

Investigation of Public Healthcare Programs in India's Village Development Areas

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Abstract

The role of health in determining human capital is crucial. Better health improves work force proficiency and efficiency, which, in turn, contributes to economic development and human welfare. Governments fund health care facilities for their citizens in order to achieve better, more skilled, competent, and valuable human capital resources. As a result, the public sector pays the entire or a portion of the cost of using health-care services. The size and distribution of these in-kind exchanges to the health sector varies by country, but the central question is how profitable and successful are these uses? It is particularly reliant on the volume and distribution of these uses among the general public in different parts of the country. Aside from the concept of present human resource circumstances, even a little increase in public sector investment on health care might have a favorable impact on human capital and economic growth. The aim of this paper is to investigate about public healthcare programs in India's village development areas.

Keywords: *healthcare programs, village development, human capital, economic growth*

I. Introduction

In many emerging countries, such as India, Singapore, Thailand, Malaysia, and others, the service sector now accounts for a significant portion of the entire economy. In countries like the United States, the United Kingdom, France, Germany, and Japan, services account for more than 70% of GDP, according to the World Bank Group (2010). Furthermore, according to Arasli et al. (2005), the Organization for Economic Co-operation and Development (OECD) overview study, the service industry employs more than 70% of the population. Similarly, the service sector's net annual compensation in both developed and developing countries has been steadily increasing over the last decade. This demonstrates that the service sector plays an important role in the growth of a country and is immediately under pressure to continue improving performance and quality while remaining client-focused. Quality of service is a critical criterion for evaluating any industry's success, and it is regarded as one of the most important strategic elements of services.

Humans are exposed to environmental regions, the atmosphere, and natural power wellsprings from a global viewpoint. All lives, regardless of whether they reside in rural or urban locations, depend on all offices of the universe that are available as environmental preparation factors, regular sources, and atmospheric factors, as well as private, life status, earning fields, and feeding systems.

Every accessible system, such as the neurological system and natural portions of the body, is dependent on the individual's health, which is dependent on environmental and global sources as well as nature.

Inadequate health capabilities may be caused by a lack of responsibilities and accountability, disciplinary actions, basic leadership at all levels, and ineffective correspondences and adjustments in primitive health systems.

Humans are vulnerable to environmental locations, climate, and natural power sources from a global viewpoint. All lives, regardless of whether they live in rural or urban locations, depend on all of the universe's resources, such as environmental handling variables, common sources, and climatic factors, residential location, life status, earning fields, and feeding systems.

Every accessible system, such as the neurological system and natural portions of the body, is dependent on the individual's health, which is influenced by environmental and global sources and nature.

There is a lack of coordination, poor physical conditions, an inadequate framework, and poor record assistance. There is a lack of high-tech hardware, negligence in the disintegration of health-care standards, a lack of emphasis on patient-centered service, and a lack of quality and availability of sustenance. The lack of on-the-job training for staff, the exorbitant cost of specialized staff, the inaccessibility of machines in government hospitals, and the unexpected cost of treatment consolidation hospitals are all factors.

However, it has recently been discovered that the healthcare and hospitality industries are among the most complex on the planet, particularly in the Indian context. There are a few possible explanations. Some of them are due to the rapid development of information technology (IT), the enormous speed of socio-specialized

development, the changing needs of users, the growing number of hospitals, PTOs, and inns, as well as the growing number of healthcare and hospitality quality measurements. As a result, it is clear that the status of these two industries must be investigated on a regular basis in order to pass judgment on the current health of the most demanding and developing industries in the Indian context, with the goal of minimizing the threats to these two industries.

Health-care facilities (HCFs) are provided by both the commercial and governmental sectors in India. The concept of public-sector services is fundamentally different from that of private-sector services. Aside from curative services, the public sector also provides a variety of preventive services.

Health care facilities are owned and operated by profit-driven businesses, philanthropic organizations, governments, and individuals from all walks of life across the country. India is the world's second most populous country, with 70 percent of the world's population. The majority of the population lives in semi-urban and rural areas. Hospitals and health-care services are essential components, and any well-organized and feminine society will undoubtedly benefit from social resources. Hospitals should provide a safe environment for patients, employees, and the general public.

II. Objectives

1. To research the Indian government's policies and practices for subsidizing rural healthcare services.
2. To investigate how rural health care services in Haryana are managed.
3. To determine the importance of community engagement in India's rural healthcare facilities.
4. Make recommendations for elements that impact the efficient administration of rural health care services.

III. Review Of Literature

Manoj Mohanan (2016) - India's health care part gives a wide scope of quality of care, from all inclusive acclaimed hospitals to facilities that convey care of unsatisfactorily low quality. Endeavors to enhance the quality of care are especially tested by the absence of dependable data on quality and by specialized challenges in estimating quality. Continuous endeavors in the public and private parts plan to enhance the quality of data, grow better measures and comprehension of the quality of care, and create imaginative answers for long-standing challenges. We condense needs and the challenges looked by endeavors to enhance the quality of care. We additionally feature exercises gained from ongoing endeavors to quantify and enhance that quality, in light of the articles on quality of care in India that are distributed in this issue of Health Affairs. The quickly changing profile of diseases in India and rising constant ailment burden make it critical for state and central governments to collaborate with researchers and organizations that actualize projects to enhance health care to assist the quality plan.

Ranganadhan (2018) – Health is a record of advancement and economic development. A great deal of consideration is set up to enhance health conditions by giving fundamental pleasantries through better infrastructure and medical professionals. Public health facilities keep on confronting staff deficiency as more than 85 percent pro doctors, 75 percent doctors, 80 percent research facility experts, 53 percent nursing and 52 percent ANM (assistant medical caretaker maternity specialist) short crosswise over States. The thickness of health professionals is likewise, more in urban areas thought about rural areas. India is positioning 52nd out of 57 nations confronting human assets in health emergency. With developing population striking an equalization is a colossal assignment making a need for private investments. A few health facilities have begun working under Public-Private Partnership (PPP) show in various states. Government India's drive of Digital India has plentiful open doors for computerized advancements in health care. With expanded advanced awareness there is a wide extension for creating Electronic Health Record (EHR) services which help people as well as, Government for arranging at national dimension. Scarcely any huge hospitals have EHR service for inner comfort. Government of India has likewise; think of standards and directions for EHR services. The paper presents different alternatives and open doors for PPP in health. Improvement of HER service for compelling arranging at national dimension is conceivable through Public-Private Partnership. Private part being a major wellspring of professionals can assume a vital role in managing HER related services. Corporate Social Sustainability (CSR) is a societal commitment of corporate business gatherings to take an interest in formative projects. Corporate organizations under CSR reserves are putting resources into different community formative exercises. Major corporate organizations are effectively partaking in health programs through CSR action. The paper features conceivable chances and degree for tapping CSR assets to enhance health care conveyance through Public-Private Partnership.

IV. RESEARCH METHODOLOGY

The paper focuses primarily on Haryana's basic healthcare framework facilities and primary healthcare delivery services. "Representative Sampling" will be used as the study's sampling approach. A representative sample is a kind of quantifiable sampling in which a researcher attempts to choose individuals who represent a

large community. It is a precise strategy for serving a large number of people in a larger inclusion area.

The research will use a combination of multi-organizational sampling and random sampling, which is a kind of cluster sampling. When all of the sample components in all of the chosen clusters are prohibitively expensive or excessive, this approach is used.

4.1 Data Collection Sources

The structured questionnaire will be used to gather data from recipients. The information will come from both primary and secondary sources. By giving standardized questionnaires to beneficiaries at primary healthcare centers, primary data will be acquired. Secondary data on rural healthcare will be gathered from the Indian healthcare report, the Directorate of Healthcare and Statistics, the Ministry of Healthcare, and the Departments of Family Welfare. The great bulk of the information will come from the National Rural Healthcare Mission and World Health Organization reports.

V. Result and Findings

By selecting primary health-care facilities in three locations, the current section will break out the primary health-care conveyance services management methods in Haryana as a specific report (Ambala, Kurukshetra and Panchkula). The main segment focuses on the recipients' demographic profile, basic information about their visits to primary health-care centers, and the current state of rural healthcare management in Haryana, with a focus on supply and store management, medical staff preparation, patient care management, initiative and participative management, accessibility to good laboratory services, quality of healthcare conveyance services, infrastructure facility, and accessibility to funds. Various factual tools were used, including percent analysis, chi-square analysis, and factor analysis. ASHA/VHW/AWW evaluates the performance of primary health-care centers, primary health-care services infrastructure facilities, primary health-care conveyance services, and quality of services, as well as community interest and coordination.

The analysis of responses to an overview lead using a structured survey will be shown in this section of the investigation. Initially, the investigation hoped to learn more about the current government strategy for ensuring primary health-care delivery and providing infrastructure in PHCs to rural areas, in order to gain a better understanding of their perspectives on potential benefits, lack of interest, disadvantages, and the viability of such policies for the rural population.

In any case, it was discovered that most of the respondents didn't know about the specific government programs and were essentially detached and ignorant about the health-care policies of government experts, and that they didn't trust that they had any say in how the government worked when a pilot study was directed and furthermore over the course of the research study. As a result, the investigation devised a survey and gathered data on how to access existing health-care services and their interactions with medical professionals. The questions were arranged in such a way that respondents may voice their views on the existing health-care system, their future wishes, and seek for suggestions for possible reforms that would ensure the delivery of sustainable health-care services. Finally, considerations concerning rural health-care transportation services such as infrastructure, quality, giving facilities, and community collaboration round out this section.

A statistical profile is an essential component of every research project. It offers basic information on the examination's respondents. The information includes the recipient's age, sexual orientation, educational competence, employment, wage level, and the name of the location in which he or she owns a place, among other things. The survey was sent to 900 people in three Haryana locations already mentioned.

VI. CONCLUSION

This investigation was undertaken to look into primary health care in Haryana's rural areas, its infrastructure, manpower accessibility, and the rural community's recognition and use of such facilities and services, as well as government and non-governmental organizations' efforts to improve health through health programs. This investigation is important in gaining a better knowledge of the rural community's primary health-care needs, especially maternal and child health-care needs. The investigation's findings are presented in the table below.

Primary health-care is a critical component of the rural health-care delivery system. As a result, the inquiry dissected many variables that contribute to the performance of primary health-care clinics. It is reasonable to conclude that the reliability of a PHC's transportation, provision of infrastructure, and participation and coordination with the community all have an influence on the performance of primary health-care services. The study also attempted to identify the factors influencing rural health-care delivery services, and it was hypothesized that the lack of viable delivery services in primary health-care would have an influence on several aspects of health-care in rural Haryana. The majority of responders pointed out that the absence of basic assets and inadequate coordination in directing the dimensions of personnel necessary had a 251 negative impact on primary health-care services. Insignificant impact on rural health-care transportation services. Several

hypotheses were tested using Chi-square, factor analysis, and, finally, the relationship coefficient investigation test. The majority of research factor outcomes are found to be irrelevant.

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