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A STUDY ON THE HEALTHCARE DELIVERY SYSTEM IN ANDHRA PRADESH

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ABSTRACT

Man's greatest asset is his health. It is the origin of man's joy. Nothing may be deemed to be of greater importance in terms of resources for socioeconomic growth than the general well-being of the populace. A financial investment in one's health is a growth of the nation's human resources is essential. Therefore, it is crucial to focus on improving one's health in order to increase one's quality of life. Article 25 focuses on the right to health in particular. Everyone has the right to a standard of living adequate for his or her own and his or her family's health and well-being, including food, clothing, housing, medical care, and necessary services, as well as the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other loss of livelihood due to circumstances beyond his or her control. Motherhood and childhood are entitled to special attention and care.

According to various definitions, health can be defined as a state of well-being in which a man can enjoy the richness of his life. It includes living a longer life and being disease-free. Because health is influenced by a variety of factors such as adequate food, housing, basic sanitation, healthy lifestyles, protection from environmental hazards, and communicable diseases, the boundaries of health extend beyond the narrow confines of medical care. As a result, "health care" implies more than "medical care." It encompasses a wide range of "provided services."

Health is multifaceted, with each aspect having a significant impact on the person both internally and outwardly in the society in which they live. It is said that the interaction of two sets of circumstances determines what a man is and the diseases to which he may be susceptible. These variables interact, and their effects on health can either be beneficial or detrimental.

Keywords-Healthcare, Service delivery, Policies, Infrastructure, and resources

The facilities that make up the public healthcare system are run by the federal and state governments. In both urban and rural areas, these public facilities offer reduced or free rates to families with lower incomes. The Indian Constitution divides responsibility for health care between the central and state governments. State governments bear the burden of infrastructure, employment, and service delivery, while the national government is still in charge of medical research and technical education. Issues that affect multiple states are included in the concurrent list, which is found in the 9th Schedule to the Indian Constitution. For instance, preventing the spread of infectious or contagious diseases between states is one example

The national government has significant fiscal control over the health systems of the states, despite the states' considerable autonomy in their management. In the areas of health and family welfare, major communicable disease prevention and control, and the promotion of indigenous and traditional medical practices, the Ministry of Health & Family Welfare is instrumental in the implementation of numerous national programs. In addition, the Ministry provides technical assistance to states in order to prevent and control the spread of seasonal disease outbreaks and epidemics. Service of Wellbeing and Family Government assistance causes use either straightforwardly under Focal Schemes or via awards in-helps to the independent/legal bodies and so forth. NGOs, and the Ministry is implementing several World Bank-supported programs for the control of AIDS, Malaria, Leprosy, and Tuberculosis in designated areas in addition to the 100% centrally sponsored family welfare program.

Objectives

1. To study the status of healthcare system in Andhra Pradesh.
2. To analyse the policies implemented by the government.
3. To identify the problems and suggest for better health administration.

Need for the study

To analyse about the status and working of health care system in Andhra Pradesh, the investigator wants to study the implementation of health care policies conducted by the Government through aspects like Awareness, Knowledge, Quality and Satisfaction among the beneficiaries and attitude, supervision and coordination by the officials of healthcare officials in Andhra Pradesh.

Hypothesis of the study

1. It is perceived that majority of the respondents do not have awareness about the health policies and schemes
2. It is perceived that majority of the respondents have less satisfaction with the services of health centres.
3. It is perceived that majority of the respondents expressed negative opinion on the services available .

Tools and Techniques

Basing on the nature of work and objectives of the study, two popular tools –Questionnaire method and personal interview have been employed in the present study for eliciting the required information from the primary source. The facts and figures are illuminated through the bar charts for the purpose of analyzing the data on the basis of averages and percentages.

Research Methodology

The data collected have been processed by using simple arithmetic techniques and by using computer. Averages and percentages are worked out to bring accuracy in understanding and presentation of the data. The collected data have been analyzed in the light of stated objectives using suitable classifications and tabulations.

Review of Literature

In his 2009 paper, Duggal examined the National Rural Health Mission (NRHM)'s public health budgets. It stated that the NRHM flagship will continue to sink unless radical changes in budgetary and financing mechanisms are put in place by granting full autonomy to those who directly run the public health system. Among the many reasons for the failure of NRHM to increase funds in the public health sector are fungibility with the states, central control on health resources, and so on.

Claeson and others, According to the Millennium Development Goals (MDGs) to be achieved by 2015, of which nearly half concern health, combating HIV/AIDS, malaria, and other diseases, reducing child mortality, and eradicating extreme poverty and hunger. While some objectives have been accomplished, such as the nutrition objective, the lowest quintile of a nation's population is on track to achieve it; In most low-income nations, it is unlikely that the goal of reducing child mortality will be met. The capacity to scale up by 2015 will depend on a combination of sound policies and additional funding, but all nations can make progress.

Duggal (2006) examines the budget's health allocations in light of the National Common Minimum program's commitments and trend 54 in state government spending, with a focus on the National Rural Health Mission. Using data on public health expenditures at the state level, Bhat and Jain (2004) conducted an analysis of public health expenditures. According to the findings, state governments aim to allocate approximately 0.43 percent of State GDP (SGDP) to health and medical care, which does not include allocations received from centrally sponsored programs like family welfare. They believe that the goal of spending 2% to 3% of GDP on health seems like an extremely lofty goal given the current level of spending and state governments' financial situation. Additionally, the analysis suggests that when the SGDP changes, the elasticity of health expenditures is only 0.68, meaning that for every one percent increase in state per capita income, per capita public healthcare expenditures rise by approximately 0.68 percent.

According to Chauhan (2001), factors outside of the medical field, such as the environment, socioeconomic factors, information and communication, the availability of health services, utilisation of health services, age structure of the population, and so on, influence health. The public health approach addresses all of these health determinants, requiring inter-disciplinary coordination and collaboration across sectors. They said that an effective public health system is the only way to reduce India's high rate of disease, disability, and death. In addition, they stated that, while urban areas have a higher proportion of deaths from non-communicable diseases (56 percent), rural areas have a higher proportion of deaths from communicable, maternal, prenatal, and nutritional conditions (41 percent).

Rahman has examined the use of location-allocation models in health service development planning in developing nations and Smith (2000). Their review aims to determine whether these approaches are appropriate for designing health care systems and how they relate to issues of overall development in developing nations.

Duggal and Jesani (1992) discuss the significance of morals in clinical practices. They emphasize that principles 55 of non-maleficence, beneficence, autonomy, and justice must serve as the foundation for ethics enforcement. At the same time, it highlights serious issues like malpractice, organ trading, unethical practice, and the commercialization of health care, among others, and it calls for a powerful patient movement to uphold ethics and implement systemic reforms.

There were only 28 colleges affiliated with the university when it first opened its doors. The number has now increased to 348! It is anticipated that it will continue to expand, expanding the university's boundaries. The number of affiliated colleges in each field can be found below.

S.No	Speciality	Number of affiliated colleges
1	Modern medicine	40
2	Dentistry	21
3	Ayurveda	07
4	Homeopathy	06
5	Unani	02
6	Nursing	213
7	Naturopathy and Yoga	02
8	Physiotherapy	38
9	Medical laboratory technology	54

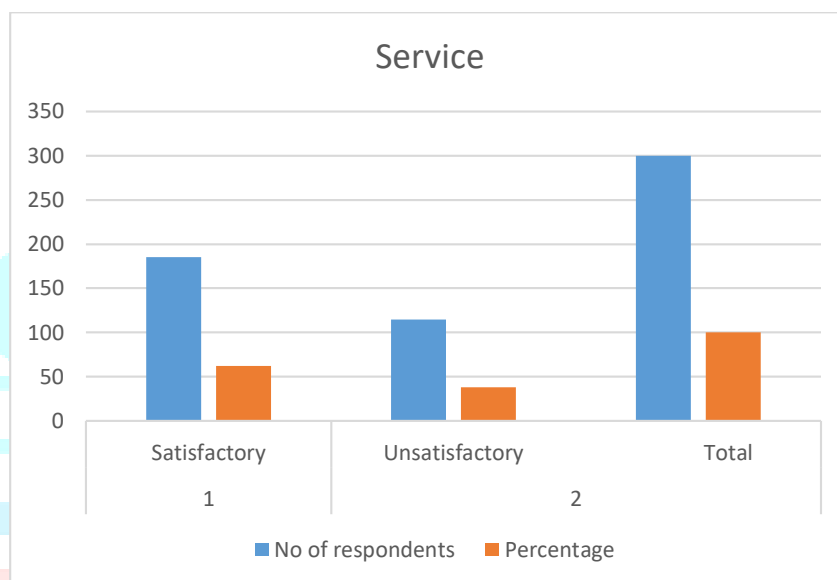
Super specialties in modern medicine and postgraduate courses in all other faculties are two examples of the university's rapid expansion of services. New certificate and fellowship programs in the fields that are in high demand and tailored to Andhra Pradesh's current disease profile are currently being actively considered. In addition to regular academic activities, the university also organizes and funds CMEs, teacher training programs, speeches, guest lectures by well-known people, and other similar events. These can be carried out in the facilities of affiliated colleges or at the university headquarters. Soon, the Journal of the Dr. NTR University of Health Sciences will be published.

Analysis of Data Interpretation

Service delivery

S.no	Response	No of respondents	Percentage
1	Satisfactory	185	62.00
2	Unsatisfactory	115	38.00
	Total	300	100.00

Source: Primary Data



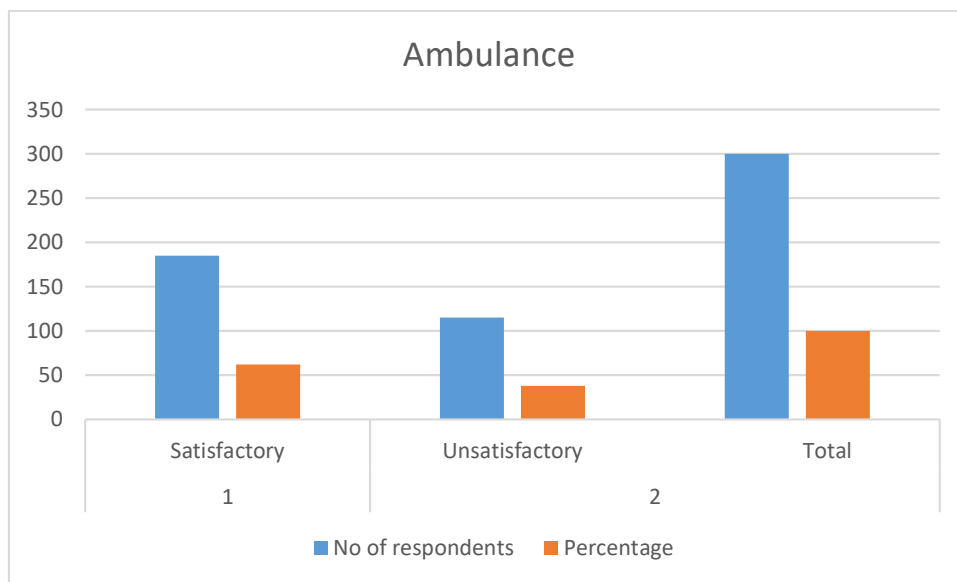
Above table shows that 62.00 percent of respondents expressed about the service delivery was more satisfactory and 38.00 percent of respondents stated that service delivery and treatment facilities are not upto the mark of satisfaction level.

Table-5.24

Ambulance service

S.no	Response	No of respondents	Percentage
1	Satisfactory	215	72.00
2	Unsatisfactory	85	28.00
	Total	300	100.00

Source: Primary Data

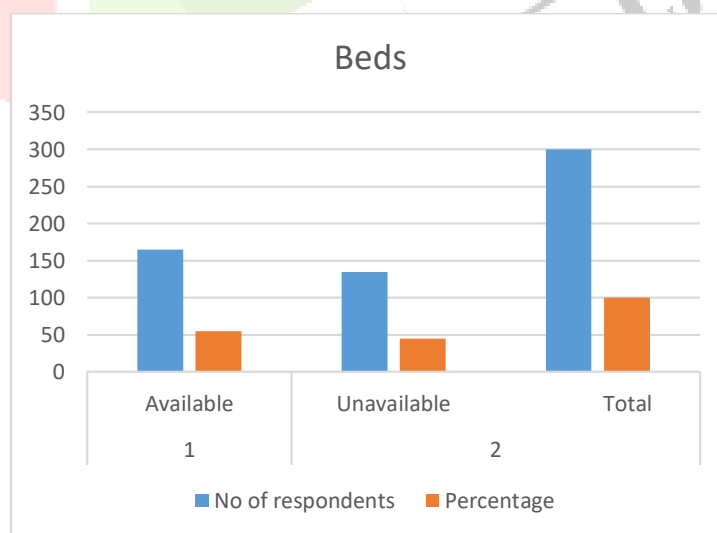


Above table shows that 72.00 percent of respondents expressed about the ambulance service was satisfactory and 28.00 percent of respondents stated that ambulance service facilities are not upto the mark of satisfaction level.

Table-5.25
Treatment beds availability

S.no	Response	No of respondents	Percentage
1	Available	165	55.00
2	Unavailable	135	45.00
	Total	300	100.00

Source: Primary Data

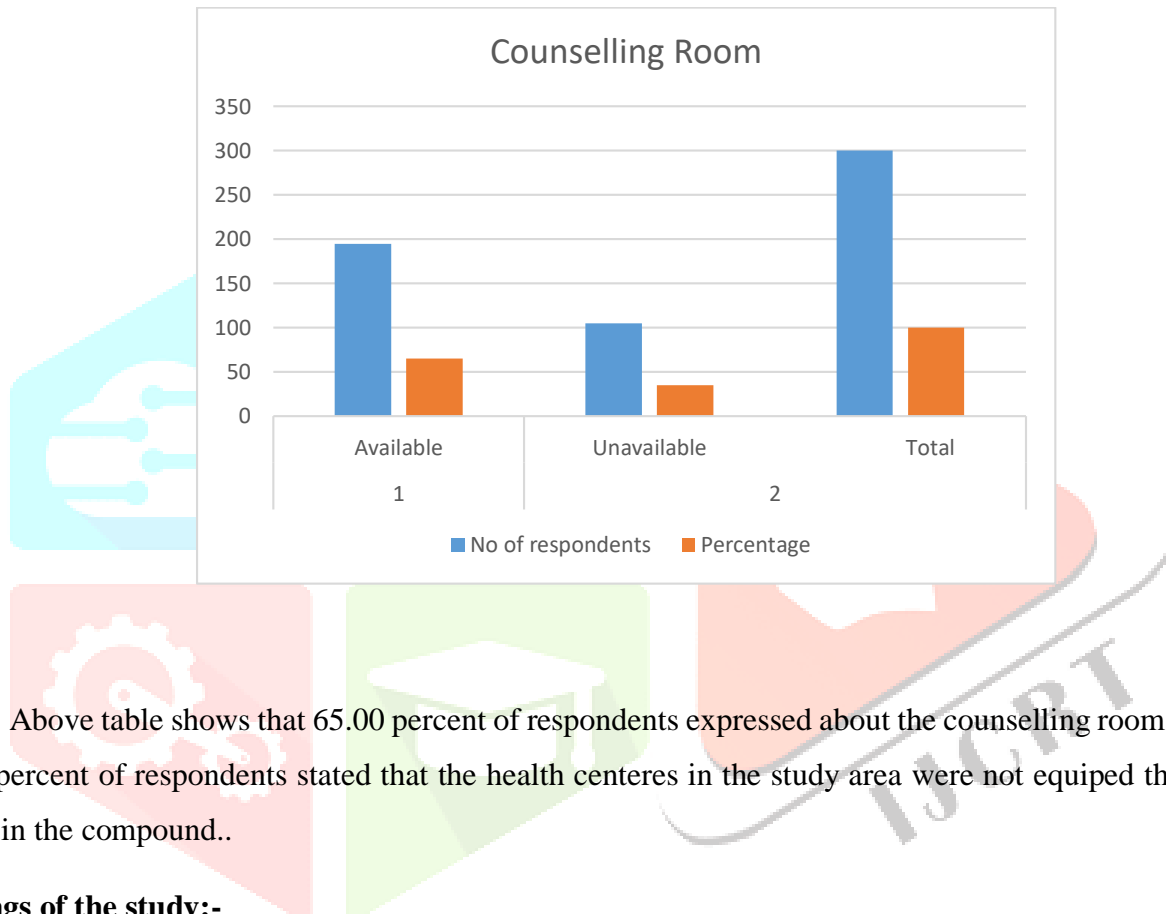


Above table shows that 55.00 percent of respondents expressed about the bed facility available and 45.00 percent of respondents stated that the bed facility was not sufficient as per the requirement of the health centers in the study area.

Table-5.26
Waiting halls availability

S.no	Response	No of respondents	Percentage
1	Available	195	65.00
2	Unavailable	105	35.00
	Total	300	100.00

Source: Primary Data



Above table shows that 65.00 percent of respondents expressed about the counselling room available and 35.00 percent of respondents stated that the health centers in the study area were not equipped the counselling rooms in the compound..

Findings of the study:-

1. More than half of the respondents stated i.e. 58.00 percent of the respondents had opined about the shortage of medical testing labs available followed by 42.00 percent agreed there are sufficient medical testing labs provided by the health centres.
2. It was reported that the more than half i.e.58.00 percent of the respondents had expressed about more delay in the registration procedure of Out Patient system in the healthcare system
3. It was observed by the patients available about the waste management process unavailable 33.00 percent expressed that there was no proper management of waste in the PHCs available in the district.
4. It was opined by the respondents,i.e.79.00 percent respondents expressed that there was sufficient drinking water facility provided in the hospitals and 21.00 percent stated that there was no sufficient water facility available at the PHCs in the district.
5. It was observed that 38.00 percent of respondents stated that service delivery and treatment facilities are not upto the mark of satisfaction level.

6. It was felt that dissatisfaction towards the ambulance service 28.00 percent of respondents stated that ambulance service facilities are not upto the mark of satisfaction level.
7. The observations revealed that 55.00 percent of respondents expressed about the bed facility available and 45.00 percent of respondents stated that the bed facility was not sufficient as per the requirement of the health centers in the study area.

SUGGESTIONS

1. In the study focus should be developed on the quality of medicines need to be improved to gain the good will of the people and regular supply of all essential drugs must be ensured.
2. Clinical and laboratory facilities need to be improved by regular supervision and monitoring by the technical staff in the healthcare system
3. Officials need to monitor to provide the facilities such as clean drinking water, sufficient furniture for patients who wait for consultation must be taken care.
4. Regular monitoring of good sanitation and hygienic surroundings must be ensured. Care must be taken to see that the toilets are cleaned regularly as per the schedule.
5. There was a need for health staff including the doctors should develop motivation towards serving the under privileged community and provide the services with full commitment in fulfilling the task assigned to them.
6. Need for more promotion and awareness of the health schemes available in the study area for the better knowledge of the beneficiaries.
7. The quality of medicines need to be improved to gain the good will of the people and regular supply of all essential drugs must be ensured.

CONCLUSION

In the field of health, there is a need to act: According to the WHO Report, "famine, malnutrition, and the resulting diseases will continue, natural resources will continue to decline, and conflicts over scarce resources like water will become even more common" if the global community does not act quickly. The Organization calls for reducing poverty in the poorest nations and eliminating pockets of poverty within nations, including among refugees. The key to economic expansion and the end of poverty is legislation that promotes health and equity.

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