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Health care services and challenges before rural health care in Maharashtra state: An overview

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Abstract:

Maharashtra is one of India's most urbanized and economically advanced states. Yet, it continues to face significant disparities in rural and tribal health outcomes. Despite the presence of a large public health infrastructure, issues such as inadequate manpower, weak infrastructure, high out-of-pocket expenditure, and limited insurance penetration persist. This paper presents an analytical overview of Maharashtra's healthcare challenges, especially in rural areas, based on secondary data. The study highlights infrastructure gaps, shortage of human resources, utilization barriers, and financial protection gaps, and concludes with policy recommendations to strengthen the state's public health system.

Keywords: *Rural Health Care, Public Health Infrastructure, Health Care Services, Manpower Shortage, Health Insurance Coverage, Out-of-Pocket Expenditure, Maternal and Child Health, Rural Maharashtra, Health Policy Challenges, Universal Health Coverage (UHC)*

Introduction:

India is second largest in population in world therefore having limelight at global level not only in terms of its population but its health scenario also. Of the 121 crore Indians, 83.3 crore live in rural areas which are constantly batting for basic health care in their habitat. This condition has been aggravated by worsening living condition of rural habitat. the unsafe and unhygienic condition of households, drinking water, living areas promotes expansion of several diseases in rural areas. Due to higher population density, low per-capita income status of a significant number of people and low literacy rate in some parts of the country, have resulted in poor health indicators.

Health care is not merely medical care, is aligned with cultural understanding of ill health and well-being, extent of socio-economic disparities, reach of health services and quality and costs of care along with current bio-medical understanding about health and illness.

Our country began with a glorious tradition of public health, as seen in the references to the descriptions of the Indus valley civilization which mention "Arogya" as reflecting "holistic wellbeing. We are a country with enormous diversity, and therefore, an enormous challenge to the healthcare delivery system. This brings into sharp focus the global commitment of WHO to achieve Universal Health Coverage till 2030 under Sustainable Development Goals (SDGs); Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all. And Indian government set the health mission in 2005 to provide accessible affordable and quality health care to rural population especially vulnerable section.

Maharashtra is the third largest state in India (307,713 Sq. Km) and second largest by population according to 2011 Census (112,372,972). The state has the highest percentage of urban population at 45.23% (2011 Census) and 8.9% of the state's population is tribal. The districts of Gadchiroli and Nandurbar have highest tribal population at 38% and 65% respectively.

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The number of villages with less than 1000 population is another consideration for access to public health services in the State.)

Objectives of the study:

1. To find out the challenges before health care services in Maharashtra
2. To suggest appropriate recommendation to revamp health policy and institutional mechanisms to improve access and quality of health services

Research Methodology:

This study is based entirely on secondary data sources including National Health Mission Reports, Rural Health Statistics 2020–21, National Health Profile 2021, government committee reports, scholarly articles, and census data.

Literature Review:

Studies highlight persistent inequalities in Indian healthcare. Patil et al. (2002) identify rural shortages in medical manpower and infrastructure. National surveys indicate major gaps in maternal health services, insurance coverage, and public health funding. The COVIDn19 pandemic further exposed systemic weaknesses in Maharashtra's health governance.

Concept of Health and Health Care Services:

The WHO (1948) in its constitution defined the 'health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity' It was considered as a very broad definition and lacks operational value due to use of the word 'complete'. Subsequently WHO has dropped the term 'complete' in its definition. Over the years there was a shift from viewing health 'as a state' to 'a dynamic term of resilience 'Hence, WHO (1984) revised its definition of health as 29 'the extent to which an individual or group is able to realize aspirations and satisfy needs, and to change or cope with the environment. The concept of 'Health care' refers to the act of taking preventive measures or necessary medical treatment to improve a person's well-being. The concept of health care services includes all the services dealing with the diagnosis and treatment for a disease.

Health care system in Maharashtra:

Maharashtra is the largest state economy, second most populous, and third most urbanized state in India. However, it has substantial inter-district disparities and the performance of the health sector is average. The public health system is deficient in terms of spread and number of hospitals close to the communities. Use of government hospitals by people needing inpatient care is dwindling both in rural and urban areas. Government facilities suffer from unavailability of health care providers, limited range of specialists, overcrowding, and poor quality of service. The private hospital sector is twice the size of the public sector hospitals, but significant inter-district disparities also constrain geographic access. The systemic vulnerability due to massive shortfall in specialists and other health care providers has become evident with the spread of the coronavirus disease (COVID-19) pandemic in Maharashtra. More posts and prompt recruitment are needed to avoid severe shortfalls. Maharashtra has a progressive staff training policy and a conducive institutional framework, but few trainings in public administration for health department officers. The medical education and public health departments need to collaborate for continuing professional development of doctors and nurses and increased availability of specialists in district and subdistrict hospitals. A transformational approach with greater government expenditure on health is also needed to build a strong health system with improved access for people, and resilience in the management of public health emergencies.

the structure and current scenario the health care infrastructure in rural areas has been developed as a three-tier system (see table 1) and is based on the following population norms:

Table.1

Centre	Population Norms	
	Plain Area	Hilly/Tribal/Difficult Area
Sub Centre	5000	3000
Primary Health Centre	30000	20000
Community Health	120000	80000

Source: *government of India ministry of health and welfare report -Rural health statistics*

Challenges before Rural Health Care Services in Maharashtra state:

Key Challenges in Maharashtra's Healthcare System Major challenges include inefficient infrastructure, underutilization of rural hospitals, lack of coordination between research and public health institutions, shortage of doctors and skilled personnel, limited health insurance coverage, preference for home deliveries, rising out-of-pocket expenditure (OOPE), and poor-quality healthcare in rural areas.

Unlimited access to high-quality health care represents one of the biggest challenges our world currently faces. The poor state of the health system in rural areas is not the outcomes of a particular occurrence but consolidated outgrowth of degraded system. its significance not only lacunae in existing policy and infrastructure but blockage in potential development also. The expenditure on

public health has not only been ignored by the state but by common man also. The Common man terms expenditure on public health as useless. In their view, the quality of treatment and medicines in government-run hospitals has degraded. Their diverted investment in private practitioner and private hospitals has worsened public health system in Maharashtra. The disillusionment and frustration with the growing ineffectiveness of the government sector is gradually driving poor people to seek help of the private sector, thus forcing them to spend huge sums of money on credit, or they are left to the mercy of 'quacks. Therefore, it is very essential for us to review primary elements for degradation of public health system in Maharashtra.

Inefficient infrastructure:

The sub-centre is the most and first contact point between primary health centre and community. the sub centre is needed for taking care of basic health need for men, women and children. It provides integrated curative and preventive healthcare to the rural population with an emphasis on preventive and promotive aspects. At upper level, remains CHC. The major function of CHC is to provide comprehensive coverage of health care to patients referred from PHC. In this affair, poor infrastructure of the hospitals is a matter of serious concern. As per government records, 49.7 per cent of sub-centres, 78 per cent of PHCs and 91.5 per cent of CHCs are located in dilapidated government buildings there are 10673 sub centres, 2490 Primary health centres,402 community health centres,92 divisional hospitals and 23 district hospital Average Population served per Government Hospital is 2,29,795 and average population served per government hospital bed is 4264.

Table 2. Adequacy in health facility in Maharashtra as on 31st march 2021

Sub Centre	Required	13512
	in position	10638
	Shortfall	2874
	% Of shortfall	21%
Primary Health care centres	Required	2201
	in position	1823
	Shortfall	378
	% Of shortfall	17%
Community Health care centres	Required	550
	in position	361
	Shortfall	189
	% Of shortfall	34%

Source: *government of India ministry of health and welfare report -Rural health statistics 2020-2021*

Usage of existing rural hospital:

One side there is adequacy of efficient health care infrastructure in rural area and other side available infrastructure is not being utilized. The general conditional analysis of data on patient and hospitals suggests that hospital characteristics (size, ownership and distance) and patient characteristics (payment source, medical condition, age and race) influence rural patients' decisions to bypass local rural hospitals (Chilimuntha, Anil K., Kumudini R. Thakor and Jeremiah S. Mulpuri, 2013). Therefore, the rural hospital remains open but with few patients and facility of healthcare hospital not been used optimal. The public doctors quite often provide private services instead of going to their designated centres (Bhandari, Laveesh and Siddhartha Dutta, 2007).

Lack of planning and coordination between medical research institutions and healthcare services delivery institution:

As the Covid-19 pandemic In the State, first patient of Covid-19 was found on 9th March, 2020. Number of COVID-19 cases started rising progressively from the month of May, 2020 and peaked on 17th September with 24,619 daily cases. It then started to drop and again began to rise in March, 2021. The peak of second wave was more than double of the previous one with 68,631 daily cases as on 18th April, 2021. From December, 2021 a new variant Omicron spreads rapidly than the other previous variant. The medical research institution has potential for updating the technical knowledge of existing medical professionals. Therefore, it is prerogative that there must be coordination and cooperation between different research centres and health service delivery institutions in Maharashtra.

Shortage of doctors and Skilled Human capital crunch:

Healthcare services requires skilled manpower from doctor to other medical support staff like lab assistant, pharmacists, etc. the physician ratio in Maharashtra is very low due to vacant position of cadre-based doctors' specialist and other staff .as cadre wise staff available in health department is class I, class II, medical officers and grade C and D vacant position are 16181 and there are sanctioned post are 53992, same as specialist doctors position in health hospitals are very low like sanctioned post are 627 filled positions are 161 and vacant positions are

466 means 76 % special doctors positions are vacant.

Health insurance:

Maharashtra's health insurance model excludes a large part of the population having no insurance. 32 percent of the population that some kind of medical insurance includes both private and public sectors insurance. Commercial health insurance in India is highly deficient .it only covers catastrophic expenditure such as the cost of restricted hospital treatment which are offered without quality and cost regulation and most important outpatient treatment and prescription medicines are not covered. There are only 492 hospitals provides government insurance scheme in Maharashtra and out of 492 hospitals only 77 hospitals are government hospitals and remaining are private hospitals therefore some challenges regarding medical expenditure reimbursement occurs.

Inclination towards Traditional way deliveries:

The maternal mortality is still a major roadblock in the advanced of the rural health. The traditional way (home-based delivery by Dayi) of delivery system is leading to frequent of pregnant woman. In some remote area women chose home deliveries due to poor access of healthcare in the maternity centres. (India development report 2012-2013) and only about 11percent of home deliveries were conducted by skilled professionals.

Increasing out of pocket expenditure on health of rural poor:

Majority of Rural population don't have awareness about health insurance. Mahatma Jyotirao Phule Jan Arogy Yojan is a health insurance scheme for Maharashtra government and only covers 31 percent rural population. Majority of people not covered in national health schemes like Rashtriy Swasthy Bima Yojana therefor health expenditure of peoples is increasing. So that poverty in rural Maharashtra has been increasing. Thus, increasing out of pocket expenditure is considered to be one oth reason for impoverishment of rural poor. In this backdrop, Ashok Jhunjunawala observed that in India 22 million populations pushed below poverty line annually due to health care expenditure alone. Financial hardship is reported to be one of the major reasons for poor uptake of maternal health care services in India (IIPS and Macro international2007).

Lack of quality healthcare service in rural area:

Compare to urban in rural area healthcare delivery system is very poor and blamed to be of poor quality. due to lack of facility in the hospital, frequent absence of medical professional in the hospital, less qualified and unskilled person in delivering health care services, etc.

Recommendations:

There have been number of remedies and mission initiated for improvement in rural health in Maharashtra. The government of India and Maharashtra has taken collaborate various steps for growing health facility and institutionalizing the existing rural health framework. Key recommendations include strengthening infrastructure, expanding human resources, increasing health insurance coverage, improving maternal and child health services, enhancing coordination between public health and research bodies, and increasing public expenditure on health.

1. **Strengthening Health Infrastructure:** Upgrade dilapidated SCs, PHCs, CHCs, Increases bed capacity, diagnostic labs, and emergency services.
2. **Expand Human Resources for Health:** Fill vacancies of government doctors in government hospitals. Introduce incentives for rural service There is very essential increase the availability ratio of doctors and patient to increasing number of medical colleges to increase the number of medical professionals in the Maharashtra. Increase postgraduate specialist seats in medical colleges this are very important and crucial for health services development.
3. **Expand Public Health Insurance Coverage:** Cover outpatient care and medicines Increase empanelled public hospitals under MJPJAY & PM-JAY. Public expenditure for healthcare services to be increased because recent public outlay is very low as compare to developed state.
4. **Strengthen Maternal and Child Health:** Promote institutional deliveries through ANM outreach. Improve emergency obstetric and neonatal care. The coverage of rural under health insurance is very low. Due to poverty and less purchasing power majority rural people may not voluntarily purchase the health insurance. Therefore, government has to bring more people under public health insurance scheme like RSBY it may help in preventing impoverishment of rural poor.
5. **Improve Coordination Between Public Health and Research Institutions:** Establish an integrated public health intelligence system. Strengthen pandemic and epidemic preparedness. National Rural Health Mission provides accessible, affordable, effective, accountable and reliable healthcare to all citizens but some rural and remote area is derived from this therefore this mission roots should be reached at last number of poorest the poorest people.
6. **Increase Public Health Expenditure:** Maharashtra must raise its health budget to match national and global standards. Financial

adequacy in public health care is major issue due to neglected to rural health burden of poverty has been increases therefore budget provision for public health care should be increased.

Conclusion:

Maharashtra's rural health system faces structural, financial, and manpower challenges. Despite being economically advanced, the state struggles with infrastructure shortfalls, inadequate specialists, low insurance penetration, and high out-of-pocket expenditure. Many rural households continue to face barriers to accessing essential health services. Revamping public health infrastructure, investing in human resources, strengthening insurance coverage, and enhancing coordination among institutions are essential for ensuring holistic and equitable healthcare for all

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The authors declare that there are no conflicts of interest regarding the publication of this paper.

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