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**“THE ECONOMIC AND MANAGEMENT PLANNING ASPECTS OF HEALTHCARE ACCESS IN RURAL AREAS OF GUJARAT STATE WITH SPECIAL REFERENCE TO LACK OF ADEQUATE HEALTHCARE FACILITIES IN RURAL AREAS OF SURAT DISTRICT.”**

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**ABSTRACT**

In India seventy percent of population lives in rural areas and healthcare delivery is a challenge for the government agencies. The Indian government is putting in lot of financial and manpower resources to improve the rural healthcare services.

The patients are not satisfied with the rural healthcare services and are therefore availing private fee for services inspite of them getting debt ridden. They definitely would not want to recommend rural services to anyone. The reasons for dissatisfaction are probed and observed that lack of infrastructure related to physical equipment, manpower and financial infrastructure are the cause. Patient's affordability is one of the biggest challenges inspite of the government healthcare schemes. However the patients prefer to borrow money and avail private health services. This has been a major cause for contributing to a huge debt burden and contributing to increased poverty levels.

The working environment of the rural healthcare services is not professionally encouraging with unclear scientific human resource practices leading to lack of accountability and dissatisfaction with the way rural healthcare system is managed. There's a strong visibility of poor rural healthcare budgeting, planning, execution and monitoring. The government's radical revamp of the rural healthcare policies and procedures will bring a new lease of life to a long stretched strained structure. The government needs to take rural areas along its journey in transforming and making India a developed nation.

**KEYWORDS:** Rural Healthcare Planning, Affordability, Accessibility, Manpower, Financial, Infrastructure, Quality, Community Participation.

## 1.1 INTRODUCTION

The governments across the world identify health as an important thrust area. Healthcare is an important sector so as to attain a healthy productive workforce, general welfare and for population stabilization. Major initiatives were undertaken in the health sector during the past and current year by the Indian government to increase public spending on health and to translate the objective of providing effective, affordable, and accessible healthcare facilities to the people.

Indian healthcare delivery system is categorised into two major components - public and private. The Government, i.e. public healthcare system comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centres (PHCs) in rural areas.

As on 31st March, 2015, there were 153655 Sub Centre's, 25308 Primary Health Centre's (PHCs) and 5396 Community Health Centre's (CHCs) functioning in the country. While the Sub Centre's, PHCs and CHCs have increased in number in 2014-15, the current numbers are not sufficient to meet their population norm.

## 1.2 PROBLEMS OF INDIAN RURAL HEALTHCARE INDUSTRY

Healthcare is the right of every individual but lack of quality infrastructure, dearth of qualified medical functionaries, and non-access to basic medicines and medical facilities thwarts its reach to 60% of population in India. A majority of 700 million people lives in rural areas where the condition of medical facilities is deplorable. Considering the picture of grim facts there is a dire need of new practices and procedures to ensure that quality and timely healthcare reaches the deprived corners of the Indian villages.

World Health Organization recognizes health as a human right and the common denominators for ensuring social well-being (Mann JM., Gostin L. et.al. 1994). We know that there exists a positive correlation of economic growth with improved health indicators. However, such a trend has not been observed in India despite a high economic growth rate of 7 per cent even during world economic slowdown. For capital to be translated into positive healthcare outcomes policy goals should be clear and healthcare should be given priority in the budget; less than 1 per cent of GDP (Gross Domestic Product) is grossly inadequate (Planning Commission of India. 2011). Health makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more. This has huge human and economic costs: India is losing more than six per cent of its GDP annually due to premature deaths and preventable illnesses (World Health Organization. 2013).

Though a lot of policies and programs are being run by the Government but the success and effectiveness of these programs is questionable due to gaps in the implementation. In rural India, where the number of Primary health care Centre's (PHCs) is limited, 8% of the centers do not have doctors or medical staff, 39% do not have lab technicians and 18% PHCs do not even have a pharmacist. India also accounts for the largest number of maternity deaths. A majority of these are in rural areas where maternal health care is poor. Even in private sector, health care is often confined to family planning and antenatal care and do not extend to more critical services like labor and delivery, where proper medical care can save life in the case of complications.

Due to non-accessibility to public health care and low quality of health care services, a majority of people in India turn to the local private health sector as their first choice of care. If we look at the health landscape of India 92 percent of health care visits are to private providers of which 70 percent is urban

population. However, private health care is expensive, often unregulated and variable in quality. Besides being unreliable for the illiterate, it is also unaffordable by low income rural folks.

With the public health infrastructure crumbling and no clear solution on the horizon for improving affordability and accessibility, the Indian health care sector desperately needs reform. This need presents a major opportunity for innovative business models.

### 1.3 MAJOR RESEARCH OBJECTIVES OF THE STUDY

The following are the objectives of this research:

- i. To study the Economic aspects like funding of rural healthcare facilities in Surat district.
- ii. To study the healthcare facilities available in Surat district.
- iii. To analyse the impact of inadequate rural healthcare facilities in Surat district.
- iv. To study the Managerial aspects like Decentralized Planning, Execution, and Monitoring of rural healthcare facilities in Surat district.
- v. To study the impact of vacant posts in rural healthcare facilities in Surat district.

### 1.4 HYPOTHESES

The following hypotheses will be tested in this research:

- i. There's a significant relationship between the equipment infrastructure availability and the satisfaction of the patients, employees and officers.
- ii. There's a close relationship between the manpower infrastructure availability and the satisfaction of the patients, employees and officers.
- iii. There's a significant relationship between the financial infrastructure availability and the satisfaction of the patients, employees and officers.

### 1.5 METHODOLOGY

The Research Methodology followed for this work includes Empirical and analytical work with Survey Method of investigation. The data has been collected using a close and open ended self-administered questionnaire through Collection of primary data through questionnaire method. The sample for the study on rural healthcare services was done through Convenience Random Sampling Method. The basic statistical calculations were worked out and performed using SPSS version 15.

The district has 394 Sub Centre's, 53 PHC's, 14 CHC's, 42 UHC's which is totaling to 503. I have selected 400 patients and 400 Employees from each of these Centre's which constitute more than 2/3rds of the district rural healthcare infrastructure. I have also selected 100 officers who manage these rural healthcare infrastructures.

Aspects such as status of Rural Healthcare Utilization by Patients, Status Of Preventive Health Check-up, Financial Burden On Rural Patients, Awareness Of Government Insurance Schemes, Rural Healthcare Equipment Infrastructure, Rural Healthcare Manpower Infrastructure, Rural Healthcare Financial Infrastructure, Patients Trust on Government, Satisfaction & recommendation of rural healthcare services. Feedback Mechanism Issues related to Employees and officers, atmosphere at work place, supervision & accountability are probed.

A sample of 400 households and 400 experts has been covered in the Surat district which has 394 Sub Centre's, 53 PHC's, 14 CHC's, 42 UHC's which is totaling to 503. The researcher has selected 400 patients

and 400 Employees and 100 officers from each of these Centre's which constitute more than 2/3rds of the district rural healthcare infrastructure. The patients are the consumers of rural healthcare. Employees are working in the district rural healthcare Centre's. Officers are the ones who manage this rural healthcare infrastructure at the district level.

## 1.5 FINDINGS

### 1.6.1 FINDINGS FROM THE PROFILE OF THE SAMPLE STUDY

It has been observed that majority of the patients have an age range of 55 years and older. The respondents are mostly males having two children. The patients are very less educated mostly below 10<sup>th</sup> standard and are mostly daily wage labourers earning less than Rs. 20000. This data correlates to their educational status, income level and occupation type. It's been inferred that the respondents are socio-economically backward and are mostly below poverty line.

### 1.6.2 FINDINGS ON EXPERIENCE WITH RURAL HEALTHCARE SYSTEM

- Majority of the patients are utilising the rural healthcare since 2-5 years. Patients visiting rural healthcare facility since a long duration of time are well aware of the challenges and difficulties posed by the rural healthcare system.
- It's observed that majority of the employees are working in the rural healthcare facility since long and are aware of the challenges and difficulties faced by them and the patients who visit them.
- Majority of the officers are working in rural healthcare since more than 10 years. The longer the duration of working with rural healthcare better is the knowledge and vice versa. Therefore its presumed that the data gathered from officers shows reliability and authenticity.

### 1.6.3 FINDINGS ON STATUS OF RURAL HEALTHCARE OF RESIDENTS

- Majority of the rural patient's fall sick once in a month and the illness persists for long.
- They contact the village doctor at the PHC to take the treatment yet the sickness persists and the patients opined that these services are bad at the healthcare facility which is the PHC.
- The patients also opined that they are referred to outside private clinic or healthcare facility due to lack of those services with them.
- The patients are availing the services of the PHC since 2-5 years and yet they are not aware of any preventive healthcare services.
- In spite of the affordability issues and financial borrowing it has been observed that patients still are not satisfied with rural healthcare services so therefore are going to the private healthcare facilities.

### 1.6.4 FINDINGS ON THE PATIENTS FINANCIAL STATUS WHILE AVAILING RURAL HEALTHCARE

- Many patients opined that they are not aware of state insurance schemes or government welfare programs and only few of them are aware of these schemes. The government needs to propagate the schemes to the public at large and focussed to rural population.
- The patients, employees and officers opined that they are not satisfied with the rural healthcare services.

- The Relationship between Affordability and Recommending Rural healthcare is done. Majority of patients who can't afford the private clinic or referred facility charges will definitely not recommend rural healthcare services. All the patients have borrowed money to pay for private healthcare services yet they definitely not recommend rural healthcare services. The patients who are non-affording and who had to borrow money to pay for private health services do not still recommend PHC but appears to be satisfied with private healthcare services which are fee for service. It is therefore important to probe the reasons for this.

#### 1.6.5 FINDINGS ON RURAL HEALTHCARE EQUIPMENT INFRASTRUCTURE

- The patients opined strongly that equipment infrastructure is very much required for their satisfaction. Whereas, employees and officers agree and strongly agree that equipment infrastructure is very much required for satisfaction.
- Patients, employees and officers opined that equipment infrastructure is very much required for satisfaction. There are few patients, employees and officers who are neutral about need for equipment infrastructure for satisfaction. They may be feeling there are other factors and not just adequate equipment that might determine satisfaction levels for them. Therefore other parameters are probed in the further section.
- The Hypothesis: 'There's a significant relationship between the equipment infrastructure availability and the satisfaction of the patients, employees and officers' is **accepted or retained** and Null Hypothesis is rejected.

#### 1.6.6 FINDINGS ON RURAL HEALTHCARE MANPOWER INFRASTRUCTURE

- Many patients opined strongly that inadequacy and incompetency of Healthcare Staff is very much related to satisfaction. Majority of the patients are not satisfied because of inadequacy and incompetency of healthcare staff. These statistics prove that patient's satisfaction is significantly related to inadequacy and incompetency of healthcare staff.
- The patients, employees and officers opined strongly that inadequacy and incompetency of healthcare staff is very much related to satisfaction. There are few of them who are neutral about need for adequate and competent healthcare staff for satisfaction. The officers maybe feeling there are other factors and not just adequate and competent healthcare staff that might determine satisfaction levels. Therefore other parameters are probed.
- The Hypothesis: 'There's a significant relationship between the inadequacy and incompetency of healthcare staff and the satisfaction of the patients, employees and officers' is accepted or retained and the Null Hypothesis: 'There's no significant relationship between the inadequacy and incompetency of healthcare staff and the satisfaction of the patients, employees and officers' is rejected.

#### 1.6.7 FINDINGS ON RURAL HEALTHCARE FINANCIAL INFRASTRUCTURE

- The patients, employees and officers strongly agree that inadequate financial infrastructure is very much related to satisfaction. A few of them are neutral about inadequate financial infrastructure in relation to satisfaction. Opinion can tilt on either side after fulfilling their needs.
- **The Hypothesis** 'There's a significant relationship between the inadequate financial infrastructure and the satisfaction of the patients, employees and officers' is accepted or retained and the **Null**

**Hypothesis:** 'There's no significant relationship between the inadequate financial infrastructure and the satisfaction of the patients, employees and officers' is rejected.

#### 1.6.8 FINDINGS OF EMPLOYEES WORKING ENVIRONMENT IN THE RURAL AREAS

- All the employees strongly opined they don't have the authority to make decisions when needed.
- The employees strongly agree that there's job security.
- The staff strongly disagrees that the supervisor takes the employees feedback before making an important decision. This shows there's lack of participative management and lack of informed decisions.
- The employees opined that there's regular supervision of the rural healthcare services
- Some employees opined that feedback for the yearly planning and budgeting of the healthcare facility is taken but some disagree.
- It's inferred that employees do not have confidence on the government whereas officers have the confidence that it will improve the rural healthcare services.
- Its opined that majority of the employees do not enjoy performing their respective jobs due to the work environment.

#### 1.6.9 OFFICERS WORKING ENVIRONMENT IN THE RURAL AREAS

- The officers opined that they never take feedback from employees for yearly planning and budgeting.
- The officers strongly opined that they have the authority to make decisions.
- They also strongly disagree that they take feedback from employees before making the decisions.
- The officers opined strongly that they have job security.
- majority of the officers do not enjoy performing their respective jobs due to the work environment
- It has been observed that the majority of patients, employees and officers do not want to recommend to family friends and relatives.

#### 1.7 SUGGESTIONS

##### 1.7.1 SUGGESTIONS FOR IMPROVING AFFORDABILITY OF RURAL HEALTHCARE SERVICES

- ❖ Universal healthcare and right to health will go a long way in providing affordability and accessibility to rural public.
- ❖ To reduce the out of pocket expenses, innovative insurance model with Schemes should be created for the rural public.
- ❖ Preventive healthcare schemes need to be innovative and attractive for the rural populace. Proper marketing of these schemes needs to be looked into to create more awareness among the rural public. Incentives can be given to the staff for enrolment of these schemes.
- ❖ Provision of healthcare for rural areas hinge on the affordability of treatment and diagnostic costs. In order to propel the indigenous production of medical devices, drugs, surgical and diagnostics, the biomedical scientists in the hospitals, research institutions and elsewhere can come together and translate their knowledge into affordable medical products. This will be important in fulfilling the PM's concept of 'make in India' thereby saving both the costs of import thereby enabling affordable health care.



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### 1.7.2 SUGGESTIONS FOR IMPROVING MANPOWER INFRASTRUCTURE OF RURAL HEALTHCARE SERVICES

- ❖ Research scholar would recommend establishment of new medical and paramedical institutions on priority basis at central, regional, state and sub state levels to overcome the deficient work force in the country.
- ❖ Research scholar would also suggest starting a new cadre of doctors namely Bachelor of Rural Health in the country as it would definitely produce doctors in numbers in shorter period.
- ❖ Manpower planning has to be done basing on the physical infrastructure present in the facilities will enhance skills of the present staff. Posting at under functioning facilities at the beginning of their career erodes their nursing, technical and surgical skills and make them non-functional forever. Therefore a rotation system will help.
- ❖ Residential quarters with all required amenities, schools for children and other social requirements must be provided to all medical, managerial, supervisory and paramedical staff near to health facility even in remote and distant areas. This will avoid social isolation among employees and attract more workforces to rural areas.
- ❖ Focusing on skill up gradation, capacity development and capability reinvigoration for rural manpower is essential. By doing this the patients are treated efficiently and the lost trust can be regained.
- ❖ MCI and Nursing council of India and all other medical and engineering councils should incorporate public health management and its issues into the curriculum of study to enable sensitization.
- ❖ Limiting the scope for practice of illicit and unqualified practitioners.

### 1.7.3 SUGGESTIONS FOR IMPROVING FINANCIAL INFRASTRUCTURE PLANNING & ALLOCATION TO RURAL HEALTHCARE

- ❖ Research scholar would suggest that a country like India must invest at least 10 percent of its GDP in the public health sector.
- ❖ Categorise the rural areas to high focus and low focus areas basing on the physical equipment, manpower and financial infrastructure needed. Allocate higher per capita funds release to high focus rural areas to bring equality of infrastructure.
- ❖ PPP Model could not only add to the quality results and management but would also provide public awareness in the rural areas for early diagnosis and planned preventive strategies. The PPP diagnostic model along with the innovative insurance scheme can generate huge financial resources (the State Government being partner) for the development both at primary and secondary care services.
- ❖ Funds need to be allocated separately as per local statistics of incidence to tackle the double burden of diseases due to spike in infectious diseases that caused maximum child and maternal mortality coupled with chronic non-communicable diseases - such as diabetes, heart diseases, mental health, cancers etc. and put them on agenda.

### 1.7.4 SUGGESTIONS FOR IMPROVING ACCESSIBILITY OF RURAL HEALTHCARE SERVICES

- ❖ In order to take public health services further close to people research scholar would suggest developing each health sub centre so that OPD/IPD and Institutional deliveries might happen at each health sub centre of the country on permanent basis.
- ❖ Research scholar would suggest up gradation and establishment of new health centre's as per available human resources as infrastructure, logistics and work force must occur simultaneously.

- ❖ It is quite suggestive for the governments to spend more in a focused manner to avoid the rising mortalities from the infectious diseases that plague the poor in the society and the so-called non-communicable diseases of the growing middle classes.
- ❖ The instant health advice 'electronically' proposed by NIDAN would add to the quality healthcare. The model townships could be connected through telemedicine to the tertiary care centres for availability of speciality/super speciality consultation and also continuing medical education.
- ❖ It is most needed to press for proper organization of meetings of the executive committees and governing bodies of respective health societies and Rogi Kalyan Samities.

#### **1.7.5 SUGGESTIONS FOR USING QUALITY & INFORMATION TECHNOLOGY IN RURAL HEALTHCARE SERVICES**

- ❖ A patient suggestion and feedback system will help the staff know the problems and difficulties of the patients. Remedial measures can be implemented to create satisfaction among the patients.
- ❖ A central IT enabled inventory management of pharmacy will help in smooth functioning of the pharmacies. Medical equipment procurement, maintenance with AMC and breakdown insurance with good central inventory management will increase the efficiency and downtime of the medical equipment.
- ❖ To avoid patients cross reference to outside facilities a proper electronic medical record with audit of treatment by checking if lab tests reports are generated here and drugs prescribed are available in the in-house pharmacy and they are issued. A stringent punitive measure for malpractice and corruption will avoid references to private clinics or hospitals.
- ❖ The hospitals need to be computerised with ERP system to ensure affective manpower management and creating transparency among employees and officials. Punching of attendance electronically will be good. A central monitoring cell with HIS reports for all rural hospitals HR practices will ensure proper manpower planning and recruitment services.
- ❖ Assign module creation to all students and professors of Information Technology government funded colleges and universities. India is a global superpower in programming and can leverage innovative methodologies to create cost effective and efficient IT system. Each corporate and private enterprise can contribute towards the IT enabled rural healthcare.
- ❖ Collaboration of Public and Private Healthcare through corporate social responsibility and sharing technical knowhow. Adoption of a few village health centres (PHC or SC) by the private healthcare players will go a long way ahead in providing accessibility and quality care.
- ❖ The NABH or JCI implementation with regional modifications could improve the quality of services.
- ❖ Improve public health data management and access and verify the scientific statistical authenticity of the data submitted from each rural health centre by cross tallying. Proper sample selection based on accurate data will provide for effective planning and executing health programs.

#### **1.7.6 SUGGESTIONS REGARDING WORKING CULTURE AT RURAL HEALTHCARE SERVICES**

- ❖ Participative management, feedback mechanism and granting authority to take decisions will increase the satisfaction and retention of the already overburdened lean staff. Extra perks and incentives for long duration of working will motivate the staff.
- ❖ Introduction of a mechanism to measure accountability of health care workers and quality of work done by them as well as to reward the star performers can result in raising the bar of quality. Some



important elements of NABH's guidelines have been proposed as a means to improve the management of health care delivery in both urban and rural regions.

- ❖ There is an absence of reward for excellence or punishment for failures in the system. Introduction of a mechanism to measure accountability of health care workers and quality of work done by them as well as to reward the star performers can result in raising the bar of quality.
- ❖ Attending to the needs of rural healthcare employees is very vital for the contribution of their services to the rural poor. Some issues to be handled with care are Migration of health workforce to cities, private practice by government doctors, lack of medical and paramedic's staffs, cadre conflicts such as contractual versus permanent staff are some problematic areas.
- ❖ If reporting the work would be more important than doing the work and submission of utilization certificate would be more important than proper utilization of funds, no public health system could develop. Therefore it required to develop appropriate staff friendly systems.
- ❖ Having proper accountability systems in place will provide a level playing. Proper human resource practices need to be implemented. Regular supervision, monitoring by officials will create a accountability system in place.
- ❖ An employee suggestion and feedback system will help the officials to know the problems and difficulties of the staff. The yearly planning of the activities and budgeting the financials with the help of all the staff department wise will create a participative management.
- ❖ The confidence and trust on the supervisors and officials will improve with transparency and dealing with strict systems in place for the functioning of the officials. The policy issues with a job description and flow charts with effective suggestion systems in place will improve the confidence of employees on the officials.

#### 1.7.7 SUGGESTIONS FOR COMMUNITY PARTICIPATION IN RURAL HEALTHCARE

- ❖ The only way which could lead to the goal of health inclusion is by incorporating impoverish needy rural population through community participation.

#### 1.8 CONCLUSION

In India seventy percent of population lives in rural areas and healthcare delivery is a challenge for the government agencies. The Indian government is putting in lot of financial and manpower resources to improve the rural healthcare services.

The patients are not satisfied with the rural healthcare services and are therefore availing private fee for services inspite of them getting debt ridden. They definitely would not want to recommend rural services to anyone. The reasons for dissatisfaction are probed and observed that lack of infrastructure related to physical equipment, manpower and financial infrastructure are the cause. Patient's affordability is one of the biggest challenges inspite of the government healthcare schemes. However the patients prefer to borrow money and avail private health services. This has been a major cause for contributing to a huge debt burden and contributing to increased poverty levels.

The working environment of the rural healthcare services is not professionally encouraging with unclear scientific human resource practices leading to lack of accountability and dissatisfaction with the way rural healthcare system is managed. There's a strong visibility of poor rural healthcare budgeting, planning, execution and monitoring. The government's radical revamp of the rural healthcare policies and procedures will bring a new lease of life to a long stretched strained structure. The government needs to take rural areas along its journey in transforming and making India a developed nation

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