

A STUDY ON URBAN HEALTH MANAGEMENT SYSTEM IN EAST GODAVARI DISTRICT-AP-INDIA

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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 socio economic 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 of the Indian Constitution 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 be either beneficial or detrimental.

Keywords: Healthcare, Service Delivery, Policies, Infrastructure, and Resources

INTRODUCTION

The federal and state governments run the facilities that make up the public healthcare system. In both urban and urban 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 ninth 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 Well-being 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 know the status of the urban health management system in the study area
- 2) To evaluate the policies implemented by the government of AP.
- 3) To identify the problems and suggestions for better health management.

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 analysing the data based on 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 Urban 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 Urban 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), urban 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 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 and advanced medicine	40
2	Department of Dentistry	21
3	Ayurveda department	7
4	Homeopathy department	6
5	Unani medicine	2
6	Department of Nursing	213
7	Naturopathy and Yoga	2
8	Department of Physiotherapy	38
9	Medical laboratory and technology	54

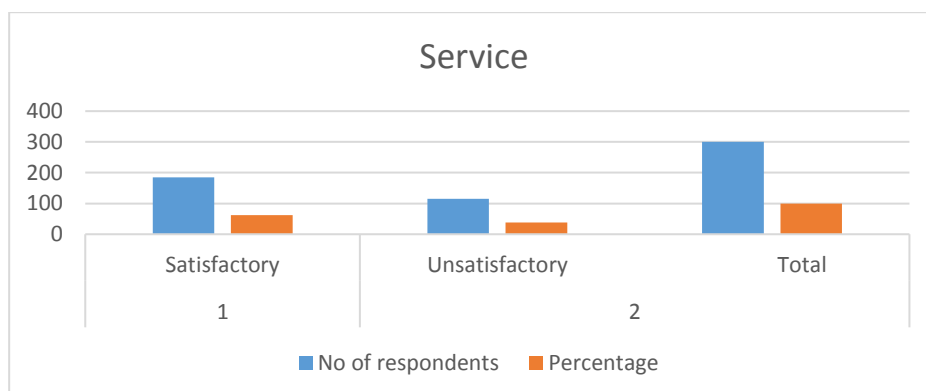
Super specialties in modern medicine and postgraduate courses in all other faculties are two examples of the university's rapid expansion of services. New certificate and fellowship programs in the fields that are in high demand and tailored to Andhra Pradesh's current disease profile are currently being actively considered. In addition to regular academic activities, the university organizes and funds CMEs, teacher training programs, speeches, guest lectures by well-known people, and other similar events.

Analysis of Data Interpretation

Service management

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

Source: Primary Data

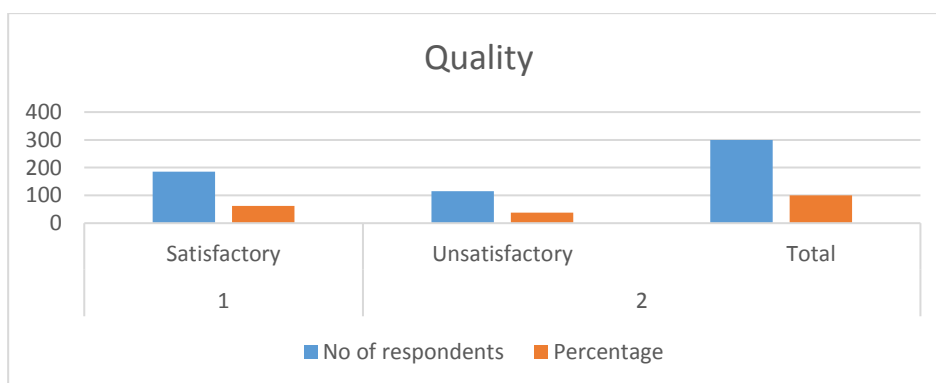


Above table shows that 62.00 percent of respondents expressed about the service delivery was more satisfactory and 38.00 percent of respondents stated that service delivery and treatment facilities are not upto the mark of satisfaction level.

Table 5.24: Quality 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

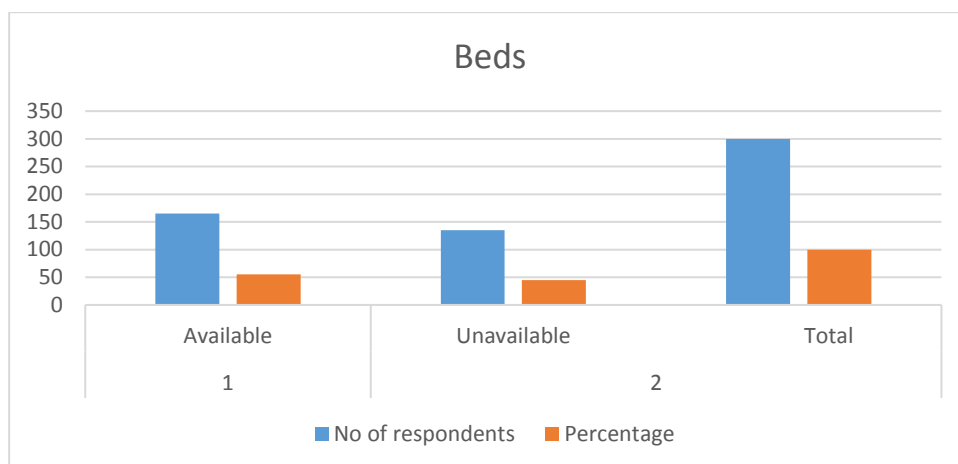


Above table shows that 72.00 percent of respondents expressed about the ambulance service was satisfactory and 28.00 percent of respondents stated that ambulance service facilities are not upto the mark of satisfaction level.

Table 5.25: Infrastructure facilities 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

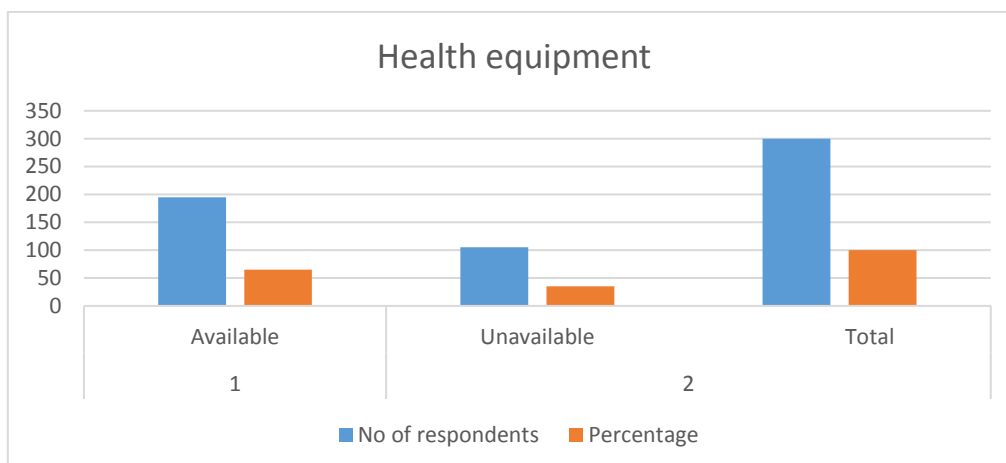


Aabove table shows that 55.00 percent of respondents expressed about the infrastructure facility available and 45.00 percent of respondents stated that the facilities was not sufficient as per the requirement of the health centers in the study area.

Table 5.26: Health Equipment's 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 equipments of healthcare management available and 35.00 percent of respondents stated that the health centers in the study area were not equipped the wards in the compound..

FINDINGS OF THE STUDY

- 1) More than half of those polled agreed that health centres have a sufficient number of medical testing labs, with 58,000 of those polled expressing concern about the lack of such facilities.
- 2) It was reported that more than half of respondents, or 58.00 percent, complained about longer registration times for Outpatients in the healthcare system. 33% of the patients who were surveyed expressed concern about the waste management process and stated that the district's PHCs did not properly manage waste.
- 3) Respondents agreed, with 79.00% saying that hospitals had adequate drinking water facilities and 21.00% saying that public health centres (PHCs) in the district did not have adequate drinking water facilities.
- 4) It was discovered that 38.00% of respondents stated that treatment facilities and service delivery do not meet satisfaction standards.
- 5) Quality service facilities were not up to the mark of satisfaction for 28.00 percent of respondents, according to their perception of satisfaction.
- 6) According to the findings, 45.00% of respondents said that the infrastructure facility did not meet the needs of the health centres' in the study area, and 55.00% of respondents said that the infrastructure facility was available.

SUGGESTIONS

- 1) In the study, the importance of ensuring a consistent supply of all essential medications and improving the quality of medicines should be emphasized.
- 2) The healthcare system's technical staff must regularly supervise and monitor clinical and laboratory facilities to improve them. In order to ensure that patients who are waiting for a consultation have access to sufficient furniture and clean drinking water, officials must keep an eye on the facilities.
- 3) The environment must be kept clean and hygienic on a regular basis. The toilets must be cleaned according to the schedule on a regular basis.
- 4) There was a need for health care workers, including doctors, to become motivated to help the underprivileged community and provide services with complete dedication to their responsibilities.
- 5) In order to better understand the beneficiaries, there is a need for increased promotion and awareness of the health plans in the study area.
- 6) In order to win the support of the populace, it is necessary to raise the quality of the medicines and guarantee a consistent supply of all necessary medications.

CONCLUSION

It is necessary to take action in the health sector: If the international community does not act quickly, "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." The Organization calls for eradicating pockets of poverty within nations, including among refugees, and reducing poverty in the poorest nations. Legislation that promotes health and equity is the key to economic growth and the end of poverty.

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