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Health Infrastructural Development In Maharashtra

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Abstract:

India, the second most populous nation in the world, has recently attracted attention from around the world because to its shifting socio-political demographic and morbidity patterns. The health sector has issues due to the growing economic, regional, and gender disparities, even with the government's growth-oriented policies. The research is descriptive. Secondary data required for the study are collected from books, journals and other periodicals and reports of the Government and other agencies. This paper highlights the health infrastructure in Maharashtra.

Keywords: Public Health, Health Infrastructure, Health Policy, Rural Health.

Introduction:

The true treasure of human life is improved health. However, the value of health has decreased in the modern era, while the value of money and property has grown. Although sickness has disrupted man's existence, humanity has also worked to improve living conditions by overcoming all illnesses and maladies that occasionally arise. Heart attacks, blood clots, cancer, AIDS, and COVID-19 are just a few of the major diseases that humanity has been unable to manage or avoid despite defeating numerous pandemics. Therefore, there are significant human costs associated with treating such diseases and implementing corrective measures. Such a large sum is unaffordable for people in less developed nations like India. Similar circumstances exist in Maharashtra, where many people are unable to eat even once a day, despite the state being one step ahead of other contemporary states. However, compared to metropolitan Maharashtra, rural Maharashtra is in worse condition. In this situation, people are unable to focus on their health. Local governments therefore have a significant influence on healthcare decisions. Because they live longer, are more productive, and are more efficient, a healthy population greatly contributes to a nation's economic prosperity. A population like this saves a great deal, both individually and collectively, which is essential to the prosperity of the nation. The nation's citizens' health and capacity to provide medical treatment are influenced by numerous factors. While development objectives improve people's health, good health helps reduce poverty.

The government plans to prioritize investing in health care as part of its economic and development objectives. National health initiatives are shaped in part by health policy and development activity. The poor families in the nation will gain a great deal from these initiatives. Globally, an estimated 1.2 billion people live in poverty, meaning they make less than $1 a day. Many families have experienced sadness due to poverty. People who are impoverished are forced to live in situations where they do not have access

to adequate housing, clean water, or nourishment, which causes them to become ill and negatively impacts their health. Public health issues have become a major concern for all state administrations in recent years. The federal and state governments have set aside substantial sums of money for healthcare. The Pulse Polio Program, Janani Suraksha Yojana, National Health Mission, Rajiv Gandhi Jeevandayee Arogya Yojana, Prime Minister Health Care Scheme, Rashtriya Arogya Nidhi, and Health Minister's Cancer Patient Fund (CSR) are just a few of the health-related government initiatives currently in place in the nation.

Objectives Of the Study:

The major objectives of the present research study are as follows:

1. To assess the status of health infrastructural facilities in Maharashtra.
2. To study the Health Infrastructural Development in Maharashtra.

Research Methodology:

Every research is necessary a specific methodology so for the present research has used specific methodology. For the collection of data, the researcher has used the secondary source. The study is descriptive in nature. Secondary data required for the study are collected from books, journals and other Government websites, periodicals, and reports etc.

Health Infrastructural Development In Maharashtra:

A person is engaging in a complex activity called healthcare. Hospitals are organizations that provide services. The professional field of an organization is impacted by the satisfaction of its users.Patient satisfaction is one of the most crucial results of medical care. Patient satisfaction has become a crucial indicator of the provision of high-quality healthcare. The hospital is a major social institution that serves society and its patients in many ways. Hospitals provide personal care and intensive medical care that is not usually found at home or in a doctor's office. These services are delivered by highly qualified experts with cutting-edge tools. Providing appropriate care to the sick and injured without regard to their race, social status, or economic status is the hospital's main duty. In addition, the hospital is an extremely complex institution that needs to deliver vital services around-the-clock. Every hospital deals with matters of life and death. Healthcare is included in institutional services. For patients to have a comfortable stay, hospitals need extra services including food, paramedics, and clinical services.

1. Hospitals and Beds in (Rural & Urban) Maharashtra:

The health care organization's services are nonexistent. They are made as needed. Hospital facilities are essential to human life because of these factors. However, it is impossible to exaggerate the importance of hospital beds. The nation's strong development was evident in the lack of beds during the Corona pandemic. A more advanced civilization is emerging in the nation with the greatest number of hospital beds. In the current era, the beds have taken on a unique significance. These factors make hospitals and bed facilities incredibly important to human existence.

Table No -1 registered medical field in MaharashtraFigure in Numbers

Sr. No	Year	Doctors qualified (registered with Medical council of India)	Allo pathic doctors registered with state medical council	Dental surgeons qualified (registered)	Government Allopathic doctors	Private (Non government Allopathic doctors)	Total Allopathic doctors (Govt and private)	Government dental surgeons	Pharmacists	Lab Technicians
		1	2	3	4	5	6	7	8	9
1.	1995	2725	59809	6857	5075	N/A	N/A	37	1847	502
2.	1996	3170	62979	6857	5075	N/A	N/A	37	1847	502
3.	1997	3498	66477	6857	5075	N/A	N/A	37	1847	502
4.	1998	3618	70095	6857	5075	N/A	N/A	37	1839	1350
5.	1999	3613	73708	6857	5075	N/A	N/A	37	1839	1350
6.	2000	3570	77278	6857	5075	N/A	N/A	37	1839	1350
7.	2001	3486	80764	6857	5075	N/A	N/A	37	2190	1350
8.	2002	3772	84536	6857	5075	N/A	N/A	37	2190	1350
9.	2003	3841	88378	6857	5075	N/A	N/A	37	99614	1350
10.	2004	3897	91954	6857	5061	N/A	N/A	43	99614	1350
11.	2005	4231	91954	6857	96563	N/A	N/A	43	99614	1709
12.	2006	3915	91954	6857	96563	N/A	N/A	43	106220	769
13.	2007	4260	91954	6857	5061	N/A	N/A	43	106220	769
14.	2008	3988	91954	16636	5061	N/A	N/A	43	106220	769
15.	2009	3882	91954	18159	6555	N/A	N/A	53	106220	828
16.	2010	3444	91954	18159	4520	N/A	N/A	55	106220	828
17.	2011	3157	91954	18159	4528	N/A	N/A	54	106220	1501
18.	2012	3433	91954	18159	4528	N/A	N/A	54	128700	1285
19.	2013	3682	91954	13187	4528	N/A	N/A	54	141235	1267
20.	2014	4938	91954	13174	4117	N/A	N/A	27	156315	1267
21.	2015	4938	91954	13187	6981	N/A	N/A	31	156315	1387
22.	2016	4938	91954	13187	6981	N/A	N/A	31	156315	1411
23.	2017	4938	91954	13187	6981	N/A	N/A	31	156315	1308
24.	2018	4938	91954	13187	6981	N/A	N/A	31	156315	1308
25.	2019	4938	91954	13187	6981	N/A	N/A	31	156315	1308
Average		**3952**	**85412**	**10828**	**12707**	**N/A**	**N/A**	**40**	**86377**	**1147**
C.V		**16.5**	**12.4**	**41.8**	**198.7**	**N/A**	**N/A**	**20.9**	**72.5**	**30.1**
C.G.R		**1.67**	**1.50**	**4.37**	**0.31**	**N/A**	**N/A**	**0.32**	**25.86**	**2.22**
Min		**2725**	**59809**	**6857**	**4117**	**N/A**	**N/A**	**27**	**1839**	**502**
Max		**4938**	**91954**	**18159**	**96563**	**N/A**	**N/A**	**55**	**156315**	**1709**

Source: National Health Profile, Rural Health Statistics and E.P.W. Research Foundation

The above table shows the available statistics on various human resources in the registered medical field in Maharashtra from 1995 to 2019. Qualified physicians, allopathic physicians, government dentists, government-private allopathy physicians, pharmacists, and lab technicians make up the majority of them. "The reserves of all individuals involved in promoting, protecting, or improving population health" is the definition of human resources for health. These include individual therapeutic and preventative treatment, individual-public interaction, sickness prevention, health promotion services, research, management, and support, among other facets of the public and private sectors as well as health systems. India faces many challenges in meeting its human resource needs for health, just like other emerging nations. The WHO has been at the forefront of promoting such policies for many years, but human resources for health are crucial components for improvement that have not gotten much attention. The number of qualified physicians registered with the Medical Council of India and the number of allopathic physicians registered with the State Medical Council are shown in the first two columns of the above table, respectively. There were 2725 physicians registered with the Me in 1995. The average annual number of doctors for the 25 years under analysis was 3952 and 85 thousand 412, respectively, with a coefficient of variation (C.V.) of 16.5% and 12.4%. Among these two types of physicians, there is also a significant difference between Min and Max. In conclusion, during the past 25 years, Maharashtra's allopathy physician population has increased significantly (by roughly 2% annually). Column 3 of the table above shows the number of dental surgeons who are qualified. In 1995, the figure was 6,857; it remained that way until 2007. The number of dental surgeons in 2019 was 13,187, indicating a notable increase from 2008. Over the course of the 25-year study

period, the number of dental surgeons rose by 4.37 percent, with significant differences between Min (6857) and Max (18159). The total number of government allopathy physicians is displayed in column four of the previous table. There were 5075 government allopathic physicians in 1995. In 2019, there were 6,981 doctors, a 0.31% increase throughout the research period. The average number of government allopathy physicians per year during the course of the 25-year study period was 12707. It is evident from the above table's blank column of private doctor data that Maharashtra still lacks an established mechanism for registering private physicians. In conclusion, as Maharashtra has not yet established an official system for private physician registration, it is impossible to determine the true overall number of private physicians in the state. The number of government dental surgeons, pharmacists, and lab technicians is shown in columns seven, eight, and nine of the preceding table. The numbers were 37, 1847, and 502 in 1995. The coefficients of variation (C.V.) were 20.9%, 72.5%, and 30.1%, respectively, and the rates (C.G.R.) were -0.32%, 25.86%, and 2.22% during the study period. The aforementioned column shows notable variations between the Min and Max of human resources. In conclusion, the number of government dental surgeons in Maharashtra has not increased significantly, while the number of pharmacists has.

Table No.2: Number of Dispensaries and Beds in (Rural & Urban) Maharashtra

(Figures in Numbers)

Sr. No	Year	Allopathic Dispensaries in Rural	Allopathic Beds in Rural	Allopathic Dispensaries in Urban	Allopathic Beds in Urban	Total Allopathic Dispensaries	Total Allopathic Beds
1.	1995	352	257	7791	1365	8143	1622
2.	1996	352	257	7791	1365	8143	1622
3.	1997	352	257	7791	1365	8143	1622
4.	1998	2495	2615	3357	3193	5852	5808
5.	1999	2495	2615	3357	3193	5852	5808
6.	2000	2495	2615	3357	3193	5852	5808
7.	2001	2495	2615	3357	3193	5852	5808
8.	2002	2495	2615	3357	3193	5852	5808
9.	2003	2495	2615	3357	3193	5852	5808
10.	2004	2495	2615	3357	3193	5852	5808
11.	2005	2495	2615	3357	3193	5852	5808
12.	2006	2495	2615	3357	3193	5852	5808
13.	2007	2495	2615	3357	3193	5852	5808
14.	2008	2495	2615	3357	3193	5852	5808
15.	2009	2495	2615	3357	3193	5852	5808
16.	2010	2495	2615	3357	3193	5852	5808
17.	2011	2495	2615	3357	3193	5852	5808
18.	2012	2495	2615	3357	3193	5852	5808
19.	2013	2495	2615	3357	3193	5852	5808
20.	2014	2495	2615	3357	3193	5852	5808
21.	2015	2495	2615	3357	3193	5852	5808
22.	2016	2495	2615	3357	3193	5852	5808
23.	2017	2495	2615	3357	3193	5852	5808
24.	2018	2495	2615	3357	3193	5852	5808
25.	2019	2495	2615	3357	3193	5852	5808
Average		**2238**	**2332**	**3889**	**2974**	**6127**	**5306**
C.V		**32**	**34**	**38**	**20**	**12**	**26**
C.G.R		**5.10**	**6.07**	**-2.11**	**2.18**	**-0.84**	**3.29**
Min		**352**	**257**	**3357**	**1365**	**5852**	**1622**
Max		**2495**	**2615**	**7791**	**3193**	**8143**	**5808**

Source: Health Statistics and EPW Research Foundation

Table 2 shows the number of allopathic dispensaries that provide health care throughout Maharashtra's rural and urban districts, as well as the number of beds available. The number of dispensaries and beds between 1995 and 2019 was selected for analysis in this study. Cities seem to have more allopathic dispensaries than rural areas. The average number of dispensaries in rural and urban areas during the assessment period was 2238 and 3889, respectively. Dispensary beds averaged 2332 and 2974, respectively. The number of beds and dispensaries were largely constant throughout the time.The number of dispensaries in rural and urban areas throughout the aforementioned time had a coefficient of variation (C.V.) of 32 and 38 percent, respectively, while the number of beds in rural and urban dispensaries had a C.V. of 34 and 20 percent, respectively. According to the table, the number of beds and compound growth rate (C.G.R.) of allopathic dispensaries in rural areas were lower, at 5.10 and 6.07 percent, respectively. There has been a consistent rise in the state's overall number of allopathic dispensaries and their number of beds. Consequently, the hospital's and its beds' coefficients of variation were 12 and 26 percent, respectively. Their respective compound growth rates were +3.29% and -0.84%. The state had an average of 5306 beds and 6127 allopathic dispensaries. These two elements (allopathic dispensaries and their beds) differed significantly, according to Min and Max. In conclusion, Maharashtra had an average of 8143 allopathic dispensaries between 1995 and 1997, and an average of 5852 after that. This suggests that there are fewer hospitals. The average number of beds increased from 1,622 in 1995 to 5,808 in 1997. This implies that while the number of hospitals seems to be relatively low, the number of beds has increased significantly.

The Sub-Centres, PHCs and CHCs in Maharashtra:

India has one of the largest health care systems in the world. However, the quality of governmental and commercial health services differs significantly between rural and metropolitan areas. Despite this, India is a well-liked travel destination for medical tourists due to the comparatively inexpensive cost and excellent quality of private institutions. In India, health services are mostly managed by the states. In order to address the lack of access to healthcare in rural areas, the Central Government established the National Rural Health Mission in 2005. The campaign focuses on the resources of the impoverished in rural areas and the states with the worst health care systems. In Maharashtra, there are significant differences in the standard and scope of medical care.

Conclusions:

In order to promote inclusive economic growth, health development must be inclusive. In this regard, the current chapter made an effort to look into the state government's role in the development of the health sector, specifically its actual development and—more importantly—its inclusive development. Only primary data from the research issue region were used in this empirical analysis. The analysis shows that the government's contribution to the expansion of the state's health sector is neither particularly pleasant nor noticeable. In some parts of the state, the development of the health sector, especially inclusive development, is a major problem. Its empirical analysis correctly shows that the state's social sector development stratification is much lower, and more importantly, there is a substantial disparity in the benefits of the state's health sector development. It is extremely concerning that the Open category group is in a stronger position than

social groupings like SCs, STs, and OBCs. Therefore, state-led development of the health sector cannot be regarded as inclusive in the real sense.In many parts of the state, inclusive development is a significant problem.

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