India dashboard).
- There is significant decline in Anemia in mothers and children malnutrition and Communicable diseases.

Challenges before the present health care system in Goa

- The size of the elderly population (65+) has increased.
- The declining sex ratio in the age-group 0-6 years.
- Increase in lifestyle disorders (Non-Communicable Diseases) and road traffic accidents.

HEALTH STRUCTURE & SERVICES IN GOA

Goa has one of the most extensive health infrastructures in India. Directorate of Health Services has an important role to perform in Health delivery by providing preventive, promotive, curative and rehabilitative health services to the people through primary health care approach. The health care infrastructure has been developed as a three-tier system namely, Primary, Secondary, and Tertiary care.

Sub- Centres (225)

Sub-Centre is the most peripheral contact point between the Primary Health Care System and the community and is manned generally by Multi-Purpose Health Workers (Male & Female) and an Attendant.

Rural Medical Dispensaries (32)

In addition, there are Rural Medical Dispensaries (RMDs 32 in number) in remote and inaccessible areas manned by a Rural Medical Officer and Pharmacist and an attendant where regular OPDs are conducted.

Primary Health Centres (24)

Primary Health Centres catering 24x7 emergency services with attached hospitals ranging with 12 to 42 beds. In all there are 24 Primary Health Centres. Out of which 12 have attached hospitals and headed by a Health Officer and the remaining 12 PHCs are non-bedded providing only OPD facilities and headed by Medical Officers. The PHCs are the nodal agencies to provide preventive, promotive, curative services.

Urban Health centres (4)

There are four Urban Health Centres each located at Panaji, Mapusa, Margao and Vasco providing public health services in these towns.

Community Health Centres (6)

The Community Health Centres cater 24x7 emergency services with attached hospitals and headed by a Health Officer. The services of specialist doctors are made available along with additional facilities.

Sub District Hospital (2)

Two Sub District Hospitals are established at Ponda and at Chicalim and renders 24x7 medical services.

District Hospitals (2)

There are two District Hospitals in Goa. In South Goa District, South Goa District Hospital, Margao and in North Goa District, North Goa District Hospital, Mapusa. They render secondary care services with specialist in different faculties.

Other Hospitals (1)

There is one other hospital namely T.B. Hospital, Margao under this Directorate.

OUT PATIENT DEPARTMENTS (OPDS)

- OPDs are conducted in all the Hospitals, CHCs PHCs, RMDs, Homeopathic & Ayurvedic Clinics, STD clinics UHCs except (UHC Vasco), on all working days i.e. except Sundays and Public Holidays.

| Days | Timing |
|-------------------------|--------------------------------|
| Monday to Friday | 9.00 a.m. to 1.00 p. m. |
| | 2.00 p.m. to 4.30 p.m. |
| Saturday | 9.00 a.m. to 1.00 p.m. |

- Weekly OPDs on fixed days are generally conducted in all the sub-centres.
- Each patient attending OPD has to pay Rs.20/= (Rupees twenty only) and at District Hospitals at Mapusa/ Margao and Sub District Hospitals at Ponda/Chicalim Rs. 100/- (Rs. One hundred only) as registration fee for OPD paper except medico-legal cases, prisoners brought by police, pregnant women and sick neonates.
- OPD consultations, investigations and treatment are free in all the hospitals and other centers under the Directorate. However, in two District Hospitals only for certain categories, investigations are charged as per the rates notified by the Government.
- Medical Certificates / NOCs are issued on the fees as prescribed and notified by the Government.

INPATIENT DEPARTMENTS (IPDS)

- IPDs are functioning in all Hospitals, CHCs, PHCs (except Colvale, Corlim, Chinchinim, Loutolim, Cortalim, Ponda, Navelim, Porvorim, Mayem, Chimbél, Saligao and Ribandar).
- All patients who need hospitalization are admitted as inpatients and treated free, inclusive of diet.
- Every patient is issued one Attendant Pass.
- Visitors are generally allowed during visiting hours only i.e. 4.00 pm to 6.00 pm.
- Patients from the other States are charged Rs. 50 per bed per day and consultation charges Rs.300. (Deen Dayal Swasthya Seva Yojana (DDSSY) is not available for patients from neighboring States.)

LABORATORY SERVICES

- In all the CHCs, PHCs and UHCs laboratory services are available for conducting routine basic investigations.
- In both District Hospitals facilities of biochemistry in addition to other routine investigations are available.
- Malaria parasite testing facilities are available at PHCs/CHCs/Hospitals, at malaria clinic at Head Quarters (DHS) Campal, Panaji.
- In both District Hospitals facilities for ECG are available. Also, ultrasound, X-ray, CT scan facilities are available.

CASUALTY AND EMERGENCY SERVICES

- Casualty and emergency services are provided 24 x 7 in all the hospitals, CHCs, and PHCs with attached beds.
Patients requiring specialized investigations/treatment are referred to the nearest CHC/District Hospital/Goa Medical College depending on the case, after providing proper medical aid within the scope of the equipments and the facilities available at Health Centre / Hospital. List of Government Hospitals, Health Centers with Beds under DHS in Goa is annexed at **Annexure - I**

AMBULANCE SERVICES

The ambulance services are available in all the Hospitals.

BLOOD BANKS

There are two blood banks, one each at Hospicio Hospital, Margao and North Goa District Hospital, Mapusa.

The address and contact phone Nos of Blood Banks attached to district hospitals are given below.

| Address | Telephone Nos. |
|-------------------------------------|-----------------------|
| Hospicio Hospital, Margao | 2703801 |
| North Goa District Hospital, Mapusa | 2262291 ext-260 |

MEDICAL STORE DEPOT (MSD):-

- Medical Store Depot is responsible for procuring and distributing medical equipments and medicines to all the Hospitals, and Health Centres.
- The Medical Store Depot supplies Drugs, which includes Allopathic, Ayurvedic & Homeopathic and Surgical items including Chemicals and reagents to all RMDS, PHC'S, CHC's and district hospitals under Directorate of Health Services. It also supplies Machinery and Equipments, CT Scan, X-Ray, Ultrasound and Dental facilities are available at the Centres. CT scan is available at South & North District Hospital

Under Allopathic Medicines, the following categories of drugs are available:

1. Anaesthetics
2. Analgesics, Antipyretics, Non-Steroidal Anti Inflammatory Medicines
3. Antiallergies and medicines used in poisoning
4. Anticonvulsants/Antiepileptics.
5. Anti infective medicines
6. Anti Parkinsonism medicines
7. Medicines affecting the blood
8. Blood products and plasma substitutes
9. Cardiovascular medicines
10. Dermatological medicines
11. Disinfectants and Antiseptics
12. Diuretics
13. Gastrointestinal medicines
14. Hormones & other Endocrine medicines
15. Blood Glucose testing stripes and corresponding Glucometer
16. Immunologicals (Sera, Immunoglobulins and vaccines)
17. Muscle Relaxants (peripherally acting) and cholinesterase inhibitors
18. Oxytocics and other Antioxytocics
19. Medicines acting on Respiratory tract
20. Solutions correcting water, electrolyte and acid base disturbances

21. Vitamins and Minerals
22. Ear, Nose and Throat Medicines for Children
23. Specific medicines for Neonatal care
24. Medicines for Ophthalmic use.

- All the lifesaving and essential drugs are continuously made available to all the hospitals, PHC's and CHC's under Directorate of Health Services as per their requirements by floating Public Tenders.

NATIONAL RURAL HEALTH MISSION- NATIONAL PROGRAMMES REPRODUCTIVE AND CHILD HEALTH SERVICES (RCHS)

RMNCAH+N

State Family Welfare Bureau caters to the 7 components under the RMNCAH+N strategy i.e. Reproductive Health, Maternal health, Neonatal health, Child health, Adolescent health & Nutrition. It is a comprehensive sector wide flagship programme under the umbrella of Government of India's National Health Mission.

Reproductive health:

- Reproductive health refers to the well-being of individuals in all aspects related to their reproductive systems, including physical, mental, and social dimensions. It encompasses the ability to lead a responsible and safe sexual life, as well as the capability to reproduce healthy offspring and the freedom to make informed choices about reproduction. It includes education on sexual rights, prevention of sexually transmitted infections (STIs), and access to safe sexual practices.

Key aspects of reproductive health include:

- **Family Planning:** Provide individuals and couples with the ability to control the timing and spacing of their children through contraception, fertility treatments, and guidance on reproductive choices.
- **Sexual and Reproductive Rights:** Ensuring that individuals have access to the necessary information, services, and support to make choices about their reproductive health without discrimination or coercion.
- **Access to Healthcare Services:** Providing access to reproductive healthcare services such as regular check-ups, STI testing and treatment, prenatal and postnatal care, abortion services (where legal), and fertility treatments.
- **Prevention of Reproductive Health Issues:** Education on the prevention and management of common reproductive health problems, such as

menstrual disorders, infertility, reproductive cancers (e.g., cervical, breast), and STIs.

Reproductive health emphasizes the importance of safe, equitable, and informed choices regarding reproduction, aiming to reduce maternal and infant mortality, improve quality of life, and promote gender equality. It is a crucial component of overall public health and human rights.

Maternal Health

As part of reproductive health, maternal health addresses the care and well-being of women during pregnancy, childbirth, and the postpartum period.

Following are the initiatives under Maternal Health:

- **Janani Shishu Suraksha Karyakram (JSSK):** is a Government initiative to reduce out-of-pocket expenses related to maternal and newborn care.

Entitlements for Pregnant Women & Sick Infants (up to 1 Year):

- Free delivery
 - Free drugs and consumables
 - Free diagnostics (Blood, urine tests & USG)
 - Free diet during stay
 - Free provision of blood
 - Free transport.
 - Exemption from all kinds of user charges.
- **Pradhan Mantri Surakshit Matritava Abhiyan (PMSMA):**
 - Antenatal checkups by obstetrician/MOs on predefined days of every month (at DHs, SDHs, CHCs, selected PHCs).
 - To ensure all investigations and proper workup is done, of antenatal patients on a predefined day of every month for quality ANC.
 - **LaQshya – Quality Initiative:**
 - Ministry of Health & Family Welfare launched LaQshya initiative with an aim for improving intra-partum and immediate post-partum care in the Labour Room, which is where the maximum maternal deaths and still births occur. LaQshya was launched in Goa in January 2018.
 - Currently, South Goa District Hospital, North Goa District Hospital and Sub district Hospital Ponda are nationally certified for LaQshya.
 - **SUMAN:**
 - Suman initiative under maternal health was launched in Goa on 29th December 2020 by Chief Medical Officer State Family Welfare Bureau, DHS. It is an initiative which integrates existing initiatives like JSSK, Laqshya, PMSMA etc along with robust grievance redressal mechanism.
 - Grievance may be logged by dialing **104**.

➤ **Janani Suraksha Yojana (JSY):**

- Is a scheme implemented by the Government of India since 2005, wherein women belonging to BPL/SC, ST communities who have delivered in government institutions are given monetary benefit of Rs.700/- in rural and Rs.600/- in urban area.

• **Kilkari Programme**

- The Kilkari programme is an initiative launched by the Government of India under the ministry of health and family welfare to promote maternal and child health. It aims to provide essential information to pregnant women, mothers and caregivers in the form of regular audio messages.
- Once the pregnant women or the mother of the child under the age of 1 year register on RCH portal she will receive incoming kilkari call from 0124-4451660 number on weekly basis about the pregnancy, child birth and child care directly to families mobile phones through interactive voice response technology (IVR).

Family Planning:

- Promotion of various spacing and permanent methods of contraception undertaken. Sterilization services are held at hospitals and selected Health Centres on fixed days of the week.
- FP Compensation is provided to beneficiaries opting for PPIUCD/PAIUCD/Tubectomy/Vasectomy.
- FP indemnity benefit is awarded for failed permanent sterilization methods performed in public facility.

Basket of choice:

All Family Planning Commodities are available at all Health facilities, it includes Oral Pills, Pregnancy Test Kits, Ezy Pills (Emergency Contraceptives), IUCD-380 A, IUCD 375, Inj. MPA Antara, Tab. Chhaya, Condom (Pcs). The choice is given to them to select the Contraceptives.

CHILD HEALTH & NEONATAL HEALTH

Neonatal health refers to the health and well-being of newborns, specifically during the first 28 days of life. This period, known as the neonatal period, is critical for a baby's survival and early development, as it is a time of rapid growth and significant vulnerability to health risks.

Child health refers to the physical, mental, and social well-being of children specifically from 1000 days, birth through adolescence. It focuses on the prevention, early detection, and treatment of illnesses and conditions that affect children, as well as promoting overall development and well-being

- **Sick/Special New Born Care units (SNCU):**
 - SNCU are at both the District Hospitals and Goa Medical College and Hospital, to reduce the Neonatal mortality rate which is a major contributor to IMR
- **New Born Stabilization Unit (NBSU):**
 - NBSU is at Sub District Hospital Ponda for Newborn care
- **New Born Care Corners (NBCC):**
 - NBCC are there at 9 Delivery points for Newborn care.
- **Mothers Absolute Affection Programme (MAA):**
 - MAA is promotion of optimal infant and young child feeding practice.
- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS) is a Programme:**
 - SAANS programme is for management of childhood acute respiratory infections.
- **Stop Diarrhoea Campaign programme:**
 - Is for management of childhood Diarrhoeal diseases with promotion of Zinc and ORS.
- **Mothers Absolute Affection Programme (MAA) & Infant Young Child Feeding (IYCF):**
 - IYCF practices for early initiation of breast feeding within 1 hour of birth and exclusive breast feeding till 6 months and timely.
 - Complementary feeding after six months with continues breast feeding till two years.
- **Comprehensive Locational Management Centre (CLMC):**
 - CLMC is at Goa Medical Collage which collects & stores Human donated milk and provides for sick infants admitted in SNCU.
- **Comprehensive New Born screenings:**
 - For birth defects and Newborn screenings for inborn errors of metabolism are carried out at all the delivery points of public facilities.
- **Rashtriya Bal Swasthya Karyakram (RBSK):**
 - RBSK was launched in the year 2011 to screen all the children from 0-18 years for birth defects, Nutritional Deficiencies, Diseases and Developmental delays & their management.
- **MUSQAN:**
 - Programme launched under Quality for making public facilities Child Friendly.
- **Medical genetic OPD:**

- Is set up at GMC Bambolim. It conducts genetic counselling of prospective parents regarding inheritable genetic disorders and help them to make informed decision about parenthood.

Rashtriya Kishor Swasthaya Karyakaram (RKSK) / National Adolescent Health Programme

➤ **Adolescent Friendly Health Clinics (AFHC):**

- AHFCs seek to provide a combination of commodities, counselling services, IEC/IPC and curative services at PHC, CHC and DH levels plus outreach and referral services.

➤ **Weekly Iron and Folic Acid Supplementation Programme (WIFS):**

- WIFS Programme is launched to meet the challenge of high prevalence and incidence of anemia amongst adolescent girls and boys, through supervised weekly ingestion of IFA supplementation and biannual helminthic control.

➤ **Menstrual Hygiene Scheme (MHS)**

- MHS is launched among adolescent girls in the age group of 10-19 years, to ensure that they have adequate knowledge and information about menstrual hygiene and have access to high quality sanitary napkins along with safe disposal mechanisms.

➤ **Peer Education (PE) and Adolescent Health and Wellness Day (AHWD)**

- PE programme aims to ensure that adolescents or young people between the ages of 10-19 years benefit from regular and sustained peer education covering nutrition, sexual and reproductive health, NCDs, substance misuse, injuries and violence (including GBV) and mental health.
- AHWD seeks to improve coverage with preventive and promotive interventions for adolescents, increase adolescent health awareness among adolescents, parents and families.

➤ **School Health and Wellness Programme (SHWP)**

- SHWP seeks to implement age appropriate learning for promotion of healthy behaviour and prevention of various diseases delivered through school teachers trained as Health and Wellness Ambassadors, reinforce key learning's and access to psychological support.

➤ **Anemia Mukh Bharat (AMB)**

- AMB aims at providing preventive and curative mechanisms for the control of anemia with initiatives such as use of advanced methods of hemoglobin estimations using digital hemoglobin meters, and point of care management of anemia among children, adolescents, pregnant women, lactating women and women in reproductive age group.

➤ **National Deworming Day (NDD)**

- The objective of NDD is to biannually deworm all children and adolescents to control infection of soil transmitted helminths for prevention of anemia.

IMMUNIZATION

- U-WIN Portal was launched in 2023 and has been successfully implemented in the state.
- Beneficiaries are able to obtain Digital Certificate of vaccination through U-WIN.
- National Immunization Schedule

| Vaccine | Due Age | Route |
|---|--|------------|
| Td 1 | Early in pregnancy | INJECTABLE |
| Td 2 | 4 weeks after Td 1 | INJECTABLE |
| Td – Booster | If received 2 Td doses in Pregnancy within last 3yrs | INJECTABLE |
| BCG TB | At Birth 0.05ml After 1 month 0.1ml | INJECTABLE |
| Hep B ‘0’ Effecting Liver | At Birth | INJECTABLE |
| OPV ‘0’ OPV 1,2 ,3 & Booster Poliomyelitis | At Birth 6, 10, 14 Weeks 16-18Months | ORAL |
| Penta 1,2,3 1. Diphtheria 2. Pertussis (whooping cough) 3. Tetanus 4. Hib Infection (Causing Pneumonia & Meningitis) 5. Hepatitis B | 6, 10, 14 Weeks | INJECTABLE |
| IPV Poliomyelitis | 6 Weeks 14 Weeks 9 months | INJECTABLE |
| PCV 1,2 & Booster Pneumococcal Pneumonia Vaccine | 6 Weeks 14 Weeks 9 Months | INJECTABLE |
| RVV 1,2,3 Rotavirus | 6 Weeks 10 Weeks 14 Weeks | ORAL |
| MR/MMR Measles, Mumps & Rubella | 9 Months 16 months | INJECTABLE |
| JE 1 & 2 Japanese Encephalitis /Acute Encephalitis Syndrome (AES) Brain Fever | 9 Months 16 months | INJECTABLE |

| | | |
|-----------------------|--|------------|
| DPT.B 1 DPT.B 2 | 16-24 Month 5 year (Left upper Arm) | INJECTABLE |
| Td | 10 year 16 year | INJECTABLE |
| Vitamin A (9doses) | 9 month (One dose every 6 months upto the age of 5yrs) | ORAL |

Pre Conception and Pre Natal Diagnostic Techniques Act (PCPNDT ACT)

- The pre conception and pre natal diagnostic techniques (Prohibition of Sex Selection) Act, 1994 is implemented under the PC-PNDT programme of State Family Welfare Bureau, Directorate of Health Services.
- Awareness programmes and trainings are routinely conducted to bring about a change in the mind-set of the general public towards the Girl Child.
- Certificate Six months training course in The Fundamentals in Abdomino-Pelvic Ultrasonography: Level one for MBBS Doctors is conducted.

➤ The objectives of the Beti Bachao Beti Padhao initiative are:

- Prevention of gender biased sex selective elimination
- Ensuring survival & protection of the girl child
- Ensuring education and participation of the girl child.

SEXUALLY TRANSMITTED DISEASES CONTROL PROGRAMME (STDCP):-

--S.T.D Programme closely co-ordinates with The Goa State AIDS Control Society (GSACS) and execute Sexually Transmitted Disease control measures via The STD Clinics, the Community Health Centers, Urban Health Centers, Primary Health Centers and the community.

--The infrastructure under the STD Control Programme consists of three main STD Clinics at

--Asilo Hospital, Mapusa.●

--Hospicio Hospital, Margao.●

--Baina Vasco.●

--There is separate Unit of Skin and STD at Bambolim under Goa Medical College.

--Presently, all four STD Clinics/ Units report to GSACS. GSACS further sends a consolidated report to National Aids Control Organization (NACO) New Delhi.

In order to create awareness and prevent spread of sexually transmitted infections (STIs) in community, the following activities are carried out through the CHCs/PHCs:

--Awareness Programmes are being conducted among adolescent population, through sex education.

--Early diagnosis and prompt treatment at all the Health Centers, on the Syndromic approach, with referral to Skin and VD Department, Goa Medical College, Bambolim for specialized treatment. Kits are supplied for treatment free of cost.

--Promoting contact tracing and counseling through the STD Clinics and Government Health Centers. Very recently counselors have been posted by GSACS at the STD clinics.

--Reducing the Sexually Transmitted Disease stigma through Information Education Communication (IEC).

- Promoting condoms, safe sex and behavioral changes through health education.
- Screening antenatal cases in all Primary Health Centers to rule out syphilis, to prevent adverse effect on the newborn.
- Spreading of STD/RTI/HIV/AIDS awareness to rural population and Urban slums.
- Popularizing the syndromic management of STD at Primary Health Centers /UHCs/CHCs.

NVBDCP(NATIONAL VECTOR BORNE DISEASES CONTROL PROGRAMME):-

Strategies for control of Vector Borne Diseases:

Surveillance

- **Active Surveillance:** It is carried out by Multi-Purpose Health Worker (MPHW) / Surveillance Worker in the community and also at the construction sites for active collection of slides. Rapid fever survey is conducted whenever a malaria case is detected.
- **Passive Surveillance:** Blood smear for Malaria Parasite is examined in all fever cases reported to all the Sub-centre / PHCs / CHCs / UHCs/ District Hospitals.
- Pro-active surveillance for Dengue & Chikungunya at PHCs / CHCs/ UHCs/ District Hospitals.
 - Representative sample survey round the year for processing IgM Mac ELISA antibodies at Sentinel Site Hospital.
 - Investigation of increased febrile illness in the community. (Routine fever survey)
 - Investigation of all hemorrhagic diseases and all viral syndromes with fatal outcome at the Sentinel Sites Hospitals.

Early detection and complete treatment:

- Blood Smear examination of every suspected Malaria patient is conducted and report made available within 24 hours.
- Whenever reporting within 24 hrs is not possible Rapid Diagnostic Kit is used for early detection to facilitate treatment for both types of Malaria.
- Treatment is available free of cost at all the peripheral centres & District Hospitals.
- Each detected case is thoroughly investigated by using the well designed investigating format.
- Follow up smears are repeated on 7th and 14th day of treatment course for every detected & investigated case of malaria.
- Special attention is given for pregnant women & children as regards to treatment, management of malaria at high risk areas, etc.
- Admission facility is available at all bedded PHCs/CHCs and District Hospitals.

Integrated Vector Control:

- Antilarval measure: Antilarval measures are to be carried out at the construction sites by the respective contractor / builder. At some places UHCs/CHCs/PHCs are carrying out the antilarval measures to

- prevent mosquito breeding. Spraying of Mosquito Larvicidal Oil is also done in public drains for this purpose.
- Introduction of Larvivorous fish in mosquito breeding places is carried out by all peripherals health centres. 30 fish hatcheries are functioning, free distribution of this fish is done for introduction in unused wells, fountains and other mosquito breeding sites.
 - Anti-adult Mosquito measures:
 - * Ultra Low Volume (ULV) and Thermal fogging as per GOI guidelines is carried out subsequent to any positive case of Dengue, malaria threat of epidemic, focal outbreaks and death in the community due to Vector Borne Diseases.
 - * Personal Protection Method: Prevention of entry of mosquitoes in houses at dusk & dawn by closing doors and windows, keeping young children fully clothed, use of mosquito nets while sleeping.

Source Reduction:

- >Cleanliness drives are conducted in the community with the help of Village Health and Sanitation Committees, local bodies and also involving locally elected representatives and the locals.
- >As a part of pre-monsoon preparedness, special drives are undertaken for source reduction of mosquito breeding sites viz. removal of discarded tyres, properly disposing pet bottles, plastic cups and other discarded water receptacles, with the help of local bodies and locals of that area.

Legislative Measures

- Legislative measures at construction sites are carried out as per the provisions of the Goa Public Health Act, 1985 and Rules 1987.

Epidemic Preparedness and Rapid Response (EPRR):

- >EPRR does early identification and control of epidemic to prevent large scale morbidity and mortality. Early warning signals which include epidemiological & entomological parameters, climatic factors i.e. rain fall, temperature and humidity , operational factors i.e. inadequacy and lack of trained manpower , developmental projects with population congregation is monitored.
- >There is a linkage with Integrated Diseases Surveillance Programme (IDSP) at state level for obtaining early warning signals on regular basis.
- >Both districts have rapid response teams consisting of Epidemiologist, Entomologist and laboratory technician, the Health Officer, Medical Officer i/c Health Workers, Supervisors, Community Volunteers of affected area are also involved in epidemic response activities.
- >All requisite logistic support identified as buffer stock at the PHCs/CHCs/UHCs is readily available to the epidemic response team immediately at the time of requirement.

Supportive Interventions:

- Information Education Communication (IEC) / Behaviour change communication (BCC) activities create mass awareness about preventive / control aspects of the diseases and the role to be played by the community and accordingly support public participation under Vector Borne Diseases Control Programme. Strategies comprise of
 - Printing of leaflets, brochures etc. and distribution among the community.

- Advocacy / Inter-sectoral co-ordination meetings.
- Involvement of Mass media Channels including print and electronic.
- Folk media activities namely dramas and street plays.
- Display of mobile hoardings.
- Cleanliness Drives through schools and village committees.
- Competitions/Campaigns in educational institutions and with Non-Governmental Organizations.

Lymphoedema Management in Chronic Filaria Patients:

>Chronic Filaria cases are line listed and are visited at regular interval by the respective Medical Officers and other Health Officials for home based morbidity management.

>All the Health Centers PHC/CHC/UHC regularly (monthly) carries out night blood collection for detection of micro filaria carriers and also free treatment provided for Micro Filaria carrier at all the health facilities.

>Morbidity Management Kits are provided free of cost to all the chronic lymphedema patients once a year.

Dengue, Chikungunya:

- There are 4 designated Sentinel Site Hospitals viz District Hospital North Goa, Hospicio Hospital, Margao (South Goa), Sub-District Hospital Chicalim and Goa Medical College which have IgM Mac ELISA testing & NS1 Elisa based testing facilities of suspected cases.

Japanese Encephalitis :

- ELISA facility for testing samples of Japanese Encephalitis is available free of cost in one SSH i.e. Goa Medical College, Bambolim.
- JE vaccination is introduced in the routine immunization programme in two doses at the age of 9 months and+ 18 months.

NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP):-

The NLCP was launched in India in the year 1955 and in the state of Goa in 1965. MDT for Leprosy was introduced and the NLCP was renamed as National Leprosy Eradication Programme (NLEP) in 1983.

Goa has achieved stage of elimination of Leprosy i.e. prevalence rate less than 1/10000 population in the year 2006, thus rendering Goa as a Low Endemic State for Leprosy. In 2017-18, the prevalence rate of Leprosy was 0.78 per 10,000 Population and by 2023-24, it was reduced to 0.50 per 10,000 population.

The primary aim is to detect more and more hidden cases of Leprosy which will facilitate early detection and prompt treatment thereby reducing/ preventing disabilities/ deformities due to Leprosy.

Major activities undertaken under NLEP are:

- Issuing of MDT to Persons Affected with Leprosy (PALs).
- Post Exposure Prophylaxis with Rifampicin to contacts of newly detected Leprosy cases.
- Special Activities in high risk areas.
- Regular House to House surveys.
- Skin camps under Urban Health centers.
- DPMR activities such as supplying free MCR footwear for needy PALs, Self care kits for patients with ulcers & deformities, Reconstructive Surgery for those eligible at Goa Medical College.

- Sparsh Leprosy Awareness Campaign and Regular trainings for Health care staff.

The State aims to achieve zero indigenous cases and eradicate Leprosy by 2027 as per guidelines from Central Leprosy Division (CLD) by further:

- Strengthening active case detection by accelerating House to House surveys
- Ensuring completion of MDT course of diagnosed cases
- Targeting special groups- school children, migrants at eateries, restaurants, construction sites for screening.
- Encouraging active participation by VHSNC, MAS, Self help groups, etc. in creating widespread awareness about Leprosy among general public so as to eliminate the myths, stigma and discrimination associated with Leprosy and encouraging those who have symptoms/ signs of Leprosy to come forward for early diagnosis and treatment of the disease.

National Programme for Control of Blindness & Visual Impairment (NPCB & VI)

In Goa the National Programme for Control of Blindness was started in the year 1981 keeping in view the main objective to reduce blindness incidence. This programme is now incorporated in to the Primary Care component of the health subject along with other programmes.

The Directorate of Health Services implements the National Programme for Control of Blindness to render Ophthalmic Service at three levels.

- Primary Level it renders services through the Primary Health Centre and Community Health Centres along with its peripheral network.
- Secondary Level through the referral units mainly the District Hospitals, Asilo Hospital, Mapusa & Hospicio Hospital, Margao.
- Tertiary Level through Goa Medical College Hospital, Bambolim.

Services provided:

- Free eye checkup followed by operation. Cataract surgeries are conducted at Goa Medical College, Bambolim, Community Health Centre Sankhlim, Sub District Hospital Chicalim, District and Sub District hospitals
- Under the School Health Programme detection and correction of Refractive Error for Primary and Secondary School students is carried out by Ophthalmic Assistant.
- Screening and free spectacles for near work to old persons is a component of Programme Implementation Plan under NPCB.
- Cataract Detection Camps on annual schedules held at various PHCs/CHCs. Preference in operations is given to these patients along with free treatment.
- Medical Retina clinics are set up for screening patients with diabetes at Primary Health Centers, Community Health Centers, District hospitals, Sub district hospitals to reduce the incidence of blindness due to Diabetic Retinopathy.

Vision for All Eye Camps

The Eye Camps under “Vision for All” Programme were held in 12 Municipal areas which involved screening patients for cataract and other eye ailments, conducting surgeries and providing spectacles free of cost. The objective of the camp was to provide best eye care services to people in need and help prevent eye disorders at an early stage. In near future Vision for All Eye Camps will be extended to all the village Panchayats targeting 100 Eye Camps.

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME, GOA:-

Diagnosis:

- Upfront NAAT to all Presumptive cases of Tuberculosis is carried out for diagnosis of TB through 17 NAAT sites.
- Sputum examination microscopy for follow up is done in 24 Designated Microscopy Centres all over the State.
- The Liquid Culture is done for follow up cultures. Follow up culture is done of all MDR patients.
- Screening of vulnerable population (viz. diabetes, HIV patients and the high risk groups) is carried out.
- End CP culture is done for patients at the end of treatment.

Treatment:

- Treatment facilities are available at all the Government Hospitals & Peripheral Health Units.
- All Oral Longer Regimen & Shorter Bedaquiline containing regimen has been introduced.
- Co-morbidities are tested, monitored & treated.
- Nikshay Poshan Yojana offers Rs. 1000/- per month to TB patients during their course of treatment, directly to their Bank Accounts by DBT. This facility is also available for patients treated under private sector and who are willing to submit their Bank details.
- MDR patients are admitted at the 8 bedded DOTS plus ward in TB & Chest Diseases Hospital, St. Inez for pre-treatment evaluation and adverse drug reactions. Also, in South Goa MDR TB patients undergo pre-treatment evaluation and initiation of treatment.
- Contacts of diagnosed TB patients are screened for tuberculosis & TB preventive treatment is given as per guidelines.

IEC Activities:

- Distribution of IEC material on TB, diagnosis, treatment & daily regimen during house to house activity.
- PPM coordinators & PPSA staff coordinating with all Private practitioners, private hospitals, private nursing homes, clinics, Laboratories for TB notification.
- Sensitization of all private consultants and practitioners through IMA on daily regimen, New PMDT Guidelines etc., is ongoing.
- Incentive for Private Practitioner @ Rs. 500/- is paid for notification & Rs. 500/- on informing outcome.
- Active Case finding in vulnerable population viz. diabetes, HIV patients, old age homes, special schools, slum areas & Focused house to house activities in high risk areas is undertaken by PHCs to detect early TB.

- Private TB notification is also done with the help of FDA. All private pharmacies give monthly report of patients who are prescribed anti-tuberculosis drugs to FDA and the same is shared with the NTEP.

INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP): -

The Integrated Disease Surveillance Programme (IDSP) is a district-based, decentralized surveillance system designed to monitor epidemic-prone diseases. It aims to detect early warning signals of potential outbreaks and enable a prompt and effective response.

The primary objective of the programme is to enhance the availability of information for Government health services and private health care providers regarding high-priority diseases and risk factors.

Disease surveillance is conducted through the Integrated Health Information Platform (IHIP) Portal.

NATIONAL RABIES CONTROL PROGRAMME (NRCP)

Rabies is responsible for extensive morbidity and mortality in India. About 96% of the mortality and morbidity is associated with dog bites. Cats, wolf, jackal, mongoose and monkeys are other important reservoirs of rabies in India.

The National Rabies Control Programme (NRCP) in India aims to eliminate rabies by 2030 through a comprehensive "One Health Approach," integrating human, animal, and environmental health efforts.

Component:- Human Health component:

- Training Healthcare Professionals: Enhancing the skills of healthcare providers in managing animal bites and administering rabies post-exposure prophylaxis (PEP).
- Advocacy for Intradermal Vaccination: Promoting the adoption of intradermal vaccination for PEP in animal bite victims and pre-exposure prophylaxis (PrEP) for high-risk groups.
- Strengthening Surveillance: Improving the human rabies surveillance system to ensure accurate and timely reporting of cases.
- Community Awareness: Raising public awareness through advocacy, communication, and social mobilization to promote rabies prevention and control measures.
- Vaccine Provision: Ensuring the availability of anti-rabies vaccines (ARV) and anti-rabies serum (ARS) at all healthcare levels, including Primary Health Centers (PHCs).

PROGRAMME FOR PREVENTION AND CONTROL OF LEPTOSPIROSIS (PPCL)

Leptospirosis poses a significant health challenge in India, particularly in coastal regions. To tackle this issue, the Government of India initiated a Pilot Project on Prevention and Control of Leptospirosis during the XI Five-year Plan. The success of this pilot paved the way for the launch of the Programme for Prevention and Control of Leptospirosis during the 12th Five-year Plan in endemic States and Union Territories.

Objective: Reduction of morbidity and mortality due to Leptospirosis.

Components:

- Development of trained manpower for Leptospirosis diagnosis, case management, prevention & control and inter-sectoral coordination.
- Strengthening surveillance of Leptospirosis in human.
- Strengthen diagnostic capacity of laboratory in Endemic States.
- Create awareness regarding timely detection and appropriate treatment of patients.
- Strengthening inter-sectoral coordination at State and district level for outbreak detection, prevention, and control of Leptospirosis.

NATIONAL PROGRAMME ON CLIMATE CHANGE AND HUMAN HEALTH (NPCCHH)

Programme addresses health challenges posed by climate change. It focuses on building awareness, enhancing preparedness, and strengthening healthcare systems to manage climate-sensitive illnesses like heat stress, vector-borne diseases, and air pollution impacts.

Its main objectives is to create awareness among general population (vulnerable community), health-care providers and Policy makers regarding impacts of climate change on human health.

NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME:-

Iodine is an essential micro nutrient. It is required at 100-150 micrograms daily for normal human growth and development. The disorders caused due to deficiency of nutritional iodine in the food /diets are called Iodine Deficiency Disorders (IDDs).

Goiter is only the tip of the iceberg. Iodine deficiency results in physical and mental retardation. It affects people of all ages, both sexes and different socio economic status. It could result in abortion, Stillbirth, mental retardation, deaf-mutism, dwarfism, squint, cretinism, goiter of all ages, neuromotor defects, etc.

It is well established fact that with the exception of certain types of goiter, Iodine Deficiency Disorders are permanent and incurable. However, all these disorders can be easily prevented before they occur. The simplest method to prevent the broad spectrum of IDD is to consume Iodated salt daily. This is the most effective and inexpensive mode to prevent IDD.

The supply of Iodated salt is to ensure availability of not less than 150 micrograms of iodine per person per day. Since, salt is consumed by all every day, the supply of iodated salt will ensure the availability of iodine for normal body function. The average consumption of iodated salt per person per day is about 10gms. This consumption is in moderate amount.

National Iodine Deficiency Disorders Control Programme (NIDDCP) is implemented in order to prevent, control and eliminate iodine deficiency disorders in Goa, by banning the sale of non-Iodized salt for edible purpose, which was notified from 15th August 1997.

Activities conducted under programme;

- ❖ Monitoring Consumption of adequately iodated salt.
- ❖ By qualitative testing of salt at household level with the help of salt testing’s kits, which are supplied at all Sub Centre level.
- ❖ By qualitative testing of salt at (household/Consumer level samples) at IDD monitoring Laboratory, established at Directorate of Health Services, Campal-Panaji.
- ❖ Conducting IDD Surveys to identify the magnitude of IDD.
- ❖ Conducting trainings.
- ❖ Dissemination of information, education and communications in order to generate awareness in general public on importance of consuming adequately iodated salt.

Activities;

- ❖ Global Iodine Deficiency Disorders Prevention Day is observed every year on 21st October, in order to generate awareness in general community regarding importance of iodine.
- ❖ Household testing of iodated salt with Salt Testing Kits

| Year | No. of Salt Tested | Adequately iodized | Inadequately iodized |
|--------------------------|---------------------------|---------------------------|-----------------------------|
| 2020-21 | Nil* | Nil* | Nil* |
| 2021-22 | Nil* | Nil* | Nil* |
| 2022-23 | 16506 | 16365 | 141 |
| 2023-24 | 17492 | 17220 | 272 |
| 2024-25 (till Nov. 2024) | 20791 | 20549 | 242 |

- ❖ Laboratory testing for iodine by titration method;

| Year | No. of Salt Tested | Adequately iodized | Inadequately iodized |
|--------------------------|---------------------------|---------------------------|-----------------------------|
| 2020-21 | Nil* | Nil* | Nil* |
| 2021-22 | Nil* | Nil* | Nil* |
| 2022-23 | 2329 | 2194 | 135 |
| 2023-24 | 1156 | 1115 | 41 |
| 2024-25 (till Nov. 2024) | 538 | 538 | 0 |

*The data for FY 2020-21 & 2021-22 was Nil as salt testing was stopped due to COVID situation in the Country.

SPECIAL CELL:-

Function of Special Cell:-

1. Implementation of Goa Public Health Act.
2. Up gradation of Sub-Centre/PHC's/CHC's ---Shifting of Sub-Centre/RMD's
3. Complaints regarding health hazards/public grievances
4. Permission to attend workshop/meeting/training/Seminars/CME
5. Matter related to court cases
6. Medical covers for VVIPs/VIPs and other Government/Private events
7. Agreement with Bio-Medical waste treatment and disposal facility in various health units under DHS.
8. Permission for Ethical clearance.
9. DNB Accreditation for North & South District Hospitals
10. Permission to undergo Clinical experience for Nursing Students of Private Institutions in various Government Hospitals.
11. Issue of License for Spa
12. Permit to operate ambulance.
13. Implementation of Goa Clinical Establishment Act.
14. Implementation/compliance of person with disabilities Act in various health units under Directorate of Health Services

Under the provisions of Goa Public Health Act, 1985 Rules 1987.

- a) License is issued for establishing a unit of SPA / MASSAGE PARLOUR.
- b) Permit is issued to operate Private Ambulance.

THE GOA PUBLIC HEALTH ACT, 1985 & Rules, 1987

No objection certificates (NOC) from sanitation point of view are issued by the Health Officers / Medical Officers Incharge in their areas of Jurisdiction in accordance with the Goa Public Health Act, 1985/ Rules 1987 and subsequent Amendments for establishments of commercial, industrial and other establishments and construction/ occupation purposes. Complaints received under Goa Public Health Act are attended by the respective local Competent Health Authority.

NON-COMMUNICABLE DISEASE CELL :-

1. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease & Stroke (NPCDCS):

A. Activities under NPCDCS:

- Opportunistic Screening, IEC activities, diagnosis and treatment are done at all peripheral health facilities.
- Opportunistic screening at all levels in the Health care delivery system from sub – centre and above for early detection of diabetes, hypertension and common cancer.
- Population Based Survey by house to house activity to identify patients suspected of Diabetes, Hypertension, Anemia, etc.

B. STEMI-Goa:

STEMI Goa Project was launched on 15th December 2018 with Medical College & Hospital, Bambolim being the PCI capable Hub & 12 selected peripheral institutions being the spokes. These are CHC Pernem, PHC Sanquelim, Asilo Hospital, Mapusa, CHC Valpoi, PHC Dharbandora, Sub-District Hospital, Ponda, PHC Curcholem, Sub-district Hospital Chicalim, Hospicio Hospital Margao, CHC Canacona, PHC Aldona, UHC Panaji. This is done to ensure patient reaches the nearest Hub centre in shortest possible time, within golden hour and get diagnosed using **Tele - ECG** and thrombolysed for ST Elevation Myocardial Infarction with **newer thrombolytics such as Reteplase and Tenecteplase**. The patient, once stabilized and thrombolysed is transferred to the apex (tertiary) institution, Goa Medical College & Hospital using either specialized **Cardiac/ALS equipped ambulances**. Doctors from these centres have received BLS, ALS and hands on trainings in management of Cardiac Emergencies.

Government has partnered with two PCI capable private hubs i.e. Victor Hospital, Healthway and Manipal Hospital so as to decrease load on Goa Medical College and Hospital and also for easy access for the patients depending on the hub centre.

5 new spokes namely CHC Bicholim, PHC Balli, PHC Betki, PHC Candolim and PHC Sanguem are operationalized and 3 more are will be made functional, mainly PHC Shiroda; PHC Siolim & PHC Cansaulim.

First state to offer thrombolysis for heart attack at primary level within 1 hour. Treated nearly 4,000 patients (Oct 2024).

C. Changing Diabetes Barometer:

The Changing Diabetes Barometer (CDB) project is a joint initiative between the Government of Goa and Novo Nordisk Education Foundation that was re launched in 2018.

The program was flagged of in its initial stage with five Community Diabetes Centers which has grown to a total of 15 CDCs at present. Also the project marked the provision of Goa being one of the first states to provide free insulin at various government facilities. Under this project, services such as diabetes counseling, complication screening ,Diabetes diet advice, screening done by Diabetic Educators stationed at 15 CDCs and referrals are done to higher centres. Till November 2024 around **2,78442** diabetes patients have been counseled at these CDC centers. Future plan to to screen more number of individuals for diabetes and refer such patients for appropriate treatment.

D. Swasth Mahila Swasth Goa Project

Swasth Mahila Swasth Goa is an initiative of Yuvraj Singh Foundation, and the Directorate of Health Services (DHS) Government of Goa, headed by Honourable Health Minister for the state of Goa, Shri Vishwajit Rane, in collaboration with UE LifeSciences and supported by SBI Foundation.

It provides a technology intervention in the form of iBreastExam devices, training and capacity-building support to the Government of Goa to screen women for breast cancer in the state of Goa.

The project was launched on 26th Oct 2021 with an aim to screen 1,00,000 women for Breast Cancer over a period of two years in Goa.

Data since initiation till Oct 2024:

| | |
|---|----------|
| The total number of screening done | 1,36,210 |
| Total number of iBE suspects detected | 2823 |
| Total number of Breast Cancer positive cases detected | 64 |

E. Early detection of Lung cancer Project:

“Lung Cancer Early Detection” project - using AI based chest X-ray software by Qure.ai. device in the state of Goa by in collaboration with AstraZeneca Pharma India Limited to screen lung cancer.

Lung cancer is one also one of the leading cause of cancer deaths worldwide. The project aims to increase survival rates by screening and early detection of lung diseases, through early diagnosis and detection of lung diseases through AI interpretation of digital chest X-ray and follow-up chest CT scans

The Qure.ai’s qXR solution can identify 29 different lung conditions including lung nodules.

The qXR is currently deployed at 15 (Out of total 17) Health centers having digital X-rays with internet facilities on-cloud at North Goa District Hospital, South Goa District Hospitals, Sub District Hospital Ponda, Sub District Hospital Chicalim, CHC Valpoi, CHC Pernem, CHC Canacona, CHC Curchorem, CHC Bicholim, CHC Sankhali, PHC Shiroda, PHC Aldona, PHC Quepem, PHC Balli, and PHC Dharbandora.

All the patients referred for the Chest X-rays (CXRs) will be uploaded on cloud through AWS gateway for interpretation. The patients with high-risk nodules will be referred for confirmation of lung cancer through LDCT/CT/Biopsy.

Total Scans done since project initiation (14th March 2024) till date is 25,864 and

Total No. of cases with suspected nodules is 101.

Total No. of cases detected positive for Lung cancer is 1 (who opted private hospital for further treatment)

F. Ayushman Arogya Mandir:

Ayushman Arogya Mandir is an attempt to move from a selective approach to deliver comprehensive range of services to health care to deliver comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care. Under the Ayushman Bharat the health facilities across Goa like Subcentres, Rural Medical Dispensaries and Primary Health centers are upgraded to Ayushman Arogya Mandir.

Total 201 health facilities are upgraded to AAM. Azadi Ka Amrit Mahotsav is celebrated with one month activity where by wellness activity and screening for Non – Communicable Disease are conducted.

G. Goa Stroke Programme

The Hon'ble Health Minister of Goa has initiated the "Goa Stroke Programme" similar to the state-of-the-art STEMI-Goa Project, which is in collaboration with the Directorate of Health Services and Department of Neurology at Goa Medical College and Hospital. This programme was initiated at both District Hospitals from January 2023 as a hub and spoke model. Both the District Hospitals acting as spokes and Goa Medical College and Hospital as a hub are equipped with CT Scan facilities, wherein patients presenting with warning signs of stroke are shifted directly to District Hospitals by 108 ambulances. Patient confirmed to have brain clot based on CT report, are administered thrombolytic agent inj. Tenecteplase 20 mg within the duration of 4.5 hours of symptom onset. These services are provided free of cost. It is observed the quality of the outcome of stroke patients at the District Hospital who have received this thrombolytic drug as early as possible within the period of 4.5 hours is superior. A total of **68** patients have been thrombolysed at both the District Hospitals (January 2023- November 2024).

H. Non-alcoholic Fatty Liver Disease (NAFLD)

Non-alcoholic Fatty Liver Disease (NAFLD) is recently included for screening in the state of Goa under the "National Program for the prevention of Non-Communicable Disease". The capacity building through training of Medical Officers and Community Health Officers in identifying and managing NAFLD has been conducted. All the health centers are instructed to carry out the screening as per the "Screening Format" and subsequently to submit the monthly data to NCDC, DHS in the "Monthly Reporting Format".

Since the program initiation (from September 2023 to Nov 2024) we have screened **33,303** patients for Non-alcoholic fatty Liver Diseases (NAFLD).

I. Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD) is recently included for screening in the state of Goa under the "National Program for the prevention of Non-Communicable Disease". The capacity building through training of Medical officers and Community Health Officers in identifying and managing COPD has also been conducted. All the health centers are instructed to carry out the screening as per the "Screening Format" and subsequently to submit the monthly data to NCDC, DHS in the "Monthly Reporting Format".

Since the program initiation (from October 2023 till Nov 2024) we have screened **50,500** patients for Chronic Obstructive Pulmonary Disease (COPD).

2. National Mental Health Programme (NMHP):

District Mental Health Programme

District Mental Health Programme is functional at both the District Hospitals at North Goa and South Goa.

Regular Psychiatric OPD is conducted at both District Hospitals and The District Mental Health Team visits the Primary Health Centres and Conducts Extended OPDs and free drugs are provided to the patients.

Addiction treatment facility are available at both the district hospitals

Impress Project

The Directorate of Health Services (DHS), Government of Goa and **Sangath**, Goa (NGO) are collaboratively implementing the IMPRESS program in Goa

Designed to increase access to evidence informed care for depression, through IMPRESS we have trained healthcare workers across all health centres in Goa to deliver the Healthy Activity Program counseling treatment.

87 healthcare workers were trained to counseling patients with mental health issues.

Till date 90,419 patients were screened, out of which 9,900 people were identified to have depression and were subsequently counseled at the health center.

National Tele-Mental Health Programme (TELE-MANAS): 24/7 mental health counseling helpline (1800-891-4416). Over 10,000 calls answered (Nov 2024).

3. National Tobacco Control Programme (NTCP):

Tobacco Cessation Services are provided at both the District Hospitals such as Counselling & Pharmacotherapy.

Tobacco Cessation Services are provided at both the District Hospitals such as Counselling & Pharmacotherapy. Enforcement squads for implementation of COTPA is being done in both the Districts. Tobacco Free Youth Campaign has been launched in the State of Goa. Total No. Patient Counseled are 2707 from April 2024 to November 2024.

District Tobacco Cessation Centre, North – Goa conducted trainings for teachers on Tobacco Free Educational Institution (To FFI) guidelines.

4. National Programme for Health Care of Elderly (NPHCE):

There is monthly visit done in Old Age Home by Medical Officer in their vicinity (Govt. & Private). Physiotherapists are posted in both the District Hospital & both the Sub District Hospital (North & South Goa) & at CHC level, Physiotherapy services are available. First preference for Senior Citizen at Registration, pharmacy & OPD in all the health facilities. Facilities for Senior Citizens:- Free diagnosis and medicines, Identified beds, Separate sitting arrangements, Separate queues in OPDs, Pharmacy and Laboratories, ramp facilities.

5. National Programme for Palliative Care (NPPC)

In efforts to address the rising demand for palliative care due to increasing non-communicable diseases and cancer cases, the ongoing National Programme for Palliative Care in Goa was reformed in collaboration with Cipla Foundation. The program provides services at primary and secondary healthcare levels, including specialized outpatient services, home-based care, pain management, counseling, and various therapy. The initiative has successfully conducted over **11,173** patient interactions since January 2023 till November 2024 including pediatric patients. Additionally, Goa has implemented a State level Palliative Care Policy, becoming the fifth state in India to do so. Future plan is to expand the program to additional AAM centers.

6. Pradhan Mantri National Dialysis Programme:

The Pradhan Mantri National Dialysis Program (PMNDP) aims at providing affordable dialysis services.

Dialysis services in state of Goa are functional in Public Private Partnership (PPP) mode with Apex Kidney care Pvt Ltd.

There are 16 centres providing dialysis services under Directorate of Health Services.

All the medications required for dialysis patients along with Inj erythropoietin is provided free of cost.

Unique feature about the dialysis services in Goa is the provision of services at the level of primary health centres closer to community.

The directorate of health services is committed to uninterruptedly deliver high quality life sustaining dialysis treatment to the end stage renal disease patients in the state of Goa.

| Centres Providing Dialysis Services | |
|--|---------------------------------|
| North Goa | South Goa |
| 1. North Goa District Hospital | 7. SDH Ponda |
| 2. CHC Valpoi | 8. PHC Bali |
| 3. CHC Bhicholim | 9. PHC Navelim |
| 4. CHC Pernem | 10. SDH Chicalim |
| 5. PHC Porvorim | 11. South Goa District Hospital |
| 6. CHC Sankhalim | 12. CHC Cancona |
| | 13. PHC Dharbandora |
| | 14. PHC Cansaulim |
| | 15. CHC Curchorem |
| | 16. RMD/SC Carmona |

NVBDP (NATIONAL VECTOR BORNE DISEASES CONTROL PROGRAMME):-

Strategies for control of Vector Borne Diseases:

Surveillance:

- **Active Surveillance:** It is carried out by Multi-Purpose Health Worker (MPHW) / Surveillance Worker in the community and also at the construction sites for active collection of slides. Rapid fever survey is conducted whenever a malaria case is detected.
- **Passive Surveillance:** Blood smear for Malaria Parasite is examined in all fever cases reported to all the Sub-centre / PHCs / CHCs / UHCs/ District Hospitals.
- Pro-active surveillance for Dengue & Chikungunya at PHCs / CHCs/ UHCs/ District Hospitals.
 - Representative sample survey round the year for processing IgM Mac ELISA antibodies at Sentinel Site Hospital.
 - Investigation of increased febrile illness in the community. (Routine fever survey)
 - Investigation of all hemorrhagic diseases and all viral syndromes with fatal outcome at the Sentinel Sites Hospitals.

Early detection and complete treatment:

- Blood Smear examination of every suspected Malaria patient is conducted and report made available within 24 hours.
- Whenever reporting within 24 hrs is not possible Rapid Diagnostic Kit is used for early detection to facilitate treatment for both types of Malaria.
- Treatment is available free of cost at all the peripheral centres & District Hospitals.
- Each detected case is thoroughly investigated by using the well designed investigating format.
- Follow up smears are repeated on 7th and 14th day of treatment course for every detected & investigated case of malaria.
- Special attention is given for pregnant women & children as regards to treatment, management of malaria at high risk areas, etc.
- Admission facility is available at all bedded PHCs/CHCs and District Hospitals.

Integrated Vector Control:

- Antilarval measure: Antilarval measures are to be carried out at the construction sites by the respective contractor / builder. At some places UHCs/CHCs/PHCs are carrying out the antilarval measures to prevent mosquito breeding. Spraying of Mosquito Larvicidal Oil is also done in public drains for this purpose.
- Introduction of Larvivorous fish in mosquito breeding places is carried out by all peripherals health centres. 30 fish hatcheries are functioning, free distribution of this fish is done for introduction in unused wells, fountains and other mosquito breeding sites.
- Anti-adult Mosquito measures:
 - Ultra Low Volume (ULV) and Thermal fogging as per GOI guidelines is carried out subsequent to any positive case of Dengue, malaria threat of epidemic, focal outbreaks and death in the community due to Vector Borne Diseases.
 - Personal Protection Method: Prevention of entry of mosquitoes in houses at dusk & dawn by closing doors and windows, keeping young children fully clothed, use of mosquito nets while sleeping.

Source Reduction:

- Cleanliness drives are conducted in the community with the help of Village Health and Sanitation Committees, local bodies and also involving locally elected representatives and the locals.
- As a part of pre-monsoon preparedness, special drives are undertaken for source reduction of mosquito breeding sites viz. removal of discarded tyres, properly disposing pet bottles, plastic cups and other discarded water receptacles, with the help of local bodies and locals of that area.

Legislative Measures

- Legislative measures at construction sites are carried out as per the provisions of the Goa Public Health Act, 1985 and Rules 1987.

Epidemic Preparedness and Rapid Response (EPRR):

*EPRR does early identification and control of epidemic to prevent large

scale morbidity and mortality. Early warning signals which include epidemiological & entomological parameters, climatic factors i.e. rain fall, temperature and humidity, operational factors i.e. inadequacy and lack of trained manpower, developmental projects with population congregation is monitored.

*There is a linkage with Integrated Diseases Surveillance Programme (IDSP) at state level for obtaining early warning signals on regular basis.

*Both districts have rapid response teams consisting of Epidemiologist, Entomologist and laboratory technician, the Health Officer, Medical Officer i/c Health Workers, Supervisors, Community Volunteers of affected area are also involved in epidemic response activities.

*All requisite logistic support identified as buffer stock at the PHCs/CHCs/UHCs is readily available to the epidemic response team immediately at the time of requirement.

Supportive Interventions:

- Information Education Communication (IEC) / Behavior change communication (BCC) activities create mass awareness about preventive / control aspects of the diseases and the role to be played by the community and accordingly support public participation under Vector Borne Diseases Control Programme. Strategies comprise of
 - Printing of leaflets, brochures etc. and distribution among the community.
 - Advocacy / Inter-sectoral co-ordination meetings.
 - Involvement of Mass media Channels including print and electronic.
 - Folk media activities namely dramas and street plays.
 - Display of mobile hoardings.
 - Cleanliness Drives through schools and village committees.
 - Competitions/Campaigns in educational institutions and with Non-Governmental Organizations.

Lymphoedema Management in Chronic Filariasis Patients:

*Chronic Filariasis cases are line listed and are visited at regular interval by the respective Medical Officers and other Health Officials for home based morbidity management.

*All the Health Centers PHC/CHC/UHC regularly (monthly) carries out night blood collection for detection of micro filaria carriers and also free treatment provided for Micro Filariasis carrier at all the health facilities.

*Morbidity Management Kits are provided free of cost to all the chronic lymphoedema patients once a year.

Dengue, Chikungunya:

- There are 4 designated Sentinel Site Hospitals viz District Hospital North Goa, Hospicio Hospital, Margao (South Goa), Sub-District Hospital Chicalim and Goa Medical College which have IgM Mac ELISA testing & NS1 Elisa based testing facilities of suspected cases.

Japanese Encephalitis :

- ELISA facility for testing samples of Japanese Encephalitis is available free of cost in one SSH i.e. Goa Medical College, Bambolim.
- JE vaccination is introduced in the routine immunization programme in two doses at the age of 9 months and+ 18 months.
-

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME, GOA:-

Diagnosis:

- Upfront NAAT to all Presumptive cases of Tuberculosis is carried out for diagnosis of TB through 17 NAAT sites.
- Sputum examination microscopy for follow up is done in 24 Designated Microscopy Centres all over the State.
- The Liquid Culture is done for follow up cultures. Follow up culture is done of all MDR patients.
- Screening of vulnerable population (viz. diabetes, HIV patients and the high risk groups) is carried out.
- End CP culture is done for patients at the end of treatment.

Treatment:

- Treatment facilities are available at all the Government Hospitals & Peripheral Health Units.
- All Oral Longer Regimen & Shorter Bedaquiline containing regimen has been introduced.
- Co-morbidities are tested, monitored & treated.
- Nikshay Poshan Yojana offers Rs. 1000/- per month to TB patients during their course of treatment, directly to their Bank Accounts by DBT. This facility is also available for patients treated under private sector and who are willing to submit their Bank details.
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- Contacts of diagnosed TB patients are screened for tuberculosis & TB preventive treatment is given as per guidelines.

IEC Activities:

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- Sensitization of all private consultants and practitioners through IMA on daily regimen, New PMDT Guidelines etc., is ongoing.
- Incentive for Private Practitioner @ Rs. 500/- is paid for notification & Rs. 500/- on informing outcome.
- Active Case finding in vulnerable population viz. diabetes, HIV patients, old age homes, special schools, slum areas & Focused house to house activities in high risk areas is undertaken by PHCs to detect early TB.
- Private TB notification is also done with the help of FDA. All private pharmacies give monthly report of patients who are prescribed anti-tuberculosis drugs to FDA and the same is shared with the NTEP.

Atmanirbhar Bharat, Swayampurna Goa:

Atmanirbhar Bharat, Swayampurna Goa is a mission project launched by Hon'ble Chief Minister on 1st October 2020.

It is aimed at reviving the rural economy, making each Village Panchayat self reliant through certain sector specific actionable points, covering various Departments. The programme is implemented by GIPARD in collaboration with Village Panchayats and Directorate of Higher Education. Health Department is one of the stakeholders in this programme. In the first phase, programme covers 41 local bodies across the State, with 25 colleges under the Directorate of Higher Education.

The following activities are carried:

- ✓ Geriatric services – Health camps, Day Care Centres
- ✓ Organize counseling sessions for youth, women and senior citizens
- ✓ Counseling Centre
- ✓ Health camps for women and senior citizens
- ✓ Streamline procedures for better citizen oriented governance

GOA MEDICLAIM SCHEME: A “Goa Mediclaim Scheme” has been introduced in Goa since 1999 wherein financial assistance is provided under Mediclaim Scheme to every permanent resident of the State of Goa for availing super speciality treatments that is not available in the Government Hospitals in the State of Goa.

The Eligibility Criteria as per the Scheme: Person should be permanent residents of Goa for last 15 years and figuring in the voters list and holding permanent ration card. Family Income should be less than 8 lacs per annum. Facilities not available in the Government hospital including Goa Medical College, Bambolim and District Hospitals (except for NICU, Ventilatory Support and Kidney Dialysis for which patient may opt for any empanelled hospital even if the facilities are available in Government hospital). Hospital should be recognized under Mediclaim Scheme. Retired State Government Employees shall also be entitled for the scheme. They are exempted from monetary income ceiling. The nature of sickness covered are Plastic surgery, ICU, NICU, PICU, Trauma Care, CABG/PTCA(Angiography & Angioplasty), Open Heart Surgery (Valve replacement, MVR, VSD, ASD), Kidney Transplantation, Neuro Surgery, Radio therapy/Chemotherapy(Cancer), Cochlear implant, Spastic child, cerebral palsy, skeletal deformities and Bone Marrow Transplant.

Super Specialty treatments are covered under the scheme:

| <u>Sr. No.</u> | <u>Nature of Sickness</u> | <u>Permitted ceiling limit for Treatment</u> |
|-----------------------|---|---|
| (i) | Plastic surgery. | 5 lakhs |
| (ii) | ICU, NICU, PICU, Trauma Care | 5 lakhs |
| (iii) | CABG/PTCA(Angiography & Angioplasty) | 5 lakhs |
| (iv) | Open Heart Surgery (Valve replacement, MVR, VSD, ASD) | 5 lakhs |
| (v) | Kidney Transplantation | 5 lakhs |
| (vi) | Neuro Surgery | 5 lakhs |
| (vii) | Radio therapy/Chemotherapy(Cancer) | 5 lakhs |
| (viii) | Cochlear implant | 5 lakhs |
| (ix) | Spastic child, cerebral palsy, | 5 lakhs |

or actual expenses
Whichever is the least.

- skeletal deformities
 (x) And Bone Marrow Transplant 8.00 lakhs

YEARWISE NUMBER OF PATIENTS INCLUDING RELAXATION ALLOTMENT & EXPENDITURE UNDER MEDICLAIM

| Year wise | No. of patients | Relaxation cases | Total Number of patients | Allotment | Expenditure Rs. in Crores. |
|------------------------------|------------------------|-------------------------|---------------------------------|------------------|-----------------------------------|
| 2022-2023 | 98 | 28 | 126 | 4.17 | 1.23 |
| 2023-2024 | 132 | 12 | 144 | 3.22 | 1.57 |
| 2024-2025 (till November) | 164 | 34 | 198 | 2.35 | 1.62 |

DEEN DAYAL SWASTHYA SEVA YOJANA: -

The Deen Dayal Swasthya Seva Yojana Scheme has been rolled out in the State with effect from 01/09/2016. The Scheme provides health coverage to the entire resident population of the State who reside in Goa for five years and more. Benefits under this scheme is on a cashless basis to the beneficiaries upto the limit of their annual coverage providing cover of upto Rs. 2.50 lakhs per annum for a family of three or less members and cover of upto Rs. 4.00 lakhs for a family of four and more members. The insurance benefits can be availed individually or collectively by members of the family.

Presently DDSSY Scheme is being run departmentally through the TPA – MD India Health Insurance TPA Pvt. Ltd . Payments are made directly by the DDSSY Cell of the DHS

A total of 447 medical procedures are covered under the Scheme. A total of 44 private hospitals and 11 Government Hospitals in Goa, 18 private Hospitals outside Goa have been empanelled.

The Budgetary provision for the Financial year 2023-2024 under the Head of Account: 2210 – Medical & Public Health, 80 – General, 800 – Other Expenditure, 25 – Din Dayal Swasthya Suraksha Yojana (P), 50 – Other Charges is Rs. 65.00 Crores.

Total active cards for policy year 2024-25, is 1,81,007 & 8549 no. of beneficiaries took benefit of the scheme till November 2024.

Till now total expenditure on the scheme is Rs. 22,50,11,271/- for policy year 2024-25.

ENVIRONMENTAL & POLLUTION CONTROL WING: -

Laboratory:

- Environment and Pollution control wing laboratory under Directorate of Health Services, Campal provides facilities for analysis of water of all Hotels, Public and Government agencies from Goa as well as neighboring state.

- Testing of water
 - Drinking Water
 - Well and Bore well water
 - Spring water in the state.
 - Water used for construction purpose
 - Mining water and other stagnated water from mining areas.

- The water samples sent by all Health Centers under Directorate of Health Services are analysed for its purity.

- Most of the samples are charged as per Government approved rates.

INSTITUTE OF NURSING EDUCATION, BAMBOLIM –GOA: -

This Institute offers five nursing education programs: Auxiliary Nurse Midwifery Program, Bachelor in Science Nursing Program, Master in Science Nursing Program and Post Basic Diploma in Neonatal Nursing Program and Post Basic Diploma in Cardiothoracic Nursing Program.

Details of Nursing Education programs offered at the Institute of Nursing Education, Bambolim Goa

| Name of the Program | Duration/ start of academic | Current requirement (age, sex) | Admission (education, Post B.Sc. from a nursing institution recognized by the Indian Nursing Council(INC), with 55% | Annual fees in Rs. (approximate) | Diploma /Degree | Yearly intake capacity | Affiliated to/ examining Body |
|-------------------------------|-----------------------------|---|---|----------------------------------|----------------------|------------------------|--|
| M. Sc. Nursing | 2 Years October | Registered Nurse and Registered Midwife(RNRM)/ Equivalent. One-year work experience after B.Sc. (Nursing) OR one year experience prior to or after PBBSN. Life member of the Trained Nurses Association of India(TNAI) Males and Females | Post B.Sc. from a nursing institution recognized by the Indian Nursing Council(INC), with 55% | 69500/- | Post Graduate Degree | 20+2** | Indian Nursing Council(INC), New Delhi. Goa Nursing Council(GNC), Bambolim, Goa. Goa University (GU), Taleigao Plateau, Goa. |
| Post Basic Diploma (Neonatal) | 1 – year October | GNM/BSN/PBSN programme from a nursing institution recognized by the INC RNRM/ Equivalent | | 42850/- | Diploma | 10+1** | Indian Nursing Council(INC), New Delhi. |

| | | | | | | |
|--|-------------------|---|---------|-----------------|--------------|--|
| al Nursing) | | | | | | Goa Nursing Council(GNC), Bambolim, Goa. |
| Post Basic Diploma (Cardio thoracic Nursing) | | One year clinical experience after GNM/BSN or One year experience prior to or after PBSN | | | | Goa University (GU), Taleigao Plateau, Goa. |
| | | Be a life member of the TNAI | | | | |
| | | Males and females | | | | |
| B. Sc. Nursing | 4 years September | XII Science 50% in PCB | 54300/- | Graduate Degree | 100+8* +10** | Indian Nursing Council(INC), New Delhi. |
| | | Valid score /rank at National Eligibility cum Entrance Test (NEET) in the year of admission | | | | Goa Nursing Council(GNC), Bambolim, Goa. |
| | | Not less than 17 years as on 31 st December of the year of admission | | | | Goa University, (GU), Taleigao Plateau, Goa. |
| | | Males and females | | | | |
| Auxiliary Nurse Midwifery | 2 years October | Have passed XII in Science, Arts, Commerce or Vocational stream (Health Care Science course recognized by Central Board of Secondary Education (CBSE)/ Indian Certificate of Secondary Education (ICSE)/ Higher School Secondary Certificate Examination (HSSCE)/NIOS with 45% | No fees | Diploma | 40+4** | Indian Nursing Council(INC), New Delhi |
| | | Complete 17 years and not exceed 35 years of age on or before 31 st December of the year of admission | | | | Goa Nursing Council(GNC), Bambolim Goa |
| | | English as medium of instruction | | | | |
| | | Females | | | | |

*supernumerary quota for students from Jammu and Kashmir

** supernumerary quota for Economically Weaker Section

AYUSH: -

The State AYUSH Society Goa (SASG) was constituted on 16 June, 2015 to implement the National AYUSH Mission in the state. The AYUSH Cell under the Directorate of Health Services was formed to ensure seamless implementation of the Centrally Sponsored Schemes under NAM in the state. The Secretary (Health) is the Mission Director (NAM) and the Deputy Director (AYUSH) is the administrative head of AYUSH Cell, DHS. Its objective is to promote AYUSH Health Care System and to provide cost effective AYUSH Services to community in the state Goa.

Services provided to public:

Co-location AYUSH Dispensaries:

AYUSH Dispensaries are developed & functional at almost all Health Centres (PHCs/CHCs/SDHs & DHs). Ayurvedic & Homoeopathic physicians are providing free consultation, advice on diet & lifestyle, and medicines to availing patients. At present, there are 34 Ayurvedic OPDs & 14 Homoeopathic OPDs i.e. a total of 48 AYUSH OPDs in the state.

The up-gradation of the AYUSH Dispensaries includes construction of new premises/renovation of existing setup, equipping with furniture, fixtures, ICT equipment, Panchakarma setup & development of herbal gardens.

Supply of essential drugs to AYUSH Hospitals and Dispensaries

Procurement of AYUSH Medicines from standard pharmaceuticals having GMP certification is ensured. Ayurvedic & Homoeopathic Medicines are supplied to all AYUSH Dispensaries/OPDs by Medicines Store Depot (MSD), DHS through State Budget. The medicines are provided to patients free of cost at the Government Dispensaries.

AYUSH Wellness Centres including Yoga & Naturopathy:

Establishment of AYUSH Wellness Centres in cascading manner to popularize AYUSH way of life with the objective to motivate self-care towards General Wellness and Preventive Health Care so as to reduce burden of non-communicable disease in the state. This includes consultation, regular yoga sessions, Panchakarma Therapy facility.

Yoga Wellness Centre:

5 Yoga Instructors are appointed at Yoga Wellness Centres to conduct 30 sessions of Yoga every month and 2 IEC activities to create awareness regarding role of Yoga for Health. The sessions are for general public as well as patients of specific diseases.

AYUSH Tribal Mobile Medical unit (One):

This unit will have a mobile van equipped with one AYUSH Medical Officer and one Pharmacist for providing consultation, advice and medicines in remote areas of tribal population with ease of accessibility.

Innovations on Mainstreaming of AYUSH – Mental Health Care:

A unit to provide Mental Health Care to the availing public is set up under Innovations. This unit has an AYUSH Medical Officer, AYUSH Pharmacist, 2 Panchakarma Therapists (one male & one female). Public may avail of management or adjuvant therapy for Mental Health Care on a case to case basis.

AYUSH Health & Wellness Centres:

With the objective to establish a holistic wellness model based on AYUSH principles & practices to empower the masses for 'self-care' to reduce the disease burden, cost-effective disease management and to provide informed choice to the needy public, the Ministry of AYUSH has taken up the task of upgrading 12,500 AYUSH Health & Wellness Centres (HWCs) under the AYUSHMAN Bharat Scheme.

The state has 9 progressive functional units of AYUSH HWCs for the state of Goa for the year 2020-21. 21 sub centre & 10 AYUSH Dispensaries are approved to be developed as AYUSH HWCs in the year 2021-22.

These Centres have a Community Health Officer (CHO) & Yoga Instructors a developed herbal garden and IT support. The CHOs conduct regular OPDs, screening for Diabetes Mellitus & Hypertension, Prakriti Parikshan, and Yoga Sessions, distribute saplings to local families & conduct IEC activities like talks, camps, competitions, workshops etc. for awareness to propagate the AYUSH way of life and popularize the AYUSH system of medicine.

Public Health Outreach activity

This component aids to roll out proven AYUSH interventions for improving health status of the population and to partake in National Campaigns like Geriatric Campaign, Anti-anemia Campaign etc. through distribution of medicines, organizing Health awareness camps etc. Activities undertaken under this component are as under:

- a. Medical Camp
- b. Awareness Talks
- c. NCD Screening
- d. Peripheral OPD

Behavior Change Communication (BCC)/Information Education and Communication (IEC) Several programmes are regularly conducted all over the state in the form of Medical Health Camps, Awareness talks, Yoga Demonstrations etc. AYUSH way of life is popularized vide these activities so as to help in reducing the burden of Communicable & Non-communicable diseases, help in their management, to promote National Campaigns like Geriatric Campaign, Anti-Anaemia Campaign, Vector-Borne Disease Campaign to improve health of Children & Adolescent in School Health Programme and to provide the benefit of well-being & health to the public.

Setting up of up to 50 bedded Integrated AYUSH Hospitals:

Two 50 bedded Integrated AYUSH Hospitals are proposed for the state of Goa, one in each district.

School Health Programme

- Nutritional & Dietary Advice for proper growth & development
- Yoga Demonstration & practice for proper growth & development
- Management of Mal-nutrition, worm-infestation, anaemia in children

- Health Screening for early detection & management of disabilities or ailments
- Adolescent counseling, Sexual Health Education & management of problems
- Home Remedies & School nursery

ABPMJAY (AYUSHMAN BHARAT – PRADHAN MANTRI JAN AROGYA YOJANA): -

Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) was launched in the state of Goa on 23rd September 2018, aligning with its nationwide rollout. This flagship health scheme is designed to provide comprehensive healthcare coverage to economically vulnerable households. Eligibility is determined using the deprivation and occupational criteria derived from the Socio-Economic Caste Census (SECC) 2011, which classifies households in both rural and urban areas.

The scheme provides annual coverage of up to Rs. 5 lakhs per family for secondary and tertiary care hospitalization at empanelled public and private hospitals across India. It offers inclusive benefits with no limitations on family size, age, or gender, ensuring equitable access to healthcare for all eligible beneficiaries.

Benefits of the scheme are portable across the country i.e. a beneficiary can visit any empanelled public or private hospital in India to avail cashless treatment.

Each beneficiary is required to create an individual ayushman card, which is issued free of charge. There is no renewal process for the card. The only mandatory document for registration is the Aadhaar card. In cases where additional family members need to be included, a marriage certificate and birth certificates will also be required.

41,098 families and 1,48,866 individuals are eligible for AB-PMJAY in the state of Goa. As on 18/12/2024, a total of 33,562 families and 84,287 individuals are registered under the scheme.

PM-JAY has defined 1,653 medical packages in Goa, covering a wide range of surgical, medical, and day care treatments. Additionally, 16 hospitals in the state have been empanelled under the scheme, ensuring that beneficiaries have access to quality healthcare services.

Now, the benefits of AB PMJAY are extended to senior citizens **above 70 years** of age and card issuance drives are ongoing in the state. The details of which are explained below:

❖ Senior citizens of existing families under AB PMJAY

1. For senior citizens aged 70 years and above in existing families, an additional shared top-up cover of up to ₹5 lakh per year will be provided.
2. This top-up cover up to a total of Rs 5 lakh will be provided for treatment of senior citizens in the family in case the other members have utilised full or part of the original family wallet.
3. In case, the senior citizens utilise full or part of the original family wallet of Rs. 5 Lakh, the other members of the family shall be provided a top-up cover up to Rs. 5 lakh.

❖ Senior citizens of new families

For the senior citizens of the age of 70 years and above in the new families, a shared cover upto Rs 5 lakh per year will be available. This cover will not be available to the other members (who are not of the age 70 years and above) of these new families.

It is also seen that various senior citizens of the age 70 years and above are already covered by CGHS – Central Government Health Scheme, Ayushman CAPF – Central Armed Police Force, ECHS – Ex-Serviceman Contributory Health Scheme, Similarly, different State/UT Governments are offering different types of healthcare cover like cashless scheme, reimbursement of healthcare expenditure or health pension for their employees, pensioners etc.

To ensure that **beneficiaries claim benefits under only one Government-funded scheme**, two validations are to be implemented:

-Firstly, the beneficiary must declare that they are not receiving free healthcare services under any other scheme partially or fully funded by the Government of India or a State Government.

-Secondly, if the beneficiary indicates they are covered under another scheme, they will have the option to either retain their current scheme coverage or choose to avail benefits under AB PM-JAY.

This choice will be one-time and final.

GVK EMRI SERVICE: -

GVK EMRI is providing Emergency Medical Services in Public Private Partnership (PPP) framework. EMRI Green Health Services, launched on **5th September 2008** in Goa, operates a robust fleet of **112 vehicles** offering **free emergency medical services** to the community. The fleet includes:

- Advanced Life Support Ambulances
- Cardiac Care Ambulances
- Highway Trauma Ambulances
- Neo-Natal Ambulances
- Bike Ambulances
- Hearse Vans
- Drop-back Services for Delivered Mothers and their New-borns

It has advanced Cardiac Care Ambulances (CCA) to cater all the cardiac related emergencies. Goa is the first state which has launched these Advanced Cardiac Care Ambulances in India.

Since its inception, EMRI Green Health Services has responded to **7,88,095 emergencies**, saving **62,026 lives**, and assisting in **1,170 deliveries**. Additionally, the service has managed **50,640 pregnancies**, transported **1,34,724 road traffic accident patients**, and handled **1,12,573 non-vehicular trauma cases**.

DENTAL CELL: - under the Directorate of Health Services is headed by the Dy. Director, Dental.

The Dental Cell supervises and monitors all the Dental Clinics under the Directorate of Health Services which are situated at various peripheral centers.

There are 35 Dental clinics, which are attached to various PHCs/ CHCs/ DHs in the state. They are:

North District: -

North District Hospital, Mapusa

CHC - Pernem, CHC –Valpoi,CHC-Sanquelim,CHC- Bicholim.

PHC- Aldona, , PHC- Betki, PHC- Candolim, PHC- Cansarvanem, PHC - Corlim, PHC – Colvale(Pirna), PHC- Porvorim, , PHC – Siolim, PHC Mayem, PHC Saligao & UHC- Panaji.

South District: -

Hospicio Hospital Margao

Sub District Hospital-Ponda, Sub District Hospital-Chicalim

CHC-Curchorem, CHC-Canacona

PHC-Balli, PHC Cansaulim, PHC- Curtorim, PHC-Cortalim, PHC-Chinchinim,

PHC-Dharbandora, PHC- Loutolim, PHC- Madkai,PHC- Navelim, PHC-

Quepem, PHC-Sanguem, & PHC-Shiroda.

There are two more clinics situated at RMD Keri (Sanquelim) & RMD Thane (Valpoi)

Speciality Dental services are functioning in both District Hospital North Goa District Hospital Asilo Mapusa and South Goa District Hospital Hospicio Margao.

The Clinics function 6 days a week 9 am. to 4.30 pm. from Mon to Fri. & 9 am. to 1 pm. on Saturday.

At the clinics the dentist conducts OPD on 4 Days of the week and School visits are carried out twice a week.

Activities

- OPD is held four days a week,
- School visits are conducted two days a week.
- They provide promotive, preventive and curative dental care to the people.
- School children are also examined periodically under this programme.

KAYAKALP / NQAS: -

Quality Cell is headed by Nodal Officer (Quality). There is 01 State Quality Consultant (QA) and 01 State Programme cum Administrative Assistant (QA). In addition there are 2 District Quality Consultants (QA) and 02 District Programme cum Administrative Assistant (QA).

They are responsible for supervision and mentoring of all facilities to get them certified under NQAS.

Till date we have the following facilities which are Nationally certified

- District Hospital -02
- Sub District Hospital – 01
- CHC – 02
- PHC Bedded –01
- PHC Non Bedded – 04
- AAM SC HWC – 08

The following facilities are State certified.

- CHC – 02
- PHC Bedded-08
- PHC Non Bedded-01
- AAM SC HWC -10

Kayakalp Assessments are conducted to monitor the cleanliness, infection control practices, Bio Medical Waste Management documents etc. Facilities are being assessed and best facilities are awarded cash prizes and certificates.

GOA STATE AIDS CONTROL SOCIETY: -

- Integrated Counseling and Testing Centres at:
 - Goa Medical College, Bambolim
 - Tuberculosis and Chest Diseases Hospital, St. Inez, Panaji
 - South Goa District Hospital, Margao
 - North Goa District Hospital, Mapusa
 - Sub District Hospital, Chicalim
 - Sub District Hospital, Ponda
 - CHC, Valpoi and PHC, Candolim.
- Facility Level Integrated Counseling and Testing Centers at: All Primary Health Centers and Urban Health Centers under Directorate of Health Services.
- CD4 cell count testing facility of HIV/AIDS patients is available at Goa Medical College (Dept. of Microbiology), Bambolim.
- Sexually Transmitted Diseases/ Infections related services at:
 - STD clinic, Sub District Hospital. Chicalim.
 - STD clinic, South Goa District Hospital, Margao
 - STD clinic, North Goa District Hospital, Mapusa
 - Skin and V.D. Dept., Goa Medical College, Bambolim.
 - All Health Centers under Directorate of Health Services
- Free drugs for treatment of Opportunistic Infections in HIV/ AIDS patients is available at Goa Medical College, Bambolim; North Goa District Hospital, Mapusa; South Goa District Hospital, Margao.
- Prevention of Parent-to-Child Transmission of HIV infection during pregnancy: Programme includes counseling, testing and drug administration to HIV positive pregnant ladies & Syrup NVP to babies born to HIV+ve positive mothers at
 - OBG Dept., Goa Medical College;
 - South Goa District Hospital, Margao
 - North Goa District Hospital, Mapusa.
 - Sub District Hospital, Ponda
- Early Infant Diagnosis: As early as six weeks, babies born to HIV positive mothers can be tested to rule out HIV infection in the babies at the below mentioned centers.

- Goa Medical College, Bambolim
 - North Goa District Hospital, Mapusa
 - South Goa District Hospital, Margao
 - Sub District Hospital, Chicalim
 - Sub District Hospital, Ponda
- Antiretroviral Treatment PlusCentreat Goa Medical College (Opp. Paediatric OPD): Free antiretroviral drugs for eligible HIV +ve adults and children.
- Antiretroviral TreatmentCentre: South Goa District Hospital, Margao for South Goa District
- Link ART Centre plus:North Goa District Hospital, Mapusa.
- Link ART Centre: Sub District Hospital, Ponda, and Sub District Hospital, Chicalim.
- Viral load testing facility: Department of Microbiology, Goa Medical College, Bambolim and Hospicio Hospital, Margao.
- Blood Banks: Three Government i.e., Goa Medical College (GMC), North Goa District Hospital, Mapusa and South Goa District Hospital, Margao Blood Bank Supported by Goa State AIDS Control Society and Two Private Blood Bank i.e. Manipal Hospital Blood Bank and Apollo Victor, Blood Bank, Margao which are Monitored by Goa State Blood Transfusion Council.
- Post Exposure Prophylaxis (PEP) is available in all Government Health facilities for Health Care Providers.
- Availability of free condoms at all health facilities for prevention of STIs including HIV/AIDS and pregnancy.
- Targeted Intervention (TI) projects are undertaken through the following NGOs funded by Goa SACS to create awareness among High Risk Groups and Core Groups.
- Life Line Foundation,
 - Sai Life Care,
 - Desterro Eves Mahila Mandal,
 - Rishta
 - Community Resource Foundation
 - Presentation Society
 - Humsaath trust Goa
 - Darpan Goa.

CENTRAL RIGHT TO INFORMATION ACT 2005: -

Under the right to information act 2005 (Central Act No 22 of 2005), adopted by the Government of Goa and published in the Official Gazette of Govt. Notification No 10/02/2005-LA dated 07/07/2005, Directorate of Health Services, Panaji has appointed the following Officers:

Public Information Officer (PIO) -- Dy. Director (HIB)

First Appellate Authority -- Director of Health Services

Besides, the above, the Officer-in-charge of all Hospitals/CHCs/PHCs under this Directorate are designated as Public Information Officers for their respective units.

COMPLAINTS AND GRIEVANCES

All the complaints and grievances may be addressed to the following Officers who are designated as Public Grievances Officers

- Director of Health Services, Public Grievance Officer – State level
- Dy. Director (Public Health) (for DHS Head Quarters)
- Medical Supdt. Cum Dy. Director, North District (Asilo) Hospital, Mapusa (for the North District)
- Medical Supdt. Cum Dy. Director, Hospicio Hospital, Margao (for the South District)
- Medical Supdt. Cum Dy. Director, Sub District Hospital, Ponda (for Sub District Hospital Ponda)
- Medical Supdt. Cum Chief Medical Officer, T. B. Hospital, Margao
T. B. Hospital Margao.
- Health Officer, Sub District (Cottage) Hospital, Chicalim (for Cottage Hospital, Chicalim)
- All Health Officers, Medical Officers i/c of respective CHCs/PHCs/UHCs will be the Public Grievances Officer for the concerned CHC/PHC/UHC.

ANNEXURE -I

List of Government Hospitals, Health Centers with Beds under DHS in Goa

| Sr. No. | Hospitals / Centre | No. of Beds |
|----------------|---|--------------------|
| | Hospitals | |
| 1 | North Goa District Hospital, Mapusa | 250 |
| 2 | South Goa District Hospital, Margao | 359 |
| 3 | Sub District Hospital, Ponda | 174 |
| 4 | T.B. Hospital, Margao | 68 |
| 5 | Sub District (Cottage) Hospital, Chicalim | 100 |
| | CHCs | |
| 1 | Canacona | 70 |
| 2 | Curcholem | 50 |
| 3 | Pernem | 40 |
| 4 | Valpoi | 30 |
| 5 | Sankhali | 58 |
| 6 | Bicholim | 30 |
| | PHCs | |
| 1 | Aldona | 12 |
| 2 | Balli | 14 |
| 3 | Betki | 12 |
| 4 | Candolim | 10 |
| 5 | Casaulim | 18 |
| 6 | Cansarvarnem | 12 |
| 7 | Curtorim | 12 |
| 8 | Dharbandora | 15 |
| 9 | Marcaim | 12 |
| 10 | Sanguem | 20 |
| 11 | Shiroda | 24 |
| 12 | Siolim | 12 |
| 13 | Quepem | 12 |
| | Total | 1405 |

ANNEXURE -II

Time schedules for services provided by Directorate of Health Services

| Sr. No. | Services | Maximum time taken provided all requisite documents are submitted | |
|----------------|--|--|--|
| 1 | General OPD | Conducted from Monday to Friday (9.00a.m. to 1.00p.m. & 2.00p.m. to 4.30 p.m.) Saturday (9.00a.m. to 1.00p.m.) | |
| 2 | Case paper registration | From Monday to Friday (9.00a.m. to 12.00 noon) & (2.00p.m. to 3.30 p.m.) Saturday (9.00a.m. to 12.00 noon) | |
| 3 | Slide Examination for Malaria (SMP) | Conducted from Monday to Friday between 9.00a.m. to 4.30 p.m.: Reports given within 24hrs. Except Saturday (9.00a.m. to 1.00p.m.): Reports given on Monday. | |
| 4 | Diabetic OPD | On Fixed days (OPD Timing) | |
| 5 | Yellow fever Vaccination | UHC Panaji: Every Wednesday 9.00a.m. to 12.00 noon UHC Margao: Every Friday 9.00a.m. to 12.30 noon. | |
| 6 | Sanitary cards / Health Cards | OPD Timings: Cards issued within 24hours except Saturday (cards made on Saturday issued on Monday). | |
| 7 | Immunization (as per Universal Immunization programmes) | Monday & Thursday (9.00a.m. to 1.00p.m.) | |
| 8 | Antenatal OPDs | Every day at District Hospitals. Fixed days at Sub-District Hospitals, PHCs, CHCs, & UHCs wherein Gynecologists are deputed from Directorate of Health Services. | |
| 9 | NUHM OPD All services under various National Health Programmes are provided during OPD hours especially in the slum areas | UHC Mapusa Ghateshwar | Tuesday & Friday 9.30 a.m. to 1.00 p.m. 2.00 p.m. to 4.30 p.m. |
| | | UPHC Panaji | Monday/ Wednesday & Friday 9.00 a.m. to 1.00 p.m. 2.00 p.m. to 7.00 p.m. |
| | | UPHC Vasco | 2.00 p.m. to 4.30 p.m. |
| | | UPHC Margao | Weekly once 9.30 a.m. -1.00 p.m. 2.00 p.m. to 4.30 p.m. |
| 10 | Swimming Certificate/ Medical Fitness Certificates/ OPV Certificates | Issued on the same day. <i>By paying necessary fees</i> | |
| 11 | Homoeopathy: OPD Daily & Office Administration | Conducted from Monday to Friday (9.00am to 4.30pm) Saturday (9.00a.m. to 1.00p.m.) | |
| 12 | Dental OPD | Conducted from Monday to Friday (9.00 a.m. | |

| | | | |
|----|---|---|---------------------|
| | | to 4.30 p.m.) Saturday (9.00a.m. to 1.00p.m.) | |
| 13 | Leprosy | | |
| | Bacteriological Index & Morphological index is done to aid confirmation of diagnosis in leprosy | Reporting is done on the next day of taking stit skin smear | 1 day |
| | MDT (Multi Drug Therapy) is given free of cost to patients affected with Leprosy. | | |
| 14 | Hospitals / CHCs/PHCs/UHCs Medical Fitness Certificate | After Examination | On all working days |
| 15 | District Hospitals Disability Certificate | Application forms Photographs | On fixed days |

ANNEXURE -III
HOSPITALS WHERE CREDIT FACILITY IS AVAILABLE

| Sr. | Name of the Hospital | Diagnosis (Treatment) |
|------------|--|---|
| 1 | Sagar Apollo Hospital, Bangalore | Open Heart Surgery and By-Pass Surgeries, Angioplasty and coro-stenting, Neurosurgery, cat-scan, MRI for which treatment is not available at GMC, Bambolim. |
| 2 | Chodankar Nursing Home, Porvorim. | Pediatric Surgery and Endoscopic surgeries. Cardiac City angiography Thoracic and Vascular Surgery Procedure. |
| 3 | Manipal Goa Cancer & Gen. Hosp., Dona Paula | Only for cancer treatment like radiotherapy and other types of anti-cancer treatment which are not available in GMC. Dialysis. Thoracic & Vascular surgery |
| 4 | Apollo Victor Hospital, Margao | Cardiac procedures and Urological procedures Gastroenterology Thoracic & Vascular Surgery, Nephrology and Laproscopic procedure and Kidney dialysis. |
| 5 | Gomantak Ayurvedic Mahavidyalaya Shiroda, Goa | Snchama, Svedana, Parisheka, Dhara, Vamana, Verichana, Nasya, Basti, Siddha Basti, Rakta Mokshna and allied Procedures for which treatment is not available in GMC and other hospitals under DHS |
| 6 | K.L.E.S. Hospital, Belgaum | Cardiovascular surgery, Neurological disorders, Cardio-thoracic surgery, kidney transplantation. Plastic surgery, Radiotherapy, Total replacement of joints and other major disease / illnesses for which treatment facilities as certified by the Medical Superintendent, GMC are not available in the Govt. Hospital in the State of Goa. |
| 7 | Kasturba Hospital, Manipal | Cardiovascular surgery, Neurological disorders, Cardio-thoracic surgery, kidney transplantation. Plastic surgery, Radiotherapy, Total replacement of joints and other major disease / illnesses for which treatment facilities as certified by the Medical Superintendent, GMC are not available in the Govt. Hospital in the State of Goa. |
| 8 | V.M. Salgaonkar Medical Research Centre, Vasco | Cardiovascular surgery, Neurological disorders, Cardio-thoracic surgery, kidney transplantation. Plastic surgery, Radiotherapy, Total replacement of joints and other major disease / illnesses for which treatment facilities as certified by the Medical Superintendent, GMC are not available in the Govt. Hospital in the State |

| | | |
|----|---|--|
| | | of Goa. Haemodialysis for the patient within the state of Goa, Cochlear implant surgery w.e.f. 9/6/2016 |
| 9 | Grace Intensive Cardiac Centre and General Hospital, Margao | Haemodialysis for the patient within the state of Goa, gastroentrology |
| 10 | Children's Orthopaedic Centre, Mumbai | Paediatric facilities which are not available in G.M.C., |
| 11 | Campal Clinic, Panaji | Thoraic Vascular surgeries, Trauma care, Neonatal Intensive care unit, Intensive care unit, paediatric Intensive care unit. |
| 12 | Belgaum Cancer Hospital Pvt. Ltd. Belgaum | Linear Aceleration based treatment and Intracavitary Radiotherapy |
| 13 | Gauns Child Care Hospital, Mapusa | Paediatric ICU, Neonatal Intensive Care Unit |
| 14 | Vision Multispeciality Hospital, Mapusa | (1) Intensive Care Unit, Surgical Intensive Care Unit, Gastroenterology Procedure & Thoracic and Vascular Surgeries. (2) Vitreo retinal Services and orbit/Oculoplasty Services (3) Haemodialysis Keratoplasty surgery under organ transplant Act 14/01/15 |
| 15 | Vintage Hospital and Medical Research Centre Pvt. Ltd, St. Inez, Panaji-Goa | Ventilatory Care and Haemodialysis |
| 16 | Usgaonkar's Children Hospital and NICU, Ponda | Paediatric ICU, Neonatal Intensive Care Unit |
| 17 | R.G. Stone Hospital, Porvorim Goa | Haemodialysis in the Renal failure cases. |
| 18 | Savoikar Clinic and Nursing Home, Ponda | Haemodialysis in the Renal failure cases. |
| 19 | Classic hospital, Margao | Neonatal intensive care |
| 20 | Vishwa Sanjivani Health Centre, Multispeciality hospital, Vasco-da-Gama | Dialysis-Rs. 1300/- per dialysis for 12 dialysis per month |
| 21 | Royal hospital, Margao | -do- |
| 22 | Mangalore Institute of Oncology Hospital, Mangalore | Medical Oncology, Surgical Oncology and radiation oncology |
| 23 | Aster CMI Hospital, Bangalore | Bone Marrow Transplant |
| 24 | Prasad Netralaya, Udupi | Ophthalmic |
| 25 | ASG Eye Hospital, Caranzalem-Goa | Ophthalmological |
| 26 | Global Healthcare Bangalore | Cyber Knife, Ethos, Tomotherapy, Nuclear Medicine, Bone Marrow Transplantation, Liver Transplantation, Robotic Surgery packages. |

ANNEXURE -IV

HOSPITALS WHERE CREDIT FACILTY IS NOT AVAILABLE

| Sr. | Name of the Hospital | Diagnosis (Treatment) |
|------------|---|---|
| 1 | Madras Medical Mission Hospital, Chennai | Cardiovascular surgery, Neurological disorders, Cardio-thoracic surgery, kidney transplantation. Plastic surgery, Radiotherapy, Total replacement of joints and other major disease / illnesses for which treatment facilities as certified by the Medical Superintendent, GMC are not available in the Govt. Hospital in the State of Goa. |
| 2 | Jaslok Hospital, Mumbai | -do- |
| 3 | Wanless Hospital, Miraj | -do- |
| 4 | KEM Hospital, Mumbai | -do- |
| 5 | Bombay Hospital, Mumbai | -do- |
| 6 | P.D. Hinduja Hospital, Mumbai | -do- |
| 7 | Sion Hospital, Mumbai | Cardiovascular surgery, Neurological disorders, Cardio-thoracic surgery, kidney transplantation. Plastic surgery, Radiotherapy, Total replacement of joints and other major disease / illnesses for which treatment facilities as certified by the Medical Superintendent, GMC are not available in the Govt.Hospital in the State of Goa. |
| 8 | Wadia Hospital, Mumbai | -do- |
| 9 | J.J. Hospital, Mumbai | -do- |
| 10 | Johari Nursing Home, Mumbai | Paediatric facilities which are not available in Goa Medical College |
| 11 | B.L. Kapur Memorial Hospital, 5, Pusa Road, New Delhi | Cardiology, Cardio thoracic and Vascular Surgery, Surgery, Nephrology, Neonatology, Paediatrics, Paediatric Surgery, Nuclear Medicine, Bone Marrow Transplant treatment. |
| 12 | Wockhardt Hospital, Mumbai | Pediatric Cardiology, Pediatric Cardiac Surgery, Specialties in Ophthalmic surgery viz Cornea & Keratoplasty, Vitrioretinal Services & Glaucoma Services along with General cardiology & Cardiothoracic Surgery |
| 13 | Tata Memorial Hospital, Mumbai | Cancer treatment |

| | | |
|-----|---|---|
| 14 | Asian Cancer Institute, Cumballa Hill Hospital, South Mumbai | Surgical Oncology procedure in those cases where treatment facilities is not available with Surgical Oncologist after being duly certified by Dr. Mandar Tilak and Countersigned by Medical Superintendent, GMC |
| 15 | Manipal Hospital, Bangalore | Cardiology, Cardio-thoracic Surgery, Nephrology, Urology. |
| 16. | Fortis Hospital, Bangalore | Cardio-Vascular Surgery, Paediatric Cardiology and other such high end treatments which are not available at GMC |
| 17 | Ruby Hall Clinic, Pune | Those Superspecialities which are not available in GMC and othe Hospitals undewr State Govt. |
| 18 | Shankara Netralaya Hospital, Chennai | Super specialities in Ophthalmic care |
| 19. | Global Hospital, Mumbai | Gastro Surgical Works and Transplant Surgeries. |

Annexure-V

FORM -A

MEDICAL CERTIFICATE

This is to certify that the patient.....
.....is suffering from.....
.....facilities for treatment of which are not available in this State. The patient is, therefore, advised to seek such facility outside this State.

.....
Signature of Medical Superintendent
Goa Medical College

Office Seal.

Annexure -VI

FORM ' B'
INCOME CERTIFICATE

This is to certify that
is a permanent resident of Goa residing for the last 15 (fifteen) years and having his/her residence at.....H.No.....Ward.....
.....Village.....
.....,taluka.....and that his/her income and that of the members of the family from all sources does not exceed Rs.1,50,000/- per annum.

It is further certified that.....
is a voter and his/her name is registered at Sr.No.....of Voters list/holding permanent Ration Card No.....maintained in this office.

It is certified that.....
parent/guardian of the minor is a voter and his name is registered at Sr.No..... of voters List/holding permanent Ration Card No.....
.....maintained in this office.

.....
Signature
Mamlatdar
Office Seal

Annexure-VII



Affix passport size recent Photograph of the patient

F O R M ' C '

(Application for Self-Treatment under Mediclaim Scheme)

Name :

Address :

:

Dated :

Phone No.

To,
The Director of Health Services,
Mediclaim Cell,
Campal, Panaji, Goa.

Sub: Treatment under the Mediclaim Scheme.

Sir,

I have to proceed to (place) for Medical treatment at (Name of Hospital) as required under the scheme. I am submitting herewith the following certificates:

-

Certificate from the Medical Superintendent, Goa Medical College, that facilities for my treatment are not available in this State.

Certificate from the Mamlatdar of certifying that the total income of my family members does not exceed Rs. 1,50,000/- per annum and that I am a permanent resident of Goa residing for the last 15(fifteen) years and I am registered in the Voters List.

OR

Certified copy of the P.P.O. bearing No. confirming that the patient is a retired State Government employee.

I shall be obliged if a letter recommending me for medical treatment at (name of the hospital) is kindly issued to me immediately for admission in the hospital.

Yours faithfully,

()

Encl: As above.

Annexure - VIII



Affix passport size recent Photograph of the patient

F O R M 'D'

(Application for treatment under Mediclaim to be submitted on behalf of the patient when the patient is minor)

Name :

Address :

:

Dated :

Phone No. :

To,
The Director of Health Services,
Mediclaim Cell,
Campal, Panaji, Goa.

Sir,

My (relationship) (name of the patient) is to be taken to (place) for medical treatment at (name of hospital) as required under the scheme. The following certificates are submitted: -

1. Certificate from the Medical Superintendent, Goa Medical College, Bambolim that facilities for his/ her treatment are not available in this State.
2. Certificate from the Mamlatdar of (taluka) that the total income of my/his family does not exceed Rs. 1,50,000/- per annum and that he/she is registered in the voters list (not applicable, if minor).
3. Shri/Smt/Kum. is permanent resident of Goa residing for the last 15 (fifteen) years.

OR

Certified copy P.P.O. bearing No. confirming that the patient is a retired State Government employee.

I shall be obliged if a letter recommending him/her for treatment at (name of the hospital)(place) is kindly issued to me immediately for admission in the hospital.

Yours faithfully,

()

Encl: As above.

Annexure – IX

No. DHS/Med/F- -/24-25/
Government of Goa,
Directorate of Health Services,
Campal, Panaji-Goa
Dated: / /2025.

F O R M ‘E’

(Format of undertaking to be given to the hospital / patient in respect of treatment and payment)

To,
The Medical Director,

Dear Sir,

This is to certify that _____, aged _____ years is eligible for benefits under the Medclaim Scheme of Government of Goa.

The reimbursement per illness under the Medclaim Scheme will be limited to Rs. _____/- (_____) or actual hospital expenses, whichever is the least, in respect of the following:-

- 1) Room board and nursing expenses including surcharge if any, limited to Rs. 250/- per day;
- 2) I.C.U.
- 3) Surgeon’s and Anaesthetist’s fees;
- 4) Anaesthesia, blood, oxygen, operation theatre, surgical appliances;
- 5) Diagnostic materials and X-rays;
- 6) Medical Practitioner’s Consultant’s and Specialist’s fees;
- 7) Medicines and Drugs.

We enclose a Xerox copy of the Certificate dated _____ issued by the Medical Superintendent, Goa Medical College, and undertake to reimburse you up to Rs. _____/- (_____) on receipt of your bills.

Kindly admit him/her in general category and render necessary treatment and send us the claim for and your bills, duly signed by the patient, for settlement. The next date of appointment may be intimated to the patient for our reference.

Thanking you in anticipation.

Yours faithfully,

(_____)
Director of Health
Services

Copy to:-

NOTE: He/ She is further advised that in case he / she is called again for follow up treatment by the treating doctor from recognized Hospital outside the State of Goa he / she should obtain fresh certificate from the respective treating doctor for re- examination / re – treatment.