



(RESEARCH ARTICLE)



## Performance of healthcare administration in Andhra Pradesh

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International Journal of Science and Research Archive, 2023, 08(01), 907-913

Publication history: Received on 28 December 2022; revised on 08 February 2023; accepted on 10 February 2023

Article DOI: <https://doi.org/10.30574/ijrsra.2023.8.1.0141>

### Abstract

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. Thus, communities as a whole and individuals can both be thought of as the end product of numerous interactions conceptually. The more significant factors or variables are biological factors, an individual's health is influenced by a variety of elements, including their surroundings, socioeconomic situation, health care services, population ageing, gender, and behavioural and sociocultural circumstances.

WHO defines primary Health Care as "essential health care made universally accessible to individuals and families in the community through means acceptable to them. "through their full participation and at a reasonable cost to the community and country. It is an essential component of both the country's health system, of which it is the nucleus, and the community's overall social and economic development."

**Keywords:** Healthcare; Awareness; Involvement; Interest; Satisfaction

### 1. Introduction

The right to health is one of the last to be proclaimed in the Constitution of most countries of the world. (45) At an international level the Universal Declaration of Human Rights established a breakthrough in 1948 by stating in Article 25: 'Everyone has the right to a standard of living adequate for the health and well-being of himself and his family' the preamble to the WHO constitution also affirms that it is one of the fundamental rights of every human being to enjoy "the highest attainable standard of health». In an increasing number of societies, health is no longer accepted as charity or the privilege of the few, but demanded as a right for all. The concept of "right to health" has generated so many questions like right to medical care, right to responsibility for health, right to healthy environment, right to food, right to procreate (artificial insemination included) the right to be not procreate ( family planning, serialization, abortions), rights of diseased persons, and many of these subjects to debate.

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.

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## Objectives

- To study the respondent's level of awareness of health policies
- To know the satisfaction levels of the respondents.
- To identify the problems and suggest for better health administration.

### 1.1. 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, Involvement and Satisfaction among the beneficiaries and attitude, supervision and coordination by the officials of healthcare officials in Andhra Pradesh.

### 1.2. Hypothesis of the study

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

### 1.3. 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.

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## 2. 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.

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## 3. 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.

#### 4. Analysis of Data Interpretation

**Table 1** Respondent’s awareness towards the health schemes

S.no	Awareness of health schemes	No of respondents	Percentage
1	Know	177	72.00
2	Don’t Know	123	28.00
	Total	300	100.00

Source: Primary Data

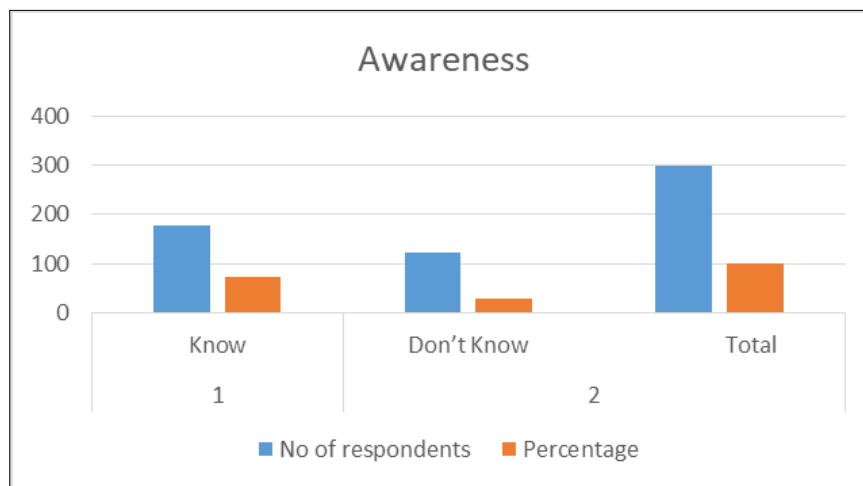


Table 1 explains the beneficiaries’ awareness of the health schemes available in the NTR District. 72 percent of the respondents expressed that they are aware of health schemes available in the district, while 28.00 respondents opined that they have no awareness regarding the schemes available in the study area

**Table 2** Knowledge of health policies available

S.no	Response	No of respondents	Percentage
1	Full	90	30.00
2	Half	180	60.00
3	No	30	10.00
	Total	300	100.00

Source: Primary Data

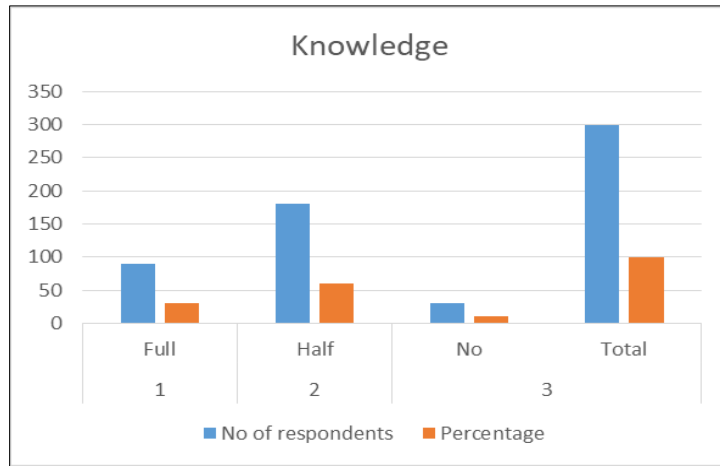


Table 2 explains about the information received by the respondents about the knowledge .About 50.33 have some information about various rural development programmes.25.00 percent of respondents did not have any information about the programmes. Least number of respondents have full information about the programmes regarding health schemes available in the study area.

**Table 3** Medicines and drugs availability

S.no	Response	No of respondents	Percentage
1	Available	188	63.00
2	Unavailable	112	37.00
	Total	300	100.00

Source: Primary Data

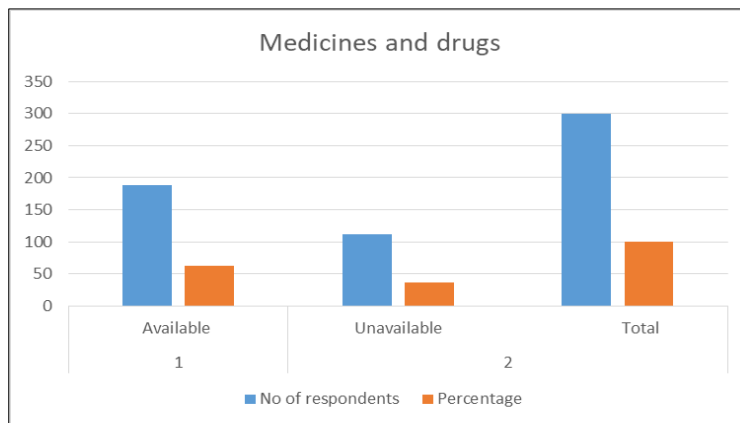


Table 3 represents the availability of medicines and drugs in the PHCs in the study area.63.00 percent respondents expressed that there was availability of medicines provided in the hospitals and 21.00 percent stated that there was no sufficient medicines available at the PHCs in the district.

**Table 4** 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

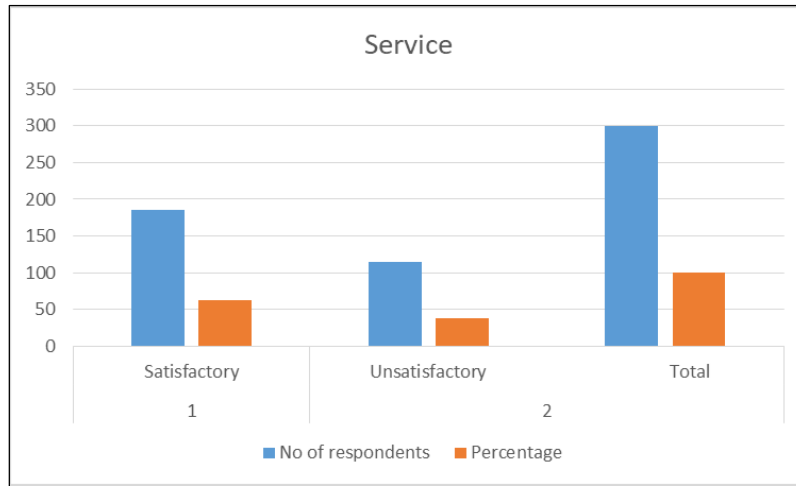


Table 4 shows that 62.00 percent of respondents expressed about the service delivery was more satisfactory and 38.00 percent of respondents stated that service delivery and treatment facilities are not upto the mark of satisfaction level.

**Table 5** NGOs involvement

S.no	Response	No of respondents	Percentage
1	Yes	160	53.00
2	No	140	47.00
	Total	300	100.00

Source: Primary Data

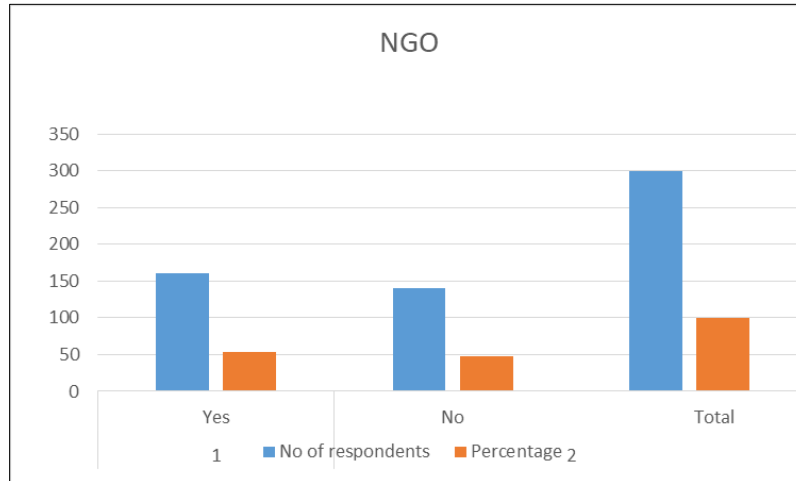


Table 5 explains that 53.00 percent of respondents expressed about the NGOs involvement available and 47.00 percent of respondents stated that the NGOs involvement was not found in the health care services available in the district..

## 5. Findings of the study

- It was observed that 38.00 percent of respondents stated that service delivery and treatment facilities are not upto the mark of satisfaction level.
- 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.

- It was observed that more than one-fourth of the respondents found that they had no proper awareness towards the health schemes available in the district. 28.00 percent beneficiaries expressed unaware of health schemes available.
- Most of the respondents stated that they have less knowledge towards the policies available in the healthcare system implemented in the district, i.e., 60.00 percent of beneficiaries expressed unaware of health care policies available.
- As per survey findings, majority of the respondents not satisfied towards the facilities available in the government hospitals available in the district, 65.00 percent beneficiaries expressed unaware of health schemes available.
- It was found that most of the necessary and drugs 21.00 percent stated that there was no sufficient medicines available at the PHCs in the district.
- 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.
- 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.
- Beneficiaries expressed unavailability of counselling room 35.00 percent of respondents stated that the health centers in the study area were not equipped the counseling rooms in the compound..
- As per the survey reports that 53.00 percent of respondents expressed about the NGOs involvement available and 47.00 percent of respondents stated that the NGOs involvement was not found in the health care services available in the district.

### *Suggestions*

- 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.
- Clinical and laboratory facilities need to be improved by regular supervision and monitoring by the technical staff in the healthcare system
- 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.
- 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.
- Need for more promotion and awareness of the health schemes available in the study area for the better knowledge of the beneficiaries.
- 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.

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## **6. 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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## **Compliance with ethical standards**

### *Disclosure of conflict of interest*

No conflict of interest.

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