



(REVIEW ARTICLE)



## Performance of healthcare administration and satisfaction in Guntur Dist., Andhra Pradesh

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### Abstract

Health is comprehensive, with each aspect having a noteworthy impact on the person both on the inside and outwardly in the society in which they live. It is said that the communication of two sets of state of affairs determines what a man is and the diseases to which he may be disposed. These variables act together, and their effects on physical condition can either be advantageous or disadvantageous. Thus, communities as a complete and individuals can both be thought of as the end item for consumption of frequent connections theoretically. The additional considerable factors or variables are genetic factors; an individual's health is prejudiced by a multiplicity of elements, as well as their environment, socioeconomic state of affairs, health care military, population ageing, gender, and behavioral and sociocultural state of affairs.

WHO defines the largest part of important Health Care as "indispensable health care made across the world easily reached to persons and families in the group of people through means acceptable to them". "Through their complete 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

Healthcare management is important aspect for WHO's and member states. Data collection is responsible to all members of WHO and suggest any healthcare prevention based on the analyze data derived from population and institution-based sources [1].

Interdependence and group effort are essential to resolving the problems that as look a society. Research focused on six regions of the world and outcome published open access journals by Lancet Regional health. The goal is to improve health outcomes by advancing the research agenda, advocating for equal access to quality healthcare for all, and fostering the advancement of clinical practice and health policy [2]. It is a genuine commitment to using research may use as a catalyst to improve the health and happiness of people in all regions of the world.

### 2. Survey World Health

The World Health Survey Plus (WHS+) is the World Health Organization's flagship household survey programme, focused on generating data needed to align with shifting data needs in health programming, policy and analysis, while also working to strengthen household survey systems in member countries. The World Health Survey Plus (WHS+) builds on WHO's experience with generating, analyzing and disseminating representative data from household surveys

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in over 101 countries [1,3]. The WHS+ provides a data collection system for countries to monitor their progress towards population health targets, health-related SDGs, and WHO’s impact framework. WHS+ will drive measurement of strategic health goals and add value to countries’ data collection [4,5].

### 3. A survey with an agenda

Household surveys play a critical role in meeting national data needs. Currently, surveys are available from too few countries, often cover only certain topics, focus on certain population groups and may not be comparable. Survey data may not systematically feed into national information systems for health and should work towards building national capacity. The WHS+ would aim to achieve better sequencing and coordination between studies, improvements in integrating survey data into health information systems and country capacities, and inclusion of neglected topics and population groups. WHS+ provides countries with the opportunity to fill gaps in health data [6-9]. WHS+ will support countries to measure what is being done, reveal what impact this is having, establish the value of return on invested funding and assess progress towards global goals. WHS+ builds on WHO’s World Health Survey conducted in 69 countries. WHS+ also derives best practices from other WHO and international surveys, such as the longitudinal Study on global AGEing and adult health (SAGE), Demographic and Health Survey (DHS), Multiple Indicator Cluster Surveys (MICS), Living Standards Measurement Study (LSMS), and Global Adult Tobacco Survey (GATS). The sampling design of WHS+ is adaptable to allow cross-sectional or longitudinal surveys [10-12]. Highlights of the survey and outcome as:

- Emerging E2P strategies are debated their framework and tools.
- Identify their priorities and expectations to gain insights from E2P funders.
- Discover strategies to enhance trust in science and combat misinformation.
- Suggesting the future developments and Celebrating the achievements of WHO's Evidence-informed Policy Network (EVIPNet).
- Interconnect the peers, stakeholders and experts to utilize dedicated networking spaces

#### Aims and Objectives

In view of the things which are formulating the healthcare schemes the government of Andhra Pradesh successfully implementing healthcare for all in the state as Dr.YSR Aarogyasri Scheme. Recently the government conducted basic survey door to door. This paper presents is to aims the different awareness of the scheme which are implemented in demographic area Guntur dist., conducted by the author data are analyze to their satisfaction and suggestion better implementation of the scheme.

### 4. Analysis of Data Interpretation

Figure1 Shows the awareness of beneficiaries’ awareness of the health schemes available in the Guntur District. 74% of the respondents expressed that they are aware of health schemes available in the district, while 26% respondents opined that they have no awareness regarding the schemes available in the study area are given Table 1.

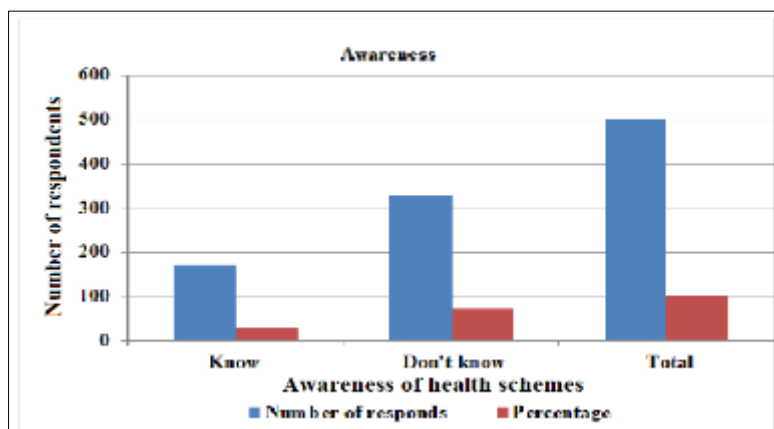


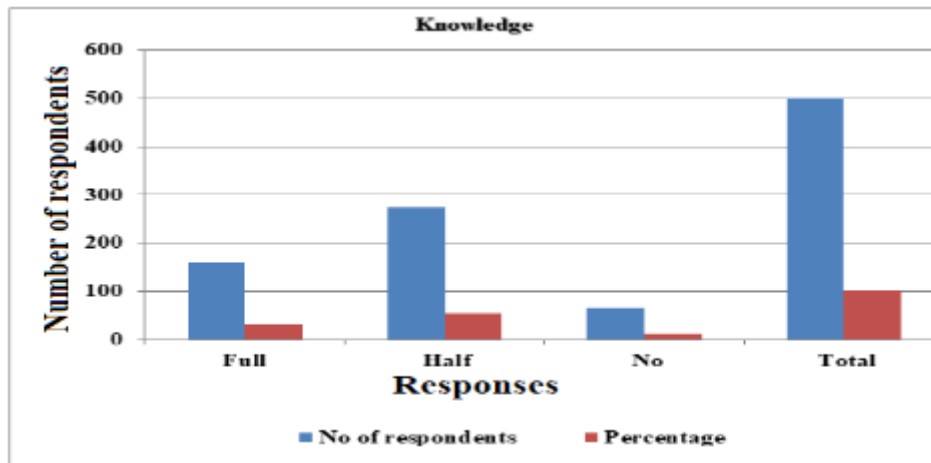
Figure 1 Awareness of beneficiaries

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

| S.No. | Awareness of health schemes | No of respondents | Percentage |
|-------|-----------------------------|-------------------|------------|
| 1.    | Know                        | 370               | 74.00      |
| 2.    | Don’t Know                  | 130               | 26.00      |
| 3.    | Total                       | 500               | 100.00     |

Source: Primary Data

The knowledge of health policies depicted in Figure 2 and Table 2 explains about the information received by the respondents about the knowledge. About 55% have some information about various rural development programmes, 32% 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.



**Figure 2** Knowledge of health policies

**Table 2** Knowledge of health policies available

| S.No. | Response | No of respondents | Percentage |
|-------|----------|-------------------|------------|
| 1.    | Full     | 160               | 32.00      |
| 2.    | Half     | 275               | 55.00      |
| 3.    | No       | 65                | 13.00      |
|       | Total    | 500               | 100.00     |

Source: Primary Data

Table 3 represents the availability of medicines and drugs in the PHCs in the study area 66% respondents expressed that there was availability of medicines provided in the hospitals and 34.00 percent stated that there was no sufficient medicines available at the PHCs in the district. Figure 3 shows the medicines and drugs.

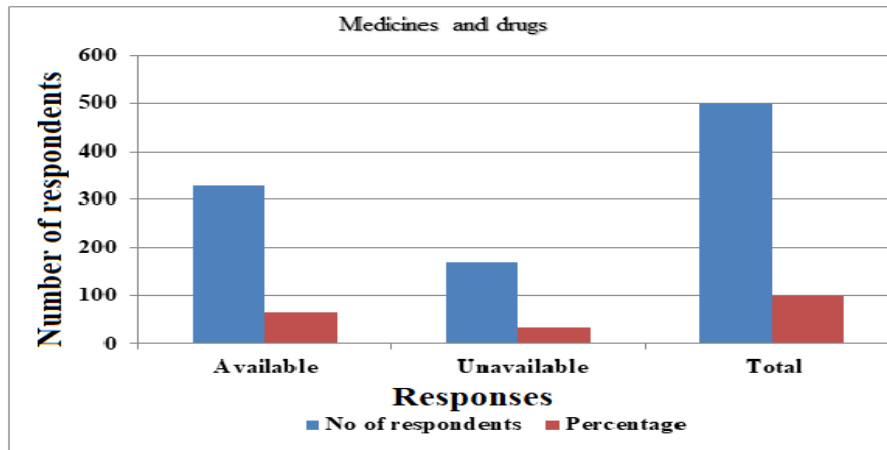


Figure 3 Availability of medicines and drugs

Table 3 Medicines and drugs availability

| S.No. | Response    | No of respondents | Percentage |
|-------|-------------|-------------------|------------|
| 1.    | Available   | 330               | 66.00      |
| 2.    | Unavailable | 170               | 34.00      |
|       | Total       | 500               | 100.00     |

Source: Primary Data

Figure 4 shows the services about the scheme and Table 4 shows that 69.00 percent of respondents expressed about the service delivery was more satisfactory and 31.00 percent of respondents stated that service delivery and treatment facilities are not upto the mark of their satisfaction level.

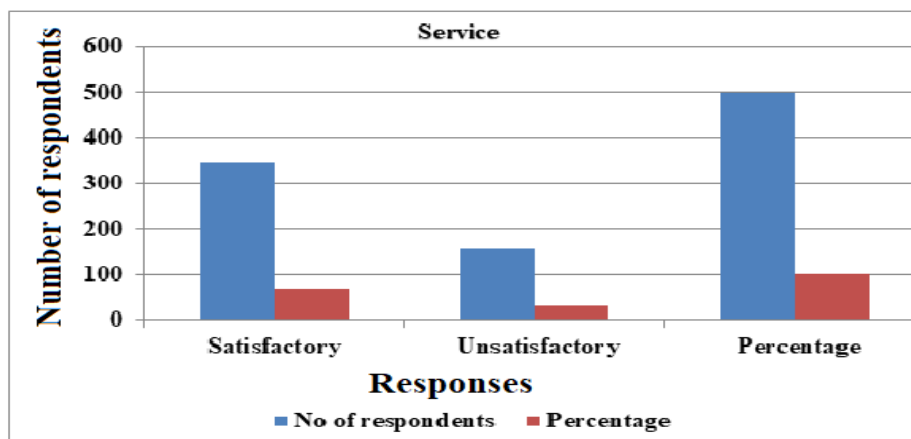


Figure 4 Services about the scheme

Table 4 Service delivery

| S.No. | Response       | No of respondents | Percentage |
|-------|----------------|-------------------|------------|
| 1.    | Satisfactory   | 345               | 69.00      |
| 2.    | Unsatisfactory | 155               | 31.00      |
|       | Total          | 500               | 100.00     |

Source: Primary Data

Figure 5 show the involvement of NGOs. Table 5 explains that 57.00 percent of respondents expressed about the NGOs involvement available and 43.00 percent of respondents stated that the NGOs involvement was not found in the health care services available in the district.

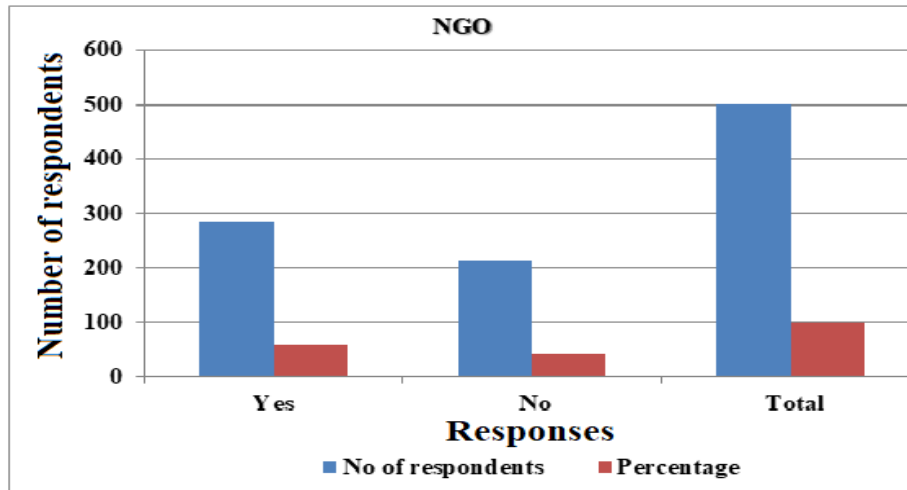


Figure 5 Involvement of NGOs

Table 5 NGOs involvement

| S.No. | Response | No of respondents | Percentage |
|-------|----------|-------------------|------------|
| 1.    | Yes      | 285               | 57.00      |
| 2.    | No       | 215               | 43.00      |
|       | Total    | 500               | 100.00     |

Source: Primary Data

#### 4.1. Findings of the study

- The observations revealed that 74.00 percent of respondents expressed about the Awareness. 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.
- Most of the respondents stated that they have less knowledge towards the policies available in the healthcare system implemented in the district, i.e, 68.00 percent of beneficiaries expressed unaware of health care policies available.
- It was found that most of the necessary and drugs 34.00 percent stated that there was no sufficient medicines available at the PHCs in the district.
- As per survey findings, majority of the respondents satisfied (69%) towards the facilities available in the hospitals available in the district,
- It was felt that unsatisfaction towards the ambulance service 31.00 percent of respondents stated that ambulance service facilities are not upto the mark of satisfaction level.
- The observations revealed that 69.00 percent of respondents expressed about the bed facility available and 31.00 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 counseling room 31.00 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 57.00 percent of respondents expressed about the NGOs involvement available and 43.00 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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## 5. 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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