

Executive Summary

Maharashtra is the second most populous and the third largest State in terms of area in the country. Providing adequate and quality healthcare services to a large population requires a robust healthcare infrastructure and services. Primary and secondary healthcare in Maharashtra is provided by the Public Health Department, Government of Maharashtra while tertiary healthcare is provided mostly by the Medical Education and Drugs Department, Government of Maharashtra. The Urban Development Department, Government of Maharashtra also provides primary, secondary and tertiary healthcare in urban areas through Municipal Corporations/Councils. Drugs, medicines and medical equipment were centrally procured and supplied to Public Health Department and Medical Education and Drugs Department through Haffkine Bio-Pharmaceutical Corporation Limited, a Government of Maharashtra Company.

The Performance Audit was conducted to assess the availability of human resources, drugs, medicines, equipment and the adequacy and quality of healthcare infrastructure in the State. The funding and expenditure under central and centrally sponsored health sector schemes, adequacy and effectiveness of regulatory mechanisms and the improvement in the health and well-being of people as per Sustainable Development Goal-3 were also assessed.

Public health is a State subject and the States are expected to frame their own policies on the line of the National Health Policy to guide the development of the health sector. Government of Maharashtra is yet to frame a State-specific Health Policy.

*Audit noticed shortage of manpower at every level of the Health Care Institutions functioning under Public Health Department, and Medical Education and Drugs Department. The shortage of doctors, nurses and paramedical staff was 22 per cent, 35 per cent and 29 per cent respectively in primary and secondary healthcare under Public Health Department. Whereas in respect of Women Hospitals under Public Health Department the shortage of doctors, nurses and paramedical staff was 23 per cent, 19 per cent and 16 per cent respectively. There was also shortage of 42 per cent in the cadre of the specialist doctors under Public Health Department. The shortage of doctors, nurses and paramedics under Medical Education and Drugs Department was 37 per cent, 35 per cent and 44 per cent respectively. The overall shortage in the cadre of doctors, nurses and paramedics in the State under Public Health Department and Medical Education and Drugs Department was 27 per cent, 35 per cent and 31 per cent respectively. Audit also noticed regional disparity in the shortage of manpower. Similarly, the vacancies in the Trauma Care Centres under Public Health Department and Medical Education and Drugs Department were 23 per cent and 44 per cent respectively. The vacancies in the cadre of doctors, nurses and paramedical staff in AYUSH colleges and hospitals under Medical Education and Drugs Department was 21 per cent, 57 per cent and 55 per cent respectively. The sanctioned strength of doctors was less than the requirement as per Indian Public Health Standards, 2012 by 17 per cent under Public Health Department. **Government may fill up the vacancies in the health sector in a time-bound manner to ensure optimal and qualitative***

delivery of healthcare services to public. Government may also increase the sanctioned strength of doctors under Public Health Department as recommended in Indian Public Health Standards.

The public health infrastructure available in the State was overburdened due to shortages of Health Care Institutions as a result of which the existing Health Care Institutions catered to population in excess of the norms laid down in Indian Public Health Standards. There was wide disparity in the population catered to by the Sub-Centres, Primary Health Centres and Rural Hospitals, indicating flaws in the plans to establish Health Care Institutions. Audit noticed that 70 per cent of the work of constructing new Health Care Institutions and 90 per cent of the work of upgradation of Health Care Institutions as per the master plan (January 2013 and June 2014) was not completed as of September 2022. Super Speciality Hospital (Phase II), Amravati constructed at the cost of ₹ 31.91 crore in June 2015 remained unutilised for more than three years. Further, 433 works included in the master plan could not be started due to non-availability of land. **Government may ensure that a comprehensive plan to identify the gaps in infrastructure is prepared considering the projected population and implemented in a time-bound manner so that adequate Health Care Institutes are available as per Indian Public Health Standards. Government may also ensure that land is identified for completion of medical infrastructure.**

Out-Patient Department services in hospitals were inadequate with 93 per cent of Rural Hospitals having only one registration counter as against two required as per Indian Public Health Standards in the seven selected districts. Audit also noticed long waiting time for registration, and 26 per cent of doctors attending more than double the minimum number of patients as per Indian Public Health Standards. Several specialist Out-Patient Department services such as general medicines, general surgery, dental services, etc., were not available in many of the district hospitals, women hospitals and hospitals attached to medical colleges. **Government may ensure that specialist services such as general medicines, general surgeries, dental services, etc., are provided in all the Health Care Institutions as per Indian Public Health Standards.** Audit also noticed non-availability of radiology and imaging services. **Government may ensure that essential radiology services such as X-ray, Ultrasonography and Mammography are made available in Health Care Institutions as per Indian Public Health Standards.**

Patient-centric diet was not provided in 33 test-checked Sub-District and Rural Hospitals. Diet committees were not formed in seven (nine per cent) out of 78 test-checked Health Care Institutions providing dietary services. Testing of food supplied by contractors was not done from the Public Health Laboratory by 16 test-checked Health Care Institutions under the Public Health Department. **Government may ensure that the nutritional requirements of patients are addressed by delivery of patient-centric diets.** Failure to obtain No Objection Certificate from the Fire Department by 36 test-checked Health Care Institutions, non-compliance to fire electric safety recommendations by all the test-checked Health Care Institutions in eight selected districts and failure to take action on structural audit recommendations by eight test-checked Health Care Institutions exposed the life of patients and staff and property to risk of

fire. Government may ensure that the Health Care Institutions comply with fire, electric and structural audit requirements in a time-bound manner.

The failure of Haffkine Bio-Pharmaceutical Corporation Limited to place supply order resulted in funds to the tune of ₹ 2,052.28 crore lying unutilised with Haffkine Bio-Pharmaceutical Corporation Limited. Audit noticed that 71 per cent of the items demanded by the test-checked Health Care Institutions were not supplied by the Haffkine Bio-Pharmaceutical Corporation Limited during 2017-18 to 2021-22. The procurement process of Haffkine Bio-Pharmaceutical Corporation Limited may be streamlined to ensure timely availability of medicines, consumables and equipment to the Health Care Institutions.

Audit noticed non-supply of equipment, equipment lying idle/non-commissioned and improper storage of drugs and medicines in the Health Care Institutions. Government may fix responsibility on officials responsible for improper storage of medicines and consumables and ensure that medicines and consumables are stored as per Indian Public Health Standards. Government may also fix responsibility on officials responsible for non-utilisation of equipment and take steps to ensure its commissioning on top priority.

The Medical Education and Drugs Department was relying only on the analysis report of drugs and medicines provided by the supplier without ensuring independent quality control testing. Government may establish standardised quality control mechanism to ensure supply of quality medicines to the patients.

e-Aushadhi is a web-based supply chain management application software solution for managing annual demand, purchase, inventory and distribution of various drugs and consumables. Test-analysis of e-Aushadhi data of the seven selected districts relating to central purchase (2016-17 to 2021-22) indicated errors in the drug details entered into the system. Government may consider capturing of drugs details automatically from the bar codes present on the supplied items and in case of manual entries, ensure that supervisory authorities are certifying the data correctness. A periodic exercise to identify erroneous information present in the system can also be put in place.

There were persistent savings from the budgetary allocation under Public Health Department and Medical Education and Drugs Department during 2016-17 to 2021-22 to the tune of ₹ 0.22 lakh crore and release of funds at the fag end of the financial year. The percentage of capital expenditure to total expenditure on health ranged between 4.68 per cent and 7.97 per cent during 2016-17 to 2021-22. Government may ensure that funds are made available throughout the year to avoid rush of expenditure in March and also ensure utilisation of available funds. Maharashtra's health budget to the total State budget as of March 2022 was only 4.91 per cent as against the National Health Policy target of more than eight per cent. Government may take necessary steps to increase the budgetary allocation for the health sector as a percentage of State Budget in line with the National Health Policy.

The National Health Mission encompasses two sub-missions, the National Rural Health Mission and the National Urban Health Mission. The non-utilisation of funds under the National Urban Health Mission ranged

between 18 per cent and 76 per cent during 2016-17 to 2021-22, while non-utilisation under National Rural Health Mission ranged between 19 per cent and 50 per cent during 2016-17 to 2021-22. **Government may ensure proper utilisation of the available National Health Mission funds, minimise the savings and strive to improve health benefits to the public.**

Targets under the National Leprosy Eradication Programme, National Tuberculosis Elimination Programme and Family Welfare Scheme were not achieved. **Government may make efforts to extend the benefits of the scheme to maximum beneficiaries.**

Clinical Establishment Act, 2010 has not been adopted in Maharashtra and the private nursing homes/healthcare facilities in the State were regulated as per the provisions of the Bombay Nursing Home Registration Act, 1949 having limited scope. The non-adoption increased the risk of clinical establishment running without registration and deficiencies in providing proper healthcare by the clinical establishments. **Government may explore the possibility of adopting the Clinical Establishment Act, 2010 so that all the clinical establishments in the State are registered and are adequately monitored to ensure that minimum standards of facilities and services are provided to public. Government may also ensure that updated database of medical facilities is maintained.**

Out of 1.71 lakh doctors registered by Maharashtra Medical Council as Registered Medical Practitioners till 2021-22, registrations of 0.69 lakh Registered Medical Practitioners due for renewal upto March 2022 including 4,071 RMPs who were registered before 1 May 1960, were not renewed till May 2022. **The Maharashtra Medical Council may have appropriate mechanism for updating the register of Registered Medical Practitioners to ensure accurate information on the actual number of active Registered Medical Practitioners in the State.**

Local Supervising Authorities were not conducting periodical inspection of registered private Nursing Homes. The persistent shortage of manpower in Food and Drug Administration resulted in shortfall in its regulatory functions, like inspections, sample testing, etc. **Government may fill the vacancies in Food and Drugs Administration in a time bound manner to strengthen its regulatory function. Government may also direct and ensure that the Local Supervising Authorities conduct periodical inspections of registered private nursing homes as per the provision of Maharashtra Nursing Homes Registration (Amendment) Rules, 2021.**

Instances of Health Care Institutions not having authorisation from the Maharashtra Pollution Control Board for generation, collection, storage, transportation, etc., of bio-medical waste and disposal of liquid waste without treatment were noticed. **Government may ensure that the provisions of the Bio-Medical Waste Management Rules are strictly followed for safe storage, collection and disposal of bio-medical waste generated in Health Care Institutions.**

The State budget was not aligned to Sustainable Development Goals. Out of 41 National indicators developed for Sustainable Development Goal-3, for 16 indicators, the State Government had not fixed any targets. Out of the

remaining 25 indicators, in four indicators, the State had achieved the targets. In 11 indicators, the performance of the State was above the National average, in one indicator the performance was below the National average while in nine indicators the data on the performance of the State was not available. Government may consider alignment of State health budget to Sustainable Development Goal-3.