Access to Healthcare: Case Study of Tiswadi Taluka

A Dissertation for

POL: - 651: Dissertation

Credits: 16

Submitted in partial fulfilment of Masters of Arts

In Political Science

by

LAXMI KUMARI SAHANI

Roll no: 22PO210008

00ABC ID: 748025963480

PRN: 201901299

Under the supervision of

DR. PRAKASH DESAI

D.D Kosambi School of Social Sciences and Behavioural Studies

Political Science Programme

GOA UNIVERSITY

Date: April 2024

Examined by

Prakash .S. Desai

DECLARATION BY STUDENT

I hereby declare that the data presented in this Dissertation report entitled, "Access to Healthcare: Case Study of Tiswadi Taluka " is based on the results of investigations carried out by me in the Master of Arts in Political Science discipline at D.D. Kosambi School of Social Science and Behavioural Studies, Goa University under the Supervision of Dr. Prakash Desai and the same has not been submitted elsewhere for the award of a degree or diploma by me. Further, I understand that Goa University or its authorities / College will not be responsible for the correctness of observations / experimental or other findings given the dissertation.

I hereby authorize the University/college authorities to upload this dissertation on the dissertation repository or anywhere else as the UGC regulations demand and make it available to any one as needed.

Laxmi Kumari Sahani

Seat number: 22PO210008

Political Science programme

D.D. Kosambi School of Social Science

and Behavioural Studies

Date: 19/04/2024

Place: Goa University

COMPLETION CERTIFICATE

This is to certify that the dissertation report "Access to Healthcare: Case Study of Tiswadi Taluka" is a bonafide work carried out by **Ms. Laxmi Kumari Sahani** under my supervision in partial fulfilment of the requirements for tbe award of the degree of **Master's in Arts** in the discipline of Political Science at D.D Kosambi School of Social Science and Behavioural Studies, Goa University.

Dr. Prakash Desai

Supervisor

Political Science Programme

Date: 19/04/2024

Prof. Ganesha Somayaji 19/04/2024

DEAN

D.D. Kosambi School of Social Science

and Behavioural Studies Stamp of the School

Date: 19/04/2024

Place: Goa University

ACKNOWLEDGEMENTS

Tables and Figures

Contents

CHAPTER 1: INTRODUCTION

1.1 Overview

Health, widely considered an individual's most valuable asset, includes not just the lack of illness but also the complete well-being of one's physical, mental, and social aspects. It forms the foundational support on which individuals build their lives, chase their dreams, and make contributions to the advancement of their communities and nations. The delivery of healthcare services stands as a cornerstone in every society, demonstrating a nation's steadfast dedication to the welfare of its populace.

India is a rich and beautiful country; truly God's own country, rich in natural resources and human resources and blessed with an optimal climate. We have all the potential to become one of the best places on earth to live in. But we underestimate our potential and ignore the basic requirements for progress. One of the most important social issues neglected in our country is health care. We neglect issues concerning health care and literally end up manufacturing diseases. (Sasidharan:2015, p.23).

In India, over the years, diseases have multiplied disproportionate to the population growth. While the population in India has only doubled in the last 30 years, doctors and hospitals have multiplied at least a hundred times. Even so, the number of existing doctors and hospitals Prove Inadequate. As a ritual, every year we observe World Health Day and several other days named after diseases and organs: all stressing on treatment of disease and rehabilitation of patients. (Sasidharan:2015, p. 41).

Health is the most basic and primary need of an individual which makes the nation progress in socio-economic, scientific, literacy and cultural spheres. Health is both an input and out-put and

is linked with development. Therefore, it should not be viewed in isolation from the overall goals of development. A rapid and equitable economic development in itself is a good health input, and an adequate and equitable health-care system stimulates development through improving human productivity.[Rameshwaram:1989].

Health is a matter of universal concern. It is a state of physical, mental and social well being. Having a healthy body is the objective of every human being. In the 2oth century Giant 9f strides have been taken in the field of health and medicine, life expectancy has increased and disease have either eradicated or reduced (Thakur:1995, p. 33).

The provision of healthcare services stands as a cornerstone of any society, reflecting a nation's unwavering commitment to the well-being of its citizens. Health, often regarded as one's most precious possession, encompasses not only the absence of disease but also the holistic physical, mental, and social well-being of individuals. It serves as the bedrock upon which people construct their lives, pursue their aspirations, and contribute to the prosperity of their communities and countries.

Healthcare services, in this context, emerge as the guardians of wellness, the responders to affliction, and the facilitators of recovery. The access to high-quality healthcare services transcends mere convenience; it is, at its core, a fundamental human right, ensuring that individuals can lead fulfilling lives, chase their dreams, and actively engage within the social tapestry of their communities.In this ever-evolving landscape, comprehending the intricate dynamics of healthcare accessibility and the satisfaction of citizens becomes not only important but paramount. The questions of how readily available healthcare services are to the populace, the quality of care delivered, and the degree of satisfaction experienced by citizens significantly influence the overall well-being of a region and its people. This comprehensive study embarks on an exploration of the state of healthcare services in the dynamic coastal state of Goa,

illuminating the aspects of accessibility and appraising the contentment of its residents. Its purpose is to enrich the ongoing discourse on healthcare advancements and improvements.

Healthcare, a multifaceted tapestry woven from the threads of various elements, extends far beyond the conventional image of doctors in white coats. It encompasses not just the treatment of diseases but the cultivation and preservation of a state of well-being that is both physical and mental. Within this intricate mosaic, every inhalation of clean, pure air becomes a testament to health, every morsel of nutritious food a proclamation of wellness.In the delicate balance of life, healthcare becomes the compass, guiding us towards a life teeming with vitality and vigour. It is a harmonious symphony where the quality of our existence is determined not solely by the absence of ailments but by the embrace of holistic health. Our healthcare journey is influenced by choices, from the foods we savor to the environments we inhabit, where prevention is as noble as cure.

Yet, within this expansive canvas, Western medicine stands as a distinguished facet. It is a discipline that reaches deep into the intricacies of the human body, mending the tattered threads of health when they fray. Organ transplantation, a marvel of modern science, embodies the pinnacle of these efforts. It is where the sublime blend of technology and human compassion intertwines, offering a lifeline to those in need. So, do we call this a healthcare tapestry? Indeed, we do. It is a tale of dedication, a narrative of resilience, where doctors are not just healers of ailments but guardians of well-being. Their engagement transcends the confines of hospitals and clinics, extending into our lives, our homes, our choices. Healthcare, therefore, is not merely the realm of stethoscopes and white coats. It is the overarching narrative of our existence, a saga where we script our own stories of health. It is a symphony where the collective efforts of individuals, doctors, and science converge to compose a harmonious melody of well-being.

In any nation's journey towards progress and development, the significance of healthcare services cannot be understated. Central to this importance is the recognition that citizens are the most valuable resource of a country, and their health and well-being are pivotal to its advancement. The access to quality healthcare services plays a critical role in shaping the human capital of a nation. A healthy population not only enhances the labour force's productivity but also fosters educational excellence and innovation. Moreover, it directly contributes to economic growth, reduces inequalities, promotes social stability, and bolsters a nation's global competitiveness. This study aims to explore the intricate relationship between healthcare access and citizen satisfaction, recognizing that the health of its citizens is a fundamental pillar of any country's development. Neglect has brought about a new era, one marked by disparities that disproportionately affect the underprivileged and marginalized. If we examine the situation closely, we find that these marginalized groups bear the brunt of numerous challenges. They lag behind in areas such as access to healthcare, education, and empowerment, which are vital for progress.

Furthermore, a lack of basic sanitation and hygiene facilities compounds the healthcare issues faced by these marginalized communities. Malnourishment also plays a significant role, as a deficiency in essential nutrients can weaken a person's immune system. It Is evident that basic health needs are insufficient for these citizens. Therefore, the primary focus should shift towards providing fundamental disease care facilities for patients. While cutting-edge and advanced medical services have their place, they should not overshadow the fundamental health requirements that are the foundation of well-being. Preferring high-tech and super-specialty hospitals as the last resort for basic healthcare is not ideal. Instead, the focus should be on promoting family doctors and general practitioners.

Unfortunately, these essential healthcare providers are becoming scarce in India due to inadequate policies or a lack thereof. To ensure the well-being of the country's population, a significant transformation in the healthcare system is necessary. India seems to be allocating resources to super-specialty hospitals at the expense of primary health care, which is in contrast to countries like Norway, most of Europe, and Australia. These nations have established strong referral systems in which family doctors play a central role in disease management. In this setup, specialists do not receive undue importance, and patients do not have direct access to them. Moreover, the general practitioners in these countries receive better remuneration and respect from society compared to specialist doctors.

A lasting solution to a problem Is found in ensuring genuine healthcare by offering essential health requirements to all segments of society. This encompasses providing balanced nutrition and clean drinking water for everyone, maintaining effective sanitation, and promoting healthy lifestyle choices. Additionally, it involves making amenities such as playgrounds and parks available for exercise and relaxation.

Following these steps, we should streamline disease care by emphasizing primary healthcare, which should be unequivocally understood as disease prevention and health promotion. The pressing need for a comprehensive health policy in India is evident during epidemics like Swine flu, Dengue fever, and even COVID-19. Despite practical experience, a strong health policy remains elusive. Decades of research reveal that diseases, including infections like COVID-19, diabetes, heart conditions, and genetic disorders, are primarily linked to diet, lifestyle, and the environment, or can be understood as interactions between the body, mind, and environment. A holistic approach is essential to address the root causes of these health problems.

The Issues within healthcare and disease care are rooted in the failure to recognize the intricate relationship between health, economics, social justice, and human development. It's crucial for

all ministers, administrators, doctors, and citizens to understand how their respective fields of work directly impact individual and societal health. However, there has been a trend of neglecting healthcare and inadvertently contributing to the proliferation of diseases on a large scale. The focus has primarily been on establishing high-tech and super-specialty hospitals to treat diseases, often prioritizing single system specialists. This approach should be reversed, with the emphasis placed on investing in primary health care and preventive measures before allocating resources to disease care.

To address both healthcare and basic disease care effectively, we need a substantial number of general practitioners and family doctors working across the country. They should constitute the majority of the medical workforce, ideally accounting for 70% to 80% of healthcare providers. General practitioners should be at the core of healthcare, but a lack of a comprehensive health policy has led to a crisis. We need a strong policy to address the overreliance on specialists and high-tech hospitals, improve access to basic care, and prevent tragic outcomes due to healthcare expenses.

India has achieved remarkable feats on the global stage, such as the Mars Orbiter Mission, and garnered attention from foreign nations. However, when it comes to healthcare and providing basic amenities, we lag behind significantly. We face a high burden of diseases, including diabetes, hypertension, AIDS, and tuberculosis.

Non-communicable diseases like cancer, road traffic accidents, and mental health issues are on the rise due to poor lifestyle habits and inadequate amenities. India also grapples with challenges such as dowry deaths, malnutrition, and deficiencies in essential nutrients.To harness our immense potential and stand with developed nations, we must address these pressing issues and allocate resources wisely. Our human resources, climate, and natural beauty provide a solid foundation, but we need to overcome these obstacles for a brighter future.

India grapples with subclinical malnutrition, affecting even well-off individuals. Children under five years old face high malnutrition rates, and the country leads in various diseases, including liver issues, alcohol-related problems, and more. Widespread slums, a lack of sanitation facilities, and open defecation persist. India's healthcare system is challenged by rising diabetes and hypertension cases. Malnutrition and deficiencies in essential nutrients are common, and various diseases are on the rise due to unhealthy lifestyles and limited access to basic amenities. Addressing these issues and using resources wisely is essential to improve the quality of life for India's citizens and lead in global development.

Health issues of India stem from a lack of holistic well-being focus, with diseases disproportionately affecting marginalized groups due to inadequate access to basic amenities and education. India's healthcare approach leans toward specialized disease care, neglecting crucial health aspects like balanced diets and lifestyle. It should learn from developed countries that prioritize comprehensive health. India's immense diversity results from various factors, and true unity can emerge through social security and human development efforts, reducing diversity in the process. India should also prioritize general practitioners (GPs) in healthcare, as they play a vital role, unlike the current emphasis on specialists.

In the realm of healthcare, it's crucial to draw a clear line between healthcare and disease care, with a strong emphasis on the former. Maintaining good health is the cornerstone of a sound mind, and this principle should guide our priorities. Furthermore, it's vital to recognize that the health of a society is intrinsically tied to the well-being of its citizens. Healthy individuals are a reflection of a society's social security and human development. Therefore, to foster healthy individuals, we must prioritize social health, understanding that health is fundamentally a social issue.

A critical consideration Is where our priorities should lie. We should place paramount importance on basic healthcare needs and the promotion of good health practices rather than focusing solely on hospitals and specialized medical care.

To meet the healthcare needs of the nation, it is imperative to implement the medical curriculum with the primary goal of producing General Practitioners. This approach ensures that we have healthcare providers tailored to India's specific requirements. Moreover, we must rejuvenate the General Medicine departments to emphasize clinical skills, as these are the foundation of effective healthcare. To oversee healthcare policies and research, the bodies responsible for these aspects, such as the Medical Council of India (MCI) and the Indian Council of Medical Research (ICMR), should be supervised and advised by a higher governing body. A temporary halt on specialized postgraduate seats may be considered until an adequate number of General Practitioners is available to fulfill the healthcare needs of the population. We can transform existing postgraduate seats into programs such as MD Family Medicine/MD General Practice, creating a structured path for training general healthcare practitioners.

To address the issue of disease care, we must discourage the overemphasis on super-specializations and instead promote General Practitioners as they play a vital role in safeguarding the well-being of society. Government medical colleges should serve as exemplary models, with special attention to preserving and enhancing the values of the medical profession.

Improving the service conditions of government medical college teachers is essential to retain their valuable expertise. The proliferation of private medical colleges should be closely monitored, and only those individuals willing to forgo initial investments should be permitted to establish private hospitals and colleges, as medical education and disease care are not commercial endeavours. Furthermore, private medical colleges should primarily admit students

based on merit, and the concept of deemed universities in the private sector should be discouraged.

It's imperative to postpone the promotion of medical tourism until all citizens have access to basic healthcare and disease care facilities. If medical tourism is considered, it should be managed through government hospitals, offering a uniform standard of care and treatment.

Before adopting new treatments, their cost-effectiveness should be evaluated to ensure that healthcare resources are allocated efficiently. To prevent the transformation of healthcare into an industry and to maintain ethical practices, strict legislative measures should be in place. Access to private medical care for government officials and VIPs should be at their own expense, reinforcing their commitment to government hospitals and services.

While Indian medical graduates may seek foreign employment opportunities, their encouragement and facilitation should be controlled, as they should primarily be trained to serve India. Gender inequality in healthcare in India, especially concerning women's health, should be addressed through better nutrition, family education, and improved access to adequate toilet facilities.

1.2 Research problem

The research problem at the heart of this study delves into the intricate healthcare landscape within Tiswadi Taluka, Goa, India. Goa has a dynamic interplay between public and private healthcare sectors, has solidified its position as a medical tourism hub, and benefits from various government initiatives and a robust healthcare education system. Notwithstanding these positive aspects, persistent challenges encompass the need for expanding specialized healthcare,

particularly in advanced procedures, and ensuring equitable access to healthcare, particularly in remote areas of Tiswadi Taluka. The primary objective of this research is to scrutinize the quality and accessibility of healthcare services, while considering these unique dynamics, in order to make significant contributions to the ongoing enhancement of healthcare in Tiswadi Taluka, Goa.

1.3 Research question

1. What factors influence the choice between public and private healthcare services among residents of Tiswadi Taluka, and how does this choice impact their perception of healthcare quality?

> - Understanding the factors influencing the choice of healthcare providers and their relation to perceived quality can provide insights into the healthcare preferences of the residents.

2. What is the effectiveness of the healthcare system in Tiswadi Taluka, Goa, in terms of preventive care, early diagnosis, and management of chronic diseases for its resident population?

> - Assessing the effectiveness of healthcare services in key areas like preventive care and chronic disease management is crucial for overall community health.

3. To what extent did the COVID-19 pandemic affect the capacity and resilience of the healthcare system in Tiswadi Taluka for its resident population, and what lessons can be learned for future healthcare preparedness in this specific region?

> - Examining the impact of the pandemic can yield valuable lessons for improving healthcare preparedness and resilience in the future.

4. How can best practices from other regions or countries be adapted to improve healthcare quality for the local population in Tiswadi Taluka, Goa?

1.4 Objectives

1. To analyse the current state of health care infrastructure in Goa.

2. Evaluate the Quality of Healthcare Services.

3. To assess the affordability of healthcare services for different socio-economic groups.

4. To measure patient satisfaction.

5. To identify potential areas for improvement in healthcare delivery.

1.5 Significance of the study

The significance of my research on healthcare access in Tiswadi Taluka, Goa, is its potential to improve policies, promote health equity, empower communities, guide public health interventions, and contribute to academic knowledge on the topic.

1.6 Hypothesis

Hypothesis 1: If there is insufficient accessibility to healthcare facilities and they are difficult to reach, we hypothesize that people's satisfaction with healthcare will be negatively impacted.

Hypothesis 2: Assuming the healthcare system effectively prevents and manages diseases, we hypothesize that people's satisfaction with healthcare will be positively influenced by its preventive and management capabilities.

Hypothesis 3: We posit that enhancing healthcare in underprivileged areas poses a challenge, but we also hypothesize that implementing community-based healthcare can be an effective solution to address this challenge.

1.7 Methodology

This research, we aimed to assess the state of healthcare services in Goa particularly in the tiswadi taluka, with a specific focus on the key aspects of accessibility, affordability, infrastructure, and patient satisfaction. To accomplish this, we have designed a mixed-method research approach.

Firstly, we employed survey methods to gather quantitative data from a diverse sample of Goa's residents. The survey includes questions that touch upon the accessibility of healthcare services, affordability, and overall patient satisfaction. This quantitative data provides us with measurable insights into the perceptions and experiences of the population.

Secondly, field studies are conducted by visiting healthcare facilities across Goa (Tiswadi). During these visits, we meticulously observed and documented the condition of these facilities, their infrastructure, and the availability of essential services. This hands-on approach gives us a tangible understanding of the state of healthcare infrastructure in the region.

Additionally, we conducted case studies in selected healthcare facilities. These in-depth investigations include interviews with healthcare professionals, administrators, and patients. These interviews will delve into the challenges they have encountered and their perspectives on the successes and shortcomings of the healthcare system in Goa. Data is collected through survey responses, field observations, and interviews. Quantitative data from the surveys processed using statistical software to uncover trends and patterns regarding accessibility, affordability, and patient satisfaction. Meanwhile, qualitative data gathered from field visits and interviews is

analysed thematically to extract nuanced insights and personal narratives about the healthcare challenges and successes.

1.8 Literature review

1) *Putting Citizens First: Engagement in Policy and Service Delivery for the 21st Century –* Lindquist, Evert. 2013.

The chapter is commended for effectively linking the concept of "putting citizens first" to the principles of New Public Management (NPM), providing a historical context to the discussion. Lindquist's recognition of the historical roots of citizen engagement is highlighted as a strength, enriching the reader's understanding of the topic's evolution over the past century. The review appreciates the chapter's emphasis on rising expectations for governments to forge stronger connections with citizens, particularly through measuring satisfaction and involving them in service design. Furthermore, Lindquist's acknowledgment of the role of web-based technologies in facilitating citizen engagement is considered timely, aligning with the ongoing modernization of government services.

While the review offers an overall positive assessment, it does not explicitly address potential gaps in research. Areas for further investigation could include the need for a global comparative analysis to understand practices and challenges across various countries. Additionally, a more in-depth examination of the long-term impact of citizen-oriented government initiatives and a critical analysis of the role of Information and Communications Technology (ICT) are suggested. The review hints at the importance of inclusivity but does not explicitly discuss whether diverse perspectives, particularly from marginalized communities, are adequately represented in Lindquist's exploration. Lastly, a more thorough comparative analysis with traditional

governance models is proposed to provide a nuanced perspective on the strengths and drawbacks of citizen-oriented approaches. Addressing these potential gaps would contribute to a more holistic understanding of citizen-oriented government and its implications.

2) Rothermund, Dietmar. "The Impact of the Great Depression on India in the 1930s." *Proceedings of the Indian History Congress*, vol. 41, 1980.

This article on the public health of India during the 1930s provides a crucial historical lens through which to examine the challenges and efforts in the field during that transformative era. The account sheds light on the complexities faced, including limited data availability and substantial geographic variations in healthcare conditions within India. Notably, the identification of states with low-performing healthcare systems underscores the existence of healthcare disparities even in the early stages of public health initiatives. Emphasizing the significance of healthcare management practices during this period suggests a persistent concern for effective administration in healthcare delivery. The observation that primary health facilities fell short of government minimum standards highlights historical challenges in establishing adequate healthcare infrastructure, providing a foundational understanding of the evolution of India's healthcare system.

While the article offers valuable insights into the historical state of public health in India, there are potential gaps that warrant further exploration. The review does not explicitly address the specificity of the challenges faced or the strategies employed during the 1930s, leaving room for a more detailed examination of historical policies and interventions. Additionally, the call for future research to explore the causal relationship between management practices, quality of care, and patient outcomes hints at a potential gap in the existing literature regarding the historical impact of management practices on healthcare quality during this period. Addressing these gaps

would contribute to a more nuanced understanding of the historical context of public health in India and the intricacies of healthcare delivery during the 1930s.

3) "Being Insider-Outsider: Public Policy, Social Identity, and Delivery of Healthcare Services in India."-- Pal, G. C, *CASTE: A Global Journal on Social Exclusion*, vol. 3, 2022.

"Being Insider-Outsider" provides a deep exploration of the intricate relationship between social identity and healthcare access in Indian villages. Pal's research sheds light on the unequal distribution of healthcare services, challenging conventional explanations and emphasizing the persistent role of social identity in this disparity. The article draws from an extensive survey, revealing how socio-cultural norms hinder equal access to integrated nutrition and healthcare services. It concludes by advocating for policy revisions to address social identity complexities, making it a valuable resource for policymakers, researchers, and advocates. While comprehensive, potential research gaps include a deeper exploration of whether the social identity of users or service providers has more influence in determining healthcare access. Additionally, investigating the effectiveness of specific policy interventions and cultural competence training for healthcare providers could address identified gaps, offering practical recommendations for future research. Addressing these gaps would contribute valuable insights to the discourse on social identity and healthcare access.

4) Explaining Accessibility and Satisfaction Related to Healthcare: A Mixed-Methods Approach."- Cabrera-Barona, Pablo, *Social Indicators Research*, vol. 133, 2017,

's study innovatively tackles healthcare accessibility and satisfaction in Quito, Ecuador, using the Composite Healthcare Accessibility Index (CHCA) and Composite Healthcare Satisfaction Index

(CHCS). CHCA encapsulates multidimensional accessibility, incorporating availability, acceptability, and a unique parameter for perceived time-decay. The CHCS index focuses on satisfaction, considering waiting time, healthcare quality, and service supply. The study employs diverse regression methods, analyzing social and health-related variables to uncover disparities in healthcare accessibility and satisfaction, highlighting the intricate interplay between healthcare and societal factors. This research is a notable contribution, offering a comprehensive perspective and valuable insights for healthcare professionals and urban planners to enhance urban residents' quality of life.

5) Factors Affecting Patient Satisfaction and Healthcare Quality: A Comprehensive Model- Aditi Naidu, *Current Science*, vol. 115, 2018.

Aditi Naidu's paper, "Factors Affecting Patient Satisfaction and Healthcare Quality: A Comprehensive Model," provides a thorough exploration of the critical connection between patient satisfaction and healthcare quality. The paper introduces a conceptual model illustrating the co-creation of healthcare service quality by patients and providers, emphasizing patient engagement as a pivotal factor influencing treatment outcomes.

Naidu recognizes the economic significance of high-quality healthcare services and explores the relationship between patient perceptions of quality and financial measures for hospitals. The paper addresses dimensions influencing patient satisfaction and loyalty, stressing their impact on the profitability and reputation of healthcare providers.

However, potential gaps in research include the ongoing debate on the assessment of healthcare services, whether through patient perceptions or expert evaluations. The paper acknowledges the complexity of this evaluation, suggesting the need for further exploration. Additionally, the

discussion on trust in healthcare highlights an area that requires more in-depth research, especially in light of reported care errors and the evolving nature of the healthcare industry. These gaps indicate opportunities for future studies to contribute to a more nuanced understanding of patient satisfaction and healthcare quality.

6) An Exploratory Analysis of the Model for Understanding Success in Quality.- Kaplan, Heather C, *Health Care Management Review*, vol. 38, 2013

The reviewed article introduces the Model for Understanding Success in Quality (MUSIQ), a conceptual framework for optimizing contextual factors in healthcare quality improvement (QI). It highlights the variability in QI success and emphasizes the importance of context. Developed with collaboration from QI experts, MUSIQ categorizes 25 contextual factors and hypothesizes their direct and indirect impacts on QI success. The article concludes by underlining MUSIQ's potential to guide QI methods and shape future research in healthcare quality improvement. While valuable, potential gaps include the need for empirical validation and testing the framework in diverse healthcare settings to enhance its practical utility.

7) Healthcare Quality and Safety in Developing Countries.- SYED-ABDUL, SHABBIR, International Journal for Quality in Health Care, vol. 27, no. 4, 2015,

The article explores the role of sociological perspectives in understanding healthcare quality and safety. It highlights three key dilemmas in healthcare quality and safety: epistemology, culture, and power. The sociological perspective emphasizes the contextual and socially constructed

nature of these dilemmas, offering a complimentary lens to the traditional approach. The article suggests that integrating sociological insights can enhance the field of healthcare quality and safety, providing a more comprehensive understanding and solutions to its complex issues.

8) How Do Europeans Perceive Their Healthcare System? Patterns of Satisfaction and Preference for State Involvement in the Field of Healthcare.- Wendt, Claus, *European Sociological Review*, vol. 26, no. 2, 2010.

This research article examines patient satisfaction in Portuguese primary Healthcare Centres. The study found that patients' satisfaction was at a medium level. The most significant factors influencing satisfaction were the patient-doctor relationship, the quality of facilities, and the interaction with administrative staff. Doctor care was particularly crucial in enhancing overall satisfaction. Facilities' quality, including cleanliness, temperature, and comfort, also played a significant role. Administrative staff and nursing care contributed to satisfaction but to a lesser extent. The study highlights the importance of maintaining high facility standards and improving patient-doctor relationships to enhance patient satisfaction in healthcare.

9) A Critical Review of Patient Satisfaction- Liz Gill and Lesley White, Comparative Education Review, Vol. 58, No. S3 (August 2014), pp. S1-S165

The critical review article by Liz Gill and Lesley White, titled "A Critical Review of Patient Satisfaction," thoroughly assesses the concept of patient satisfaction in the healthcare domain. The article scrutinizes the existing theories and applications related to patient satisfaction and advocates for a more advanced construct known as "perceived service quality." The findings of the review underscore the significant issues related to patient satisfaction, including its lack of

theoretical and conceptual development, low standardization, and uncertain validity. The article also highlights the persistent interchangeability of the terms "patient satisfaction" and "perceived service quality" as a hindrance to effective research. In conclusion, the article emphasizes the pressing need for differentiation and standardization in defining and measuring satisfaction and service quality, encouraging interdisciplinary collaboration to develop a standardized tool for evaluating healthcare quality from the patient's perspective.

10) Why Healthcare Leadership Should Embrace Quality Improvement.- Drew, John R., and Meghana Pandit. BMJ: British Medical Journal, vol. 368, 30 Mar. 2020.

this article emphasizes the vital role of infrastructure in healthcare improvement. It calls for integrating hospital infrastructure into the broader healthcare system to enhance patient experience, effectiveness, efficiency, and sustainability. Infrastructure includes physical facilities, equipment, information technology, and staff. The article also stresses the importance of healthcare facilities in serving disadvantaged populations who may not access primary care. Overall, the article underscores the significance of infrastructure in achieving the goals of the Future Hospital project, such as efficiency, cost reduction, sustainability, and improved patient care.

1.9 Structure of the dissertation

CHAPTER I: Introduction

CHAPTER 2: Focus on Tiswadi Taluka, Goa

CHAPTER 3: Qualitative analysis based on questionnaire

CHAPTER 4: Research analysis based on Findings

CHAPTER 5: Conclusion

BIBLIOGRAPHY

ANNEXURE

1.10 Chapterization

Chapter 1: Introduction

Background and Context

Statement of the Problem

Research Objectives

Significance of the Study

Chapter 2: Healthcare infrastructure in Tiswadi Taluka

Historical overview

Healthcare programs

Health structure & services

challenges

Chapter 3: Qualitative Analysis

Introduction to Qualitative Research

Development of Questionnaires

Presentation of Survey Data

Qualitative Insights from Questionnaires

Interpretation of Findings

Chapter 4: Research Findings and Analysis

Qualitative Insights from Questionnaires

Presentation of interviews

Interpretation of Findings

Chapter 5: Conclusion

Summary of Key Findings

Implications of the Study

CHAPTER 2: HEALTHCARE INFRASTRUCTURE IN TISWADI TALUKA

2.1 History of healthcare in Goa

The history of healthcare in Goa is a captivating narrative, marked by a blend of cultural influences, medical advancements, and institutional evolution. Under Portuguese rule, Goa witnessed a unique approach to healthcare, characterized by efforts to integrate the local population into the Portuguese way of life. Unlike the British colonial approach, which often led to oppression and exploitation, the Portuguese encouraged marriage between Portuguese settlers and locals, fostering a sense of cultural integration. This progressive attitude extended to education, with the establishment of institutions like the Collegio de Sao Paulo dos Arcos, where Jesuit priests taught medicine alongside theology and other disciplines as early as 1546.

The Royal Hospital, founded in 1510 by Afonso de Albuquerque, quickly gained renown for its exceptional standards of care and comfort, reflecting the pride and care bestowed upon it by successive viceroys and rulers of Portugal. However, by the mid-17th century, the hospital had deteriorated, facing challenges such as a lack of well-trained doctors and inadequate patient care. Despite these setbacks, medical education continued to evolve in Goa, with the establishment of the 'Hospital Real do Espirito Santo' by Jesuits in 1691, marking the beginning of formal medical studies in the region.

The 19th century saw significant advancements in medical education with the founding of the 'Escola Medico-Cirurgica da Goa' in 1842, which laid the foundation for the present-day Goa Medical College. This period also witnessed reforms in medical curriculum and the expansion of healthcare services, including the establishment of the 'Aula de Medicina e Cirurgica de Hospital Militar de Goa' in 1801.

Prior to Portuguese rule, traditional Indian systems of medicine, such as Ayurveda and Unani, were predominant in Goa, with practitioners known as Vaidyas and Hakims respectively. These healers, though lacking modern medical knowledge, were esteemed by the public and often provided effective treatments using herbal remedies and traditional practices.

Since liberation, the government of Goa has made concerted efforts to improve healthcare infrastructure and services, with a focus on primary, secondary, and tertiary care. Today, Goa boasts a robust healthcare system, with over 120 hospitals and modern facilities such as CT scans available in public hospitals. The Goa Medical College stands as a testament to this progress, offering state-of-the-art facilities and free healthcare services to all patients. With ongoing investments and advancements, healthcare in Goa continues to thrive, reflecting its rich history and commitment to excellence.

Yatri Niwas now offers well-equipped rooms for patient families, while a modern pathology lab ensures accurate test results. Emergency services provide top-notch pre-hospital care, and diabetes detection is available for all Goans. New specialties like pediatric surgery and urology prevent patients from seeking treatment elsewhere. Free renal implants and medications are provided, along with complimentary anticancer drugs and orthopedic implants. Cardiac care facilities are forthcoming, along with plans for a cancer treatment center. These initiatives aim to provide Goa's residents with top-tier healthcare, leading to its recognition as the best state in healthcare for multiple years.

2.2 National Health Mission (NHM)

The National Health Mission (NHM) is a comprehensive project initiated by the Indian government to address healthcare concerns nationwide. On May 1, 2013, the Union Cabinet approved the NHM's integration of two sub-missions: the National Urban Health Mission

(NUHM) and the National Rural Health Mission. These sub-missions are intended to meet the different healthcare needs of both urban and rural communities.

NHM's aims, particularly during the 12th Plan period, are closely aligned with the overall national health vision. The emphasis is on meeting the specific health indicators stated in Box 1, which reflect significant areas of concern such as maternity and child health, illness prevention, and healthcare access. These objectives are both national and state-specific, taking into account the differences in health profiles, capacities, and settings throughout India's various regions.

The NHM emphasises the establishment of process and result indicators to guarantee that healthcare delivery is equitable, high-quality, efficient, and responsive. This requires setting state-level targets for communicable and noncommunicable diseases while taking into account local epidemiological patterns and funding availability. By fostering state-specific ideas, NHM hopes to create specialised approaches to successfully address healthcare concerns.

The 12th Plan outlines specific NHM goals, such as lowering the maternal mortality ratio (MMR), infant mortality rate (IMR), total fertility rate (TFR), and the prevalence of diseases like tuberculosis, leprosy, malaria, and kala-azar. NHM also intends to prevent and reduce anemia among women of reproductive age, reduce household out-of-pocket healthcare expenditures, and reduce mortality and morbidity from communicable, noncommunicable, injuries, and new illnesses.

Overall, NHM's integrated approach, state-specific focus, and emphasis on outcome-oriented initiatives establish it as a vital foundation for improving healthcare accessibility, quality, and equity in India. NHM works collaboratively at the national, state, and local levels to achieve its goals and dramatically improve the health and well-being of all citizens.

2.3 Institutional Mechanisms at the State Level

At the state level, the Chief Minister leads the State Health Mission (SHM), which oversees the National Health Mission (NHM). The State Health Society (SHS), which is in charge of NHM's functions, is led by the Chief Secretary. Each district or city has its own District Health Mission (DHM) or City Health Mission (CHM), which is overseen by the local self-government leader, such as the Zila Parishad Chairperson or Mayor. The DHM/CHM is responsible for arranging local health activities and is supported by a District Health Society (DHS) chaired by the District Collector. In urban areas, a city-level Urban Health Committee, led by administrative officials such as the Municipal Commissioner or District Magistrate, supervises National Urban Health Mission (NUHM) activities. This approach facilitates collaboration with other relevant departments during disease outbreaks or epidemics. Numerous entities, including the State Programme Management Unit (SPMU), State Health System Resource Centres (SHSRC), and State Institutes of Health and Family Welfare (SIHFW), are crucial to improving NHM at the state level. These institutes offer technical assistance, training, and infrastructure support to ensure that health projects are efficiently executed.

The NHM comprises six financial components: the NRHM-RCH Flexipool, the NUHM Flexipool, communicable and noncommunicable illness pools, infrastructure upkeep, and the family welfare central sector. States can develop and implement their own action plans within the context of national goals. State Programme Implementation Plans (PIPs) incorporate district and city health action plans to guarantee that local needs are satisfied. The Union Secretary of Health and Family Welfare authorises State PIPs based on the National Programme Coordination Committee's assessment.

To attain the intended results, NHM prioritises the horizontal integration of present vertical programmes at the state, district, and block levels. This integration helps that different disease programmes make better use of available resources. The National Rural Health Mission (NRHM) strives to offer fair, cost-effective, and high-quality healthcare to rural populations, particularly vulnerable groups. It aims to create a decentralised health delivery system that works collaboratively across sectors to address many health determinants. Institutional integration in the health sector aims to enhance outcomes for all health facilities, as measured by the Indian Public Health Standards. NRHM- Health Systems Strengthening builds on previous RCH-II projects to promote maternal and child health holistically. Recognising the link between adolescent health, family planning, mother health, and child survival, NHM treats adolescence as a distinct life stage. Strategies include increasing access to reproductive health care and addressing nutritional anaemia.

NHM aims to combine community and facility-based treatment to establish a comprehensive care pathway. This policy is mirrored in India's Strategic Plan for RMNCH+A, which prioritises services for mothers, infants, children, adolescents, and people of reproductive age. Maternal health programmes include expanding access to competent obstetric care, prenatal and postnatal care, skilled birth attendance, and institutional delivery options. NHM intends to give universal access to comprehensive RMNCH+A services by improving health facilities and utilising private providers where needed. The Janani Suraksha Yojana (JSY) will be amended to reflect the new Food Security legislation, with the goal of achieving Universal Health Coverage (UHC) and removing financial barriers to care.

The NHM strives to improve access to safe abortion services, including post-abortion contraceptive counselling. Key objectives include multiskilling providers and extending MTP services to every block and building that has been renovated for FRU services.

Strategies for preventing and managing RTI/STI include community health education, health facility diagnosis and treatment, syndromic management, and referrals to HIV testing and management. NHM works to eliminate gender-based violence by sensitising frontline workers, educating ASHAs, developing effective referral procedures, and following up with government agencies and NGOs. Newborn and Child Health (NHM) provides care at the community and facility levels, including home-based care, essential newborn care, facility-based care for sick babies, and severe acute malnutrition (SAM). It also focuses on baby and young child feeding, nutrition counselling, and the reporting and review of child deaths.

The National Health Mission prioritises universal vaccination, which includes maintaining Pulse Polio campaigns, achieving over 80% routine immunisation coverage, introducing new vaccines based on NTAGI recommendations, and improving cold chain management and illness surveillance. The Rashtriya Bal Swasthya Karyakram (RBSK) programme of the National Health Mission provides comprehensive care to children through mobile health teams and District Early Intervention Centres. This initiative seeks to provide facility- and community-based newborn screening, as well as periodic screening for children aged six weeks to eighteen years, thereby contributing to epidemiological data collection and directing future planning.

NHM prioritises adolescent health through interventions such as iron and folate supplementation, facility-based and community-based health services, sexual and reproductive health counselling, substance abuse prevention, mental health support, and prevention of noncommunicable diseases, injuries, and violence. These interventions are implemented through Adolescent Friendly Health Clinics (AFHCs), Village Health and Nutrition Days (VHNDs), schools, Anganwadi Centres, Nehru Yuva Kendra Sangathan (NYKS), Teen Clubs, and a special Adolescent Health Day. Peer educators and mentors plan outreach initiatives to spread knowledge and enhance health. AFHCs provide nutrition guidance, RTI/STI treatment, referrals,

and supplies such as IFA tablets, condoms, oral contraceptive pills (OCPs), and pregnancy kits. Trained counsellors give information and support, with a focus on vulnerable groups.

NHM provides a variety of family planning solutions to meet unmet contraceptive needs. Differential strategies will be utilised in high fertility states to reduce fertility to replacement levels, and in states that are currently at replacement levels to sustain them. Post-partum and post-abortion contraception will be emphasised, with an emphasis on spacing methods, notably intrauterine contraceptive devices (IUCDs). Male participation, including male sterilisation, is encouraged. ASHAs will distribute contraception, and World Population Day campaigns will promote awareness. Compensation plans for sterilisation acceptors, as well as indemnity schemes for customers and providers, will persist. Strategies for high fertility states include encouraging healthy spacing, involving ASHAs, enhancing skill development, involving private providers, expanding facilities, and adopting BCC activities.

Cross-cutting Issues: NHM combines BCC and social elements into all strategies. Facility strengthening combines human resource and infrastructure requirements. Continuous training, technical support, supervision, and managerial assistance at all levels are critical components.The National Urban Health Mission (NUHM) aims to improve the health of urban residents, particularly slum dwellers and underserved populations, by providing access to high-quality basic care. It includes state capitals, district headquarters, and cities/towns with populations of 50,000 or more, whereas those with populations less than that are classified as NRHM.

2.4 Outcomes of NHM

The implementation of the National Health Mission (NHM) in Goa has resulted in considerable advances in healthcare delivery and infrastructure, encouraging noticeable improvements in key health indices in both rural and urban areas. One of the most noticeable results of NHM's efforts is a significant increase in access to healthcare services. NHM has successfully brought healthcare closer to people, particularly in distant and underserved areas, by establishing and strengthening primary healthcare centres, community health centres, and sub-district and district hospitals. This increased accessibility has enabled people to seek prompt medical assistance, resulting in greater health outcomes and general well-being.

Furthermore, NHM's initiatives have greatly increased institutional deliveries. By emphasising the necessity of competent delivery attendance and providing incentives for institutional births, NHM has successfully moved the paradigm towards safer birth practices. This transformation has not only reduced the hazards associated with home deliveries, but it has also increased access to important maternal and neonatal care services during labour, lowering mother and newborn mortality rates. Furthermore, NHM's multidimensional strategy has resulted in the establishment of strong healthcare infrastructure in both rural and urban areas. This includes expanding and modernising healthcare facilities, purchasing necessary medical equipment and supplies, and recruiting and training healthcare workers.

The improvement of healthcare infrastructure has not only increased the ability to provide quality healthcare services, but it has also inspired confidence in the public about the availability of dependable healthcare facilities in their area. The National Health Mission's comprehensive policies and collaborative efforts have resulted in dramatic achievements for Goa's healthcare system. NHM has played a critical role in advancing the population's health and well-being by

improving access to healthcare services, promoting institutional deliveries, lowering maternal and child mortality rates, and strengthening healthcare infrastructure, laying the groundwork for a healthier and more prosperous future.

2.5 Healthcare Initiatives Launched in Goa

Janani Suraksha Yojana (JSY)

The Janani Suraksha Yojana (JSY) is a cornerstone project in India's healthcare environment, focusing on maternal and neonatal health concerns. Through focused interventions and innovative tactics, JSY has emerged as a critical tool for boosting institutional deliveries, reducing financial barriers, and improving mother and child health outcomes, particularly among economically disadvantaged groups.

JSY's programme strategy focuses on motivating pregnant women to choose institutional deliveries by giving economic help. This financial assistance helps to ease the economic stress connected with delivery expenses, such as transportation, medical fees, and other related charges. By offering monetary incentives, particularly to women from economically poorer areas, JSY hopes to stimulate a transition from home births to institutional settings. where competent birth attendants and crucial maternal and newborn care services are easily accessible.The results of JSY demonstrate its success in meeting its aims and addressing major maternal and child health concerns. One of the most striking consequences has been a noticeable increase in the proportion of institutional deliveries since the program's launch. By rewarding institutional maternity, JSY has successfully directed a greater number of women to healthcare facilities, resulting in safer birthing circumstances and lowering the hazards associated with home deliveries.

Furthermore, JSY has played an important role in lowering maternal and newborn death rates throughout the country. By improving access to competent birth attendance and important maternal and neonatal care services during childbirth, JSY has helped to reduce maternal fatalities caused by pregnancy and childbirth problems. Similarly, increased use of institutional deliveries has reduced infant mortality rates because newborns receive early medical attention and appropriate interventions in healthcare facilities. Furthermore, JSY has greatly increased access to competent birth attendance, particularly in disadvantaged and marginalised populations. By promoting institutional deliveries, the programme has increased the utilisation of qualified healthcare workers during childbirth, therefore improving the quality of care and reducing the incidence of birth problems and unfavourable results.

The Janani Suraksha Yojana represents a transformational approach to maternity and child health in India. JSY's innovative programme design, which incentivizes institutional deliveries among pregnant women, particularly those from economically disadvantaged backgrounds, has not only increased the proportion of institutional deliveries but has also helped to reduce maternal and neonatal mortality rates and improve access to skilled birth attendance. As a result, JSY serves as a beacon of improvement in maternity and child health, ensuring safer delivery experiences and improved health outcomes for both moms and children.

2.6 National Rural Health Mission (NRHM)

The National Rural Health Mission (NRHM) is a seminal endeavour in India's healthcare framework, notably in meeting the healthcare needs of its rural population. NRHM has made significant progress in improving access to quality healthcare services and advancing maternal and child health indicators in rural areas through a multifaceted programme strategy that focuses

on strengthening primary healthcare infrastructure, improving healthcare delivery mechanisms, and fostering community engagement.

At the heart of NRHM's programme strategy is a determined commitment to improve primary healthcare infrastructure in rural areas. This includes the building and upgrading of primary health centres (PHCs), sub-centers, and community health centres (CHCs) that are outfitted with critical medical equipment and staffed by trained healthcare workers. By increasing the availability and accessibility of healthcare facilities at the grassroots level, NRHM hopes to close the healthcare gap between rural and urban areas, guaranteeing equitable access to healthcare services for all. Furthermore, the NRHM prioritises capacity building and skill development for rural healthcare providers. Healthcare workers are given the information and skills they need to offer effective healthcare services, particularly maternity and child care, through training programmes and capacity-building activities. Immunisation, illness prevention and management. This investment in human resources not only improves service quality, but also develops a sense of ownership and accountability among healthcare providers, resulting in better overall healthcare delivery.

The encouragement of community participation and involvement in healthcare decision-making processes is a crucial component of NRHM's strategy. By allowing local communities to take control of their health and well-being, NRHM hopes to instill a sense of ownership and responsibility in healthcare activities. Community health professionals, such as Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs), play an important role in bridging the gap between communities and healthcare systems by supporting grassroots awareness, health education, and behaviour modification initiatives. NRHM aims to decentralise healthcare delivery by empowering local institutions and stakeholders to be more involved in healthcare planning, implementation, and monitoring, NRHM encourages participatory

decision-making and community-driven healthcare interventions targeted to rural communities' individual needs and goals through initiatives such as the Rogi Kalyan Samitis (Patient Welfare Committees) and Village Health and Sanitation Committees (VHSCs).

The results of NRHM's collaborative efforts are visible in the concrete improvements in rural healthcare metrics. One of the most prominent effects is improved access to primary healthcare services in rural regions, which is aided by the expansion and improvement of healthcare infrastructure. This improved access has not only increased healthcare utilisation, but it has also contributed to a considerable drop in infant mortality rates, as more women and babies obtain access to critical maternal and child healthcare services.

Furthermore, NRHM has had a critical role in raising immunisation coverage among children in rural regions, lowering the prevalence of vaccine-preventable diseases and improving child health. Furthermore, NRHM's emphasis on maternal and child health has resulted in improvements in maternal health indicators such as Antenatal care coverage, institutional deliveries, and skilled birth attendance all help to reduce maternal mortality and improve mother and child health outcomes overall. In essence, the National Rural Health Mission is a comprehensive and integrated approach to meeting the healthcare needs of India's rural inhabitants. By focusing on strengthening primary healthcare infrastructure, improving healthcare delivery mechanisms, promoting community participation, and decentralising healthcare services, NRHM has not only improved access to quality healthcare services in rural areas, but has also contributed to significant advances in maternal and child health indicators, resulting in better health outcomes and a higher quality of life for rural communities.

2.7 National Urban Health Mission (NUHM)

The National Urban Health Mission (NUHM) is an important programme in India's healthcare environment, specifically designed to address the unique healthcare difficulties encountered by urban populations, particularly those living in slums and marginalised areas. With a strategic focus on strengthening primary healthcare services, promoting community-based health programmes, and improving access to healthcare for vulnerable populations, NUHM has emerged as a transformative force in improving urban health outcomes and closing health disparities.

NUHM's programme strategy centres on improving the capacity and quality of basic healthcare services in urban settings, with a focus on underprivileged communities such as slums. This includes renovating and modernising urban health centres (UHCs) and urban family welfare centres (UFWCs), which are equipped with critical medical infrastructure and staffed by trained healthcare personnel. NUHM's goal in building the urban healthcare infrastructure is to ensure that complete and accessible healthcare services are available to urban people, particularly those living in resource-constrained situations.

Furthermore, NUHM prioritises community-based health programmes that educate urban residents about health and hygiene practices, disease prevention, and lifestyle changes. NUHM aims to enable urban communities to take proactive steps to improve their health and well-being through community mobilisation, health education campaigns, and behaviour modification initiatives. This community-focused strategy not only instills a sense of ownership and responsibility, but it also promotes long-term health outcomes through collaborative action and engagement. In addition to improving local healthcare delivery, NUHM prioritises increasing access to healthcare services for marginalised populations such as slum dwellers, migrant

labourers, and other vulnerable groups. NUHM aims to eliminate barriers to healthcare access and ensure equitable healthcare delivery for all urban residents, regardless of socioeconomic status or geographic location, by implementing targeted interventions such as mobile health clinics, outreach programmes, and doorstep delivery of healthcare services.

NUHM's extensive efforts have resulted in considerable improvements in urban health metrics. One of the most prominent effects is improved access to healthcare services in urban areas, which is made possible by the building of urban healthcare infrastructure and the implementation of community-based health programmes.

This improved access has not only increased healthcare utilisation, but has also raised urban dwellers' awareness of health and cleanliness habits, leading to better health outcomes and lower morbidity and mortality rates. The NUHM's emphasis on maternal and child health has resulted in significant gains in maternal and child health outcomes in urban settings.

NUHM has helped to reduce maternal death rates and enhance maternal and child health by encouraging prenatal care, institutional deliveries, and access to skilled birth attendants. Furthermore, NUHM's efforts to treat communicable and noncommunicable diseases in urban populations have resulted in improved disease management, early identification, and prevention, lowering the disease burden and improving overall health outcomes for urban people.

2.8 Rashtriya Bal Swasthya Karyakram (RBSK)

The Rashtriya Bal Swasthya Karyakram (RBSK) is a critical project within India's healthcare framework, aimed at meeting the healthcare requirements of children from birth to 18 years. RBSK's holistic approach, which includes early identification, diagnosis, and management of health issues, strives to ensure children's optimal health and well-being across the country.

RBSK's programmes strategy revolves around providing comprehensive healthcare services tailored to the specific requirements of children, with a focus on early detection and intervention. This strategy focuses on the use of health screenings, which comprise a variety of medical examinations and assessments aimed at discovering health problems and developmental disorders as early as possible. These checks are performed on a regular basis in licenced health institutions or outreach programmes to ensure After identifying health issues through screenings, RBSK provides timely and appropriate management through follow-up care and intervention services. This includes referrals to expert healthcare practitioners or tertiary care centres, treatment and therapy, and continuing monitoring and support to ensure the best possible outcomes for children with identified health needs. Moreover, RBSK focuses

The results of RBSK's comprehensive initiatives are visible in demonstrable improvements in child health indices across the country. One of the most notable results is improved early detection and management of health issues in children, which is aided by proactive screening and intervention activities under RBSK. By identifying health difficulties early on, RBSK allows for prompt access to healthcare services and therapies, limiting illness development and lowering the burden of morbidity and mortality among children.

Furthermore, RBSK's emphasis on early intervention and management allows children to reach their full potential in terms of physical, cognitive, and socioemotional development. RBSK's holistic approach to child health and well-being encourages preventative healthcare and good behaviours for both children and families. Through health education, counselling, and community engagement activities, RBSK enables parents and carers to embrace positive health habits and make educated decisions about their child's health and development.

2.9 Mukhyamantri Swayampurna Goa Swasthya Seva (MSSGSS)

The Mukhyamantri Swayampurna Goa Swasthya Seva (MSSGSS) initiative is a pioneering endeavour by the Goa government to offer universal access to healthcare services and financial protection for all state inhabitants. MSSGSS's focus on providing complete health insurance coverage aims to reduce the financial burden associated with medical and hospitalisation costs, encouraging fair access to healthcare and improving the general well-being of Goans. MSSGSS's programme strategy focuses on providing financial security to Goa residents for healthcare expenses such as medical consultations, diagnostic testing, hospitalisation, surgeries, and other medical treatments. Under the plan, eligible persons are supplied with health insurance coverage, either through government-sponsored insurance schemes or through appointed insurance providers, ensuring Access to a wide range of healthcare services at approved locations around the state.

MSSGSS operates on the idea of resource pooling and risk sharing, with payments from beneficiaries and the government combined to establish a single fund for healthcare coverage. This pooled fund is used to cover beneficiaries' healthcare bills, decreasing the financial burden on individuals and families and guaranteeing that healthcare services are available and affordable to all, regardless of socioeconomic level or geographic location. The results of MSSGSS are evident in considerable increases in healthcare access, financial risk protection, and health-seeking behaviour among Goa people. One of the most prominent outcomes is improved access to healthcare services, which is made possible by the MSSGSS's offer of health insurance coverage.

By covering medical and hospitalisation costs, the system has allowed participants to seek timely medical care and treatment, preventing health issues from worsening and improving health

outcomes. Furthermore, MSSGSS has played an important role in lowering out-of-pocket healthcare costs for Goa residents, hence lessening the financial burden associated with healthcare utilisation. By providing financial protection against healthcare expenses, the scheme ensures that individuals and families do not have to bear the entire cost of medical treatment, reducing the incidence of catastrophic health expenditures and protecting households from financial hardship as a result of healthcare costs.

Additionally, MSSGSS has helped to improve health-seeking behaviour among Goan inhabitants, as having access to health insurance makes people more inclined to seek timely medical care and treatment. By promoting preventive healthcare and early intervention, the initiative has improved health outcomes and reduced the prevalence of avoidable illness and mortality among participants.

Finally, the Mukhyamantri Swayampurna Goa Swasthya Seva (MSSGSS) project is a game-changing effort aimed at providing all Goan people with universal access to healthcare services as well as financial insurance against healthcare bills. MSSGSS's comprehensive health insurance coverage has expanded access to healthcare services, reduced out-of-pocket healthcare expenses, boosted health-seeking behaviour, and provided financial risk protection for state citizens, consequently contributing to overall health and the well-being of the population.

2.10 Matru Vandana Yojana (MVY)

The Matru Vandana Yojana (MVY) is a major component of India's maternal and child health initiatives. It aims to promote institutional births and improve outcomes. MVY's innovative programme design, which provides financial assistance to pregnant women for their first two live births, aims to encourage the use of institutional childbirth services, improve access to antenatal

care, and promote safe motherhood practices among pregnant women, particularly in rural and underserved areas. MVY's programme strategy focuses on giving direct cash assistance to pregnant women, reducing the financial hurdles associated with institutional deliveries and encouraging them to seek healthcare services from authorised healthcare facilities. By providing financial assistance for childbirth-related expenses such as medical fees, transportation costs, and other ancillary expenses, MVY hopes to ensure that pregnant women have access to safe and skilled birth attendants during childbirth, reducing the risks associated with home deliveries and improving maternal and child health outcomes.

The results of MVY are visible in considerable improvements in maternal and child health indicators in areas where the plan has been implemented. One of the most striking consequences is an increase in the use of institutional deliveries among expectant women, which is supported by the provision of financial assistance through MVY. By promoting institutional delivery, the initiative has helped to modify birthing behaviours, with more women choosing to give birth in recognised healthcare facilities, where trained birth attendance and important maternal and neonatal care services are easily available. Furthermore, MVY has played a crucial role in enhancing access to antenatal care services for pregnant women, as recipients are more likely to seek timely medical attention and follow-up care during pregnancy.

Likewise, MVY has resulted in lower maternal death rates in places where the programme has been implemented, as more women receive skilled birth attendance and crucial maternal healthcare services during childbirth. By promoting safe motherhood practices and institutional deliveries, MVY helps pregnant women get the medical care and support they need to navigate the challenges of pregnancy and childbirth, improving maternal and child health outcomes and lowering the number of preventable maternal deaths.

To summarise, the Matru Vandana Yojana (MVY) is a revolutionary project aiming at encouraging institutional deliveries, improving access to antenatal care, and promoting safe motherhood practices among pregnant women in India.

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS) is a key project in India's healthcare system aimed at addressing the rising prevalence of non-communicable diseases (NCDs). NPCDCS strives to reduce the burden of NCDs on population health and well-being through a multifaceted approach that includes screening, lifestyle modification, and treatment services.

The NPCDCS programme strategy focuses on increasing public knowledge of the risk factors, signs, and symptoms of common NCDs such as cancer, diabetes, cardiovascular disease, and stroke. Through targeted health education campaigns, community outreach programmes, and mass media activities, NPCDCS aims to enable people to live healthy lives, make educated health decisions, and seek prompt medical assistance for NCD-related concerns. Screening programmes for early detection and diagnosis of NCDs among high-risk populations are an important component of the NPCDCS approach. Screening services, such as blood pressure measurement, blood sugar testing, lipid profile analysis, and cancer screenings, are provided at designated healthcare facilities or outreach camps, allowing healthcare providers to identify individuals at risk of developing NCDs and initiate appropriate interventions for prevention and management.

Furthermore, NPCDCS emphasises the importance of lifestyle modification treatments in preventing and managing NCDs. NPCDCS encourages people to adopt healthy behaviours such

as regular physical activity, a balanced diet, tobacco cessation, and stress management through health promotion activities, counselling sessions, and behaviour change interventions, lowering the risk factors associated with NCDs and promoting overall health and well-being. The results of NPCDCS' comprehensive treatments can be seen in considerable improvements in NCD-related health indices across the country. One of the most prominent effects is greater public knowledge of NCDs, which is aided by the program's health education programmes and campaigns.

By raising people's awareness and comprehension of NCDs, NPCDCS enables them to take proactive actions towards prevention, early detection, and management of these disorders, hence reducing the NCD burden on public health. Furthermore, NPCDCS's screening programmes and early intervention services have aided in the early diagnosis and treatment of cancer, diabetes, heart disease, and stroke. By detecting NCDs early on, NPCDCS enables healthcare practitioners to conduct timely treatment and management measures, reducing the course of these disorders and improving health outcomes for those affected.

Furthermore, NPCDCS has helped to reduce morbidity and mortality rates linked with NCDs by promoting preventive health care behaviours and improving access to treatment and management services. With its comprehensive approach to NCD prevention and control.

2.11 Integrated Disease Surveillance Programme (IDSP)

The Integrated Disease Surveillance Programme (IDSP) is a significant programme within India's public health infrastructure that aims to strengthen disease surveillance systems for early identification, rapid response, and effective control of infectious diseases.

IDSP's strategic focus on real-time data collecting, analysis, and reporting aims to improve public health readiness and response mechanisms, slow the spread of infectious diseases, and enhance evidence-based decision-making in disease control and prevention initiatives. At the forefront of IDSP's programme strategy is a concentrated effort to improve disease surveillance capabilities by establishing robust surveillance systems at multiple levels of the healthcare infrastructure.

This includes integrating electronic reporting platforms, laboratory networks, and epidemiological surveillance techniques to detect disease outbreaks and public health concerns more quickly and accurately. IDSP allows healthcare authorities to monitor disease patterns, detect emerging dangers, and implement rapid response actions to prevent the spread of infectious diseases by using current technology and information systems. Furthermore, IDSP emphasises the necessity of training and skill development for healthcare professionals involved in disease surveillance and response efforts. IDSP provides healthcare personnel with the knowledge, skills, and tools needed to effectively collect, analyse, and interpret surveillance data, thereby improving their ability to detect, investigate, and respond to disease outbreaks in a timely and efficient manner.

The promotion of inter-sectoral collaboration and coordination among many stakeholders, including healthcare agencies, government departments, research institutions, and non-governmental organisations, is an important part of IDSP's approach. IDSP promotes partnerships and collaborations, which enhance the interchange of information, skills, and resources, thereby boosting the collective response to disease outbreaks and public health emergencies.IDSP's extensive interventions have resulted in considerable advances in disease surveillance and response capacity, particularly in states such as Goa. One of the most significant

consequences is an improved ability to detect and respond to infectious disease epidemics in real time, which is made possible by rapid collection, processing, and reporting of surveillance data. By giving early warning signals and warnings, IDSP allows healthcare authorities to initiate rapid response actions.

2.12 Health Structure and Services in Tiswadi Taluka

Table no.1

Name of Taluka	District hospitals	Urban Health centres	Community health centres	Primary health centres	Sub-Centres
Tiswadi Taluka	-	Urban Health Centre, Panaji	-	1)P.H.C, Corlim	1. Batim 2.Taleigao (Borbot) 3.Taleigao(St. Paul) 4.Goltim (Divar) 5. Merces 6. Ella 7. Siridao 8.Bambolim

Source: Citizen Charter

The healthcare sector in Goa has experienced great gains, yet there are still challenges that require immediate and smart interventions.

To begin, the growing senior population needs specialised healthcare services due to age-related illnesses, chronic illnesses, and long-term care needs. A comprehensive plan that includes specialised medical attention, rehabilitation services, and strong social support systems is required to properly address these changing requirements. Furthermore, the diminishing sex ratio among youngsters raises important concerns about gender disparities and access to healthcare services. To address this imbalance, focused programmes promoting gender equality, increasing access to prenatal and maternal healthcare, and eliminating gender-based stereotypes must be launched.

The healthcare industry in Goa has made significant progress, but there are still difficulties that demand fast and innovative responses. To begin, the expanding elderly population necessitates specialist healthcare services due to age-related ailments, chronic illnesses, and long-term care requirements. To adequately meet these evolving needs, a comprehensive plan that incorporates expert medical care, rehabilitation services, and strong social support systems is required. Furthermore, the decreasing sex ratio among young people raises serious issues about gender inequality and access to healthcare services. To remedy this imbalance, targeted activities promoting gender equality, boosting access to prenatal and maternal healthcare, and eradicating gender stereotypes must be implemented.

2.13 Sub Centres

The Sub-Centre is the most remote contact point between the Primary Health Care System and the community, and it is often staffed by Multi-Purpose Health Workers (Male and Female) and an Attendant.

Tiswadi Taluka has a total of eight sub-centres. Goa has one of the most extensive healthcare facilities in India. The Directorate of Health Services plays an important part in health delivery by providing preventive, promotional, curative, and rehabilitative health services to people using a primary health care approach. The health care infrastructure has been designed as a three-tier system: primary, secondary, and tertiary care.

2.14 Primary Health Centres

Primary Health Centres offer 24/7 emergency care and connected hospitals with 10-12 beds. There is only one Primary Health Centre in Tiswadi Taluka (Corlim). PHCs are nodal agencies that offer preventative, promotional, and curative services.

2.15 Urban Health Centres

There is one Urban Health Centre in Panaji that provides public health services.

2.16 Community Health Centres

The Community Health Centres provide 24-hour emergency care with affiliated hospitals and are led by a Health Officer. Specialist doctors' services are provided, as are other facilities; nevertheless, there are no community health centres in Tiswadi Taluka.

2.17 Outpatient departments (OPDS)

OPDs are conducted in all the Hospitals, CHCs PHCs, RMDs, Homeopathic & Ayurvedic Clinics, STD clinics UHCs except (UHC Vasco), on all working days i.e. Except Sundays and Public Holidays.

Days	Timing
Monday to Friday	9.00a.m to 1.00 p.m
Saturday	9.00 a.m to 1.00 p.m

- Weekly OPDs on fixed days are generally conducted in all the sub-centres.
- (Rs. One hundred only) as registration fee for OPD paper except medico-legal cases, Prisoners brought by police, pregnant women and sick neonates.
- OPD consultations, investigations and treatment are free in all the hospitals and other Centers under the Directorate. However, in two District Hospitals only for certain Categories, investigations are charged as per the rates notified by the Government.
- Medical Certificates / NOCs are issued on the fees as prescribed and notified by the Government.

2.18 Inpatient departments (IPDS)

IPDs are functioning in all Hospitals, CHCs, PHCs (except Colvale, Corlim, Chinchinim, Loutolim, Cortalim, Ponda, Navelim, Porvorim, Mayem, Chimbel, Saligao and Ribandar). All patients who need hospitalization are admitted as inpatients and treated free, Inclusive of diet. Every patient is issued one Attendant Pass. Visitors are generally allowed during visiting hours

only i.e. 4.00 pm to 6.00 pm. Patients from the other States are charged Rs 50 per bed per day and 30% of the Package rated for procedure under Deen Dayal Swasthya Seva Yojana (DDSSY).

2.19 Laboratory services

- In all the, PHCs and UHCs laboratory services are available for conducting routine basic investigations.
- Malaria parasite testing facilities are available at PHC/Hospitals, at the Malaria Clinic at HeadQuarters (DHS) Campal, Panaji.
- Ultrasound, x-ray, CT Scan facilities are available in PHC.

2.20 Casualty and emergency services

Casualty and emergency services are provided 24 x 7 in all the hospitals, and PHCs with attached beds.

Patients requiring specialized investigations/treatment are referred to the nearest District Hospital/Goa Medical College depending on the case, after providing Proper medical aid within the scope of the equipment and the facilities available at Health Centre / Hospital.

2.21 Ambulance services

The ambulance services are available in all the Hospitals.

Additional Services

There are 14 Homeopathic Clinics, 34 Ayurvedic Clinics, 27 ophthalmic clinics and 33 Dental Clinics located at various PHCs / CHCs.

The Directorate and its peripheral units are responsible to issue NOC to establishments when referred by local authority. The concerned parties of the establishment have to submit an application in triplicate to the concerned Health Officer / Medical officer in–Charge of PHCs / CHCs / UHCs in their respective Jurisdiction.

Medical Store Depot (MSD)

Medical Store Depot is responsible for procuring and distributing medical equipment And medicines to all the Hospitals, and Health Centres.

The Medical Store Depot supplies Drugs, which includes Allopathic, Ayurvedic & Homeopathic and Surgical items including Chemicals and reagents to PHC, district hospitals under Directorate of Health Services. It also Supplies Machinery and Equipment.

All the lifesaving and essential drugs are continuously made available to all the Hospitals, PHC and CHC under Directorate of Health Services as per their Requirements by floating Public Tenders

2.22 Miscellaneous

☐ Sub-Centers have fixed days in a week every month for immunization sessions, OPDs etc. They are focal points for various community-based activities.

☐ Village Health & Nutritional Days observed at the village level every month.

☐ Outreach sessions in slum areas/labour concentrations in relation to immunization and detection/management of ailments.

☐ Reproductive and child health camps wherein services towards adolescent girls, mothers, children are rendered especially in relation to immunization, health checkups, detection of ailments, pap smears screening for cervical cancers, health education etc.

☐ Information, education and communication activities utilizing all media channels including print, electronic and others.

☐ Health Check-ups and Nutrition education in Anganwadis.

2.23 Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) :

was launched in Goa in June 2016 to provide antenatal care to every pregnant mother. The program aims to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. Pregnant women must contact the ANMs/ ASHSs/ health workers in their area to receive information about the nearest government health facility where PMSMA services would be provided. When a pregnant woman visits the government health facility (DH,SDH,CHC-FRU etc) designated to provide PMSMA services.

LaQshya : Ministry of Health & Family Welfare launched LaQshya initiative with an aim for improving intrapartum and immediate postpartum care in the labour room which is where maximum maternal deaths and stillbirths occur. It is critical that states/UTs undertake a baseline assessment of the labour room and the operation theatres at the earliest and plan for filling the gaps that have been identified. LaQshya was launched in Goa in January 2018. LaQshya strategies includes:

• Reorganizing/aligning labour room & Maternity Operation Theatre layout and workflow as per 'Labour Room Standardization Guidelines' and Maternal & Newborn Health Toolkit' issued by the Ministry of Health & Family Welfare, Government of India.

• Ensuring that at least all government medical college hospitals and high case-load district hospitals have dedicated obstetric HDUs(High Dependency Units) as per GoI MOHFW guidelines for managing complicated pregnancies that require life-saving critical care.

• Ensuring strict adherence to clinical protocols for management and stabilization of the complications before referral to higher centres.

2.24 Family Planning

➢ **Family Planning Indemnity Scheme** of Government of India, is implemented wherein cases of failed sterilizations conducted in Government Hospitals are paid compensation.

➢ Promotion of various spacing and permanent methods of contraception undertaken. Sterilization services are held at hospitals and selected Health Centres on fixed days of the week. Financial incentives are given to the beneficiaries availing the various Family Planning methods.

2.25 The Goa public health act of 1985 & rules, 1987

The Health Officers / Medical Officers In Charge in their areas of jurisdiction issue no objection certificates (NOC) for commercial, industrial, and other establishments, as well as construction/occupation purposes, in accordance with the Goa Public Health Act, 1985/ Rules 1987 and subsequent Amendments. Complaints received under the Goa Public Health Act are handled by the appropriate local Competent Health Authority.

2.26 Special cell at directorate of health services

Under the provisions of Goa Public Health Act, 1985 Rules 1987.

a) License is issued for establishing a unit of SPA / MASSAGE PARLOUR.

b) Permit is issued to operate Private Ambulance.

2.27 Mediclaim Scheme

Under the Mediclaim scheme, financial assistance to the maximum extent of Rs. 1.50 Lakhs per illness is provided for availing super specialties which are not available under the State Government hospitals, to residents of Goa, who have been staying in Goa for a Minimum period of 15 years, and whose annual household income is less than Rs. 1,50,000/-Per annum.

Medical treatment covered are (i) Neurological Disorders; (ii) Cardio-Thoracic Surgery; (iii) Kidney transplantation; (iv) Plastic Surgery; (v) Radiotherapy; (vi) Total Replacement of Joints; (vii) any other major diseases/illness.

In order to avail this facility, the concerned person/individual has to apply to the Director of Health Services, Panaji, Goa in the prescribed Form C & D (Annexure VII & VIII) enclosing there with:

- Passport size recent photograph of the patient on Form 'C' or 'D'.
- Photo copy of election card and Ration Card of the patient. If the patient is a minor, Photo copy of election card of either of the parent
- ☛ Medical Certificate in Form -A (Annexure V) from the Medical Superintendent, Goa Medical College, Bambolim, indicating that the patient is referred to some other Recognized Hospital since the facilities are not available at Goa Medical College

- 📧 Income certificate in Form-B (Annexure VI) from the concerned Mamlatdar.

The Mediclaim Certificate will be issued by the Medical Superintendent, Goa Medical College (GMC), Bambolim on the recommendation of the concerned Unit Head of the Department of GMC or the Sr. Consultant of District Hospitals either at Mapusa or Margao Attached to the Directorate of Health Services after ascertaining that the particular case cannot Be treated at the Government Hospital in the State of Goa including GMC. Based on this Certificate, Director of Health Services, Panaji-Goa will issue a letter authorizing the Concerned Hospital to render required Medical treatment to the said patient for the relevant Procedure within the monetary limit specified in the said authority letter under Goa Mediclaim Scheme.

If a patient has gone to a recognised institute outside Goa for treatment that is not available in Goa's government hospitals and does not have a Mediclaim Certificate, he must apply directly to the Director of Health Services, Panaji, Goa, along with the necessary documents/papers. The Mediclaim facility covers up to Rs.3.00 lakhs for open heart surgery, kidney transplants, and neurosurgery, as well as post-operative medications. However, the highest limit for cancer is Rs. 5.00 lakh, and Rs. 8.00 lakh for bone marrow transplant sicknessThe government has expanded the existing Mediclaim plan to include Cerebral Palsy and Skeletal Birth Defects, including Speech and Hearing Defects. The cost of drugs/medicines and chemotherapy for patients receiving treatment at Goa Medical College for cancer, total hip or knee replacement, is reimbursable up to 60% of the sum permissible for the relevant surgery under the Goa Mediclaim Scheme. The government has provided financial help to patients undergoing Continuous Ambulatory Peritoneal Dialysis (CAPD), a procedure that can be performed at home, subject to the aforesaid monetary unit. Patients can receive superspecialty medical treatment under this system at any of the following recognised hospitals in Goa State or elsewhere.

The Directorate of Health Services (DHS) in Goa is a vital organisation in charge of managing and administering the region's healthcare services. The Citizen's Charter produced for DHS serves as a core document articulating the promises and criteria for providing high-quality, responsible, and fair healthcare services to Goa's inhabitants. The citizen charter is a guiding principle that defines the rights and obligations of both healthcare providers and recipients. It establishes explicit service delivery standards, emphasising transparency, efficiency, and equity in healthcare provision.

2.28 Achievements in Health Care System

The gains of Goa's healthcare system are significant, demonstrating the efficiency of the Directorate of Health Services' initiatives. To begin, the decrease in birth, death, and infant mortality rates shows the effectiveness of different programmes aimed at improving mother and child health outcomes. These accomplishments demonstrate better access to prenatal and postnatal care, skilled attendance during birthing, and improved healthcare infrastructure. Furthermore, the beneficial contribution to improving life expectancy demonstrates overall improvements in healthcare delivery and disease management. By addressing critical health determinants and supporting healthy living behaviours, the healthcare system has played an important role in extending people's lives in the region.

Furthermore, the large drop in maternal mortality and increase in child immunisation coverage indicate a deliberate effort to achieve universal healthcare coverage and treat preventable causes of morbidity and mortality. These achievements demonstrate the effectiveness of vaccination campaigns and maternal health programmes in protecting the health of mothers and children. Furthermore, the reduction in anaemia, malnutrition, and communicable diseases demonstrates

the efficacy of public health programmes targeted at correcting nutritional deficiencies and preventing the spread of infectious diseases. These achievements demonstrate the effectiveness of health education, preventive measures, and access to basic healthcare services.

The achievements of Goa's healthcare system show an integrated method to improving health outcomes, which includes preventive, curative, and promotional efforts. These successes demonstrate the Directorate of Health Services' commitment to the population's health and well-being.

2.29 Challenges

While Goa's healthcare system has achieved great progress, it still confronts a number of difficulties that require attention and strategic initiatives.

For starters, the expanding elderly population has distinct healthcare needs, such as age-related illnesses, chronic conditions, and long-term care requirements. Addressing these issues necessitates a comprehensive approach that focuses on geriatric healthcare services such as specialised medical treatment, rehabilitation, and social support networks.

Second, the decreasing sex ratio among youngsters raises concerns regarding gender inequities and access to healthcare services. Efforts to address this issue should include targeted initiatives to promote gender equality, increase access to prenatal and maternal health care, and combat gender-based discrimination. Additionally, the rising prevalence of lifestyle illnesses such as diabetes, hypertension, and obesity creates a huge public health issue. Addressing lifestyle-related risk factors necessitates a multi-sectoral strategy that includes health promotion, disease prevention, and affordable healthcare services. Furthermore, programmes to promote

healthy lifestyles, such as regular physical activity and appropriate eating habits, are critical in reducing the prevalence of lifestyle disorders.

Furthermore, the increase in road traffic accidents is a significant public health issue that requires immediate response. Efforts to solve road safety issues should include improving infrastructure, enforcing traffic laws, strengthening emergency medical services, and raising public knowledge about road safety. While Goa's healthcare system has seen significant success, it must continue to evolve in order to properly meet growing difficulties. By prioritising the needs of disadvantaged groups, promoting preventive healthcare measures, and using a multi-sectoral approach to health promotion, the Directorate of Health Services can traverse these hurdles and enhance health outcomes for all Goans.

While Tiswadi Taluka's healthcare landscape is highly developed, there are still issues and potential for growth. Some of the major difficulties confronting the healthcare system in the taluka include:

- Limited Access to Specialised Care: Despite the presence of hospitals and clinics, inhabitants in remote and rural locations may have difficulty getting specialised medical care due to geographical barriers, transportation constraints, and a lack of specialty services. This can cause delays in diagnosis and treatment, resulting in lower health outcomes for individuals with complicated or chronic diseases. Addressing these access constraints requires novel solutions, such as telemedicine, mobile health clinics, and outreach programmes, to deliver specialised care closer to underprivileged communities and eliminate inequities in healthcare access.

- Human Resource Shortages: The healthcare system in Tiswadi Taluka may also face challenges related to human resource shortages, including a lack of skilled healthcare professionals, particularly in rural and remote areas. Recruiting and retaining qualified medical professionals, including physicians, nurses, and allied health workers, can be challenging, especially in areas with limited infrastructure, resources, and professional development opportunities. To address these shortages, healthcare stakeholders may need to invest in workforce training and development programs, expand recruitment efforts, and incentivize healthcare professionals to work in underserved areas through financial incentives, professional development opportunities, and support for work-life balance.

- Infrastructure and Equipment Needs: While Tiswadi Taluka boasts a network of healthcare facilities, including hospitals, clinics, and PHCs, some facilities may face challenges related to infrastructure deficiencies, outdated equipment, and inadequate resources. Improving infrastructure and equipment needs, including upgrading facilities, modernizing medical equipment, and ensuring adequate supplies and medications, is essential for providing quality healthcare services and enhancing patient safety and satisfaction. This may require increased investment in healthcare infrastructure, public-private partnerships, and collaborative efforts between government agencies, non-profit organizations, and the private sector to address infrastructure gaps and improve healthcare delivery.

- Health Information Systems: Effective health information systems are essential for ensuring the delivery of timely, efficient, and patient-centered healthcare services in Tiswadi Taluka. However, the healthcare system may face challenges related to fragmented health information systems, limited interoperability between

electronic health records (EHRs) and information technology (IT) systems, and a lack of standardized data collection and reporting mechanisms. Improving health information systems, including implementing electronic health records (EHRs), developing health information exchanges (HIEs), and adopting health information technologies (HITs), can enhance data sharing, interoperability, and decision-making, leading to improved health outcomes, increased efficiency, and better coordination of care

- Healthcare Financing: Another challenge facing the healthcare system in Tiswadi Taluka is healthcare financing, including issues related to healthcare affordability, insurance coverage, and out-of-pocket expenses. While the government provides subsidized healthcare services through public healthcare facilities and programs such as the National Health Mission (NHM) and Rashtriya Swasthya Bima Yojana (RSBY), many residents may still face financial barriers to accessing healthcare due to high out-of-pocket expenses, especially for specialized services, diagnostic tests, and medications. Additionally, the reliance on private healthcare providers and informal healthcare services may result in significant financial burdens for households, particularly those with limited financial resources or chronic health conditions. Addressing healthcare financing challenges requires a multi-pronged approach, including expanding health insurance coverage, increasing government spending on healthcare, regulating healthcare prices, and implementing social protection programs to provide financial assistance to vulnerable populations.

- Health Literacy and Awareness: Promoting health literacy and awareness is essential for empowering individuals to make informed decisions about their

health and well-being and improving health outcomes in Tiswadi Taluka. However, many residents may lack access to accurate health information, health education programs, and preventive care services, leading to misconceptions, unhealthy behaviors, and delayed healthcare-seeking behavior. Improving health literacy and awareness requires targeted interventions, including health education campaigns, community outreach programs, and culturally sensitive health promotion initiatives that address the specific health needs and concerns of local communities. By equipping residents with the knowledge, skills, and resources to make healthy choices and access preventive care, healthcare stakeholders can promote a culture of health and well-being and reduce the burden of preventable diseases and conditions in the taluka.

- Community Engagement and Participation: Engaging local communities in healthcare decision-making processes is essential for fostering trust, building partnerships, and promoting community resilience in Tiswadi Taluka. However, community engagement efforts may face challenges related to cultural differences, language barriers, and lack of awareness about health care rights and responsibilities. Creating opportunities for meaningful community engagement and participation requires collaborative efforts between healthcare providers, community leaders, civil society organizations, and government agencies to build trust, foster dialogue, and co-design healthcare interventions that are responsive to the needs and preferences of local communities. By involving residents in healthcare planning, implementation, and evaluation processes, healthcare stakeholders can ensure that healthcare services are culturally appropriate,

socially acceptable, and tailored to the unique needs of Tiswadi Taluka's diverse population.

- Health Equity and Social Determinants of Health: Addressing health equity and social determinants of health is crucial for reducing health disparities and promoting health equity in Tiswadi Taluka. However, disparities in access to healthcare, socioeconomic status, education, employment, and environmental factors may contribute to inequities in health outcomes and well-being among different population groups. To address these disparities, healthcare stakeholders must adopt a holistic approach to healthcare that considers the broader social, economic, and environmental determinants of health and addresses underlying structural inequalities and injustices. This may include implementing policies and programs that address poverty, unemployment, housing instability, food insecurity, and environmental pollution, as well as promoting equity-oriented healthcare delivery models, such as community health workers, patient navigators, and culturally competent care teams, that prioritize the needs of underserved populations and promote health equity for all residents.

The healthcare landscape in Tiswadi Taluka is characterized by a diverse range of healthcare facilities and services that play a crucial role in promoting the health and well-being of its residents. From hospitals and clinics to primary healthcare centers. The Talulka's healthcare system is designed to meet the diverse healthcare needs of its population, ensuring access to quality healthcare services close to home. However, the healthcare system also faces challenges related to healthcare access, affordability, quality, and equity, which require targeted interventions and collaborative efforts from healthcare stakeholders, policymakers, and local

communities to address effectively. By investing in healthcare infrastructure, human resources, health information systems, health literacy, community engagement, and health equity initiatives, healthcare stakeholders can create a more resilient, responsive, and equitable healthcare system that meets the evolving needs of Tiswadi Taluka's population and promotes health and well-being for all residents, now and in the future.

From limited access to specialized care and human resource shortages to infrastructure deficiencies and healthcare financing issues, the healthcare system in Tiswadi Taluka faces multifaceted challenges that require innovative solutions and sustained investment. Moreover, promoting health literacy, community engagement, and addressing social determinants of health are essential for fostering equitable access to healthcare and promoting health and well-being for all residents.

Despite these challenges, there are also opportunities for improvement, including leveraging technology for telemedicine and health information systems, enhancing community participation in healthcare decision-making, and adopting holistic approaches to address the broader social, economic, and environmental determinants of health. By prioritizing these opportunities and addressing the challenges in a collaborative and proactive manner, healthcare stakeholders can work towards building a more resilient, responsive, and equitable healthcare system in Tiswadi Taluka that meets the evolving needs of its diverse population and promotes health and well-being for all residents, now and in the future.

CHAPTER 3: QUALITATIVE ANALYSIS BASED ON QUESTIONNAIRE

Main Findings

3.1 Profile of the Respondents

Table no. 2

Respondents	Male	Female
	64	36

Sources: Field Survey 2024

The above table no.2 presents the gender distribution of the respondents participating in the study. Out of the total respondents, 64 were male and 36 were female.

3.2 Respondent's Age

Table no. 3

Below 23	24- 45	46-65	Above 65	Total
22	38	29	11	100

Sources: Field Survey 2024

Table 3 illustrates the distribution of respondents across different age groups. The majority of respondents, 38%, fell within the age range of 24-45, followed by 29% in the 46-65 age group. A smaller proportion of respondents, 22% and 11%, were below 23 years old and above 65 years

old, respectively. This distribution provides insights into the age demographics of the surveyed population and may have implications for understanding healthcare access and utilization patterns across different ages.

3.3 Occupation of the respondents

Table no. 4

Student	22
Unemployed	10
Business	15
Skilled/ manual worker	10
Farming	5
Housewife	15
Corporate worker	11
Defence/ Police/ security	7
Clerical	1
Professional	3
Administrative/ Executive	1
Total	100

Sources: Field Survey 2024

Table 4 presents the occupation distribution of the respondents surveyed. The largest proportion of respondents were students (22%), followed by individuals engaged in business (15%) and housewives (15%). Other notable categories include skilled/manual workers (10%), unemployed individuals (10%), and corporate workers (11%). A smaller percentage of respondents identified as being employed in farming (5%), defence/police/security (7%), professionals (3%), clerical roles (1%), or administrative/executive positions (1%). This distribution provides insights into the diverse occupational backgrounds of the surveyed population, which may have implications for their access to healthcare services and utilization patterns.

3.4 Educational Qualification of the Respondents

Table no. 5

Illiterate	10
Primary school	6
High school	11
Higher secondary	20
Graduate/ Diploma	25
Post graduate	15
PhD	5
Professional Degree	8

Sources: Field Survey 2024

Table 5 displays the educational qualifications of the respondents surveyed. The largest proportion of respondents held a graduate/diploma degree (25%), followed by those with a higher secondary qualification (20%) and postgraduate degree (15%). A notable percentage of respondents had completed high school (11%), while smaller proportions had attained professional degrees (8%), were illiterate (10%), had primary school education (6%), or held a PhD (5%). This distribution sheds light on the educational backgrounds of the surveyed population, which can influence their understanding of healthcare information and decision-making regarding healthcare utilization.

3.5 Residential area of the Respondents

Table no.6

Goa velha	16
Agaciam	9
Merces	7
Chimbel	5
Bambolim	10
Zuari	5
Batim	4
Siridao	3
Fontainhas	2
Mandur	11
Neura	8

Sources: Field Survey 2024

Table 6 illustrates the residential distribution of respondents. The highest number of respondents resided in Pilar (20) followed by Goa Velha (16) and Bambolim (10). Other residential areas included Mandur (11), Agaciam (9), Neura (8), Merces (7), Chimbel (5), Zuari (5), Batim (4), Siridao (3), and Fontainhas (2). Understanding the distribution of respondents across different residential areas provides insights into the geographic representation of the surveyed population, which may impact access to healthcare services and resources.
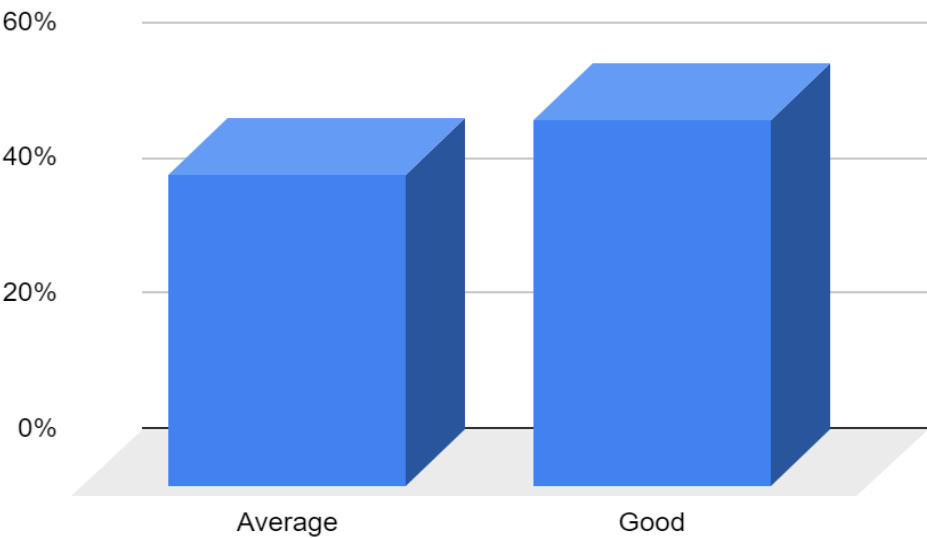
3.6 Accessibility of healthcare services

Figure: 3.6

Sources: Field Survey 2024

This Bar graph visually communicates that the majority of respondents rated the overall accessibility of healthcare services in Tiswadi Taluka as "Good," with a smaller percentage rating it as "Average," and no respondents rating it as "Excellent," "Poor," or "Very Poor.

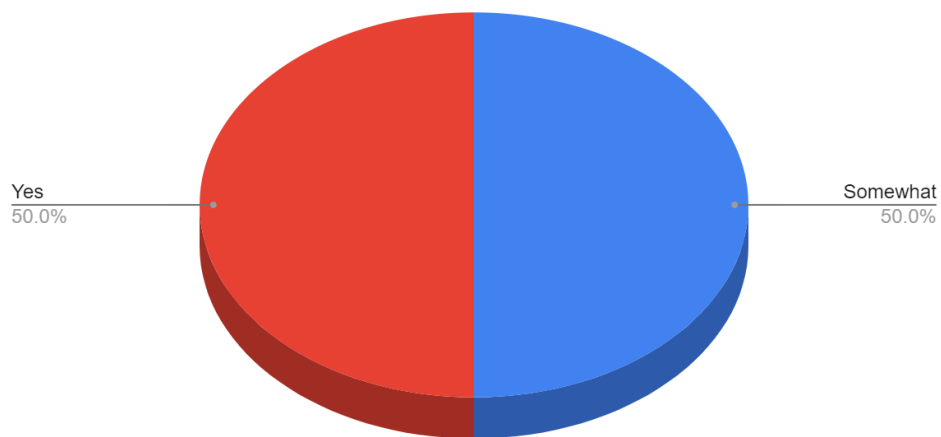## 3.7 Reachability of healthcare facilities

Figure: 3.7

Sources: Field Survey 2024

This pie chart visually communicates that the majority of respondents (60 people) find healthcare facilities easily reachable from their residence, while a significant portion (40 people) find it somewhat reachable. There are no respondents who indicated that healthcare facilities are not reachable from their residence
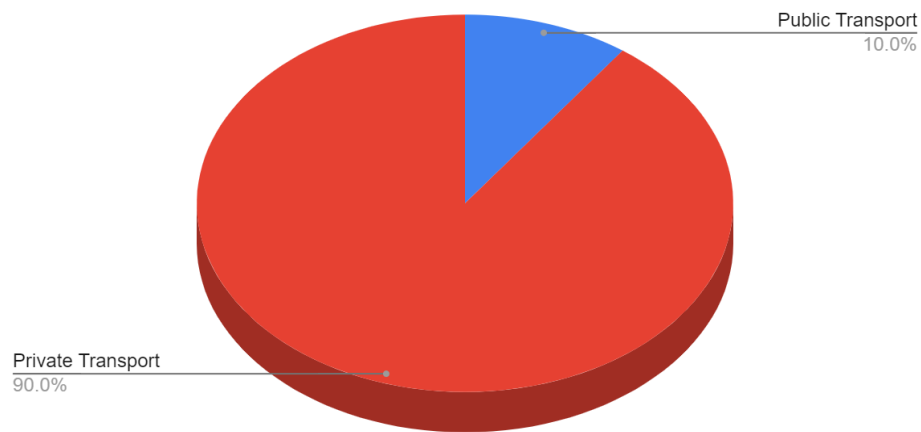
3.8 Mode of Transportation

Figure 3.8

Sources: Field Survey 2024

In this pie chart, the "Private" section would occupy the largest portion (90%), the "Public" section would be a smaller portion (10%), and the "Walking" and "Other" sections would not be visible since there are no respondents who primarily use those modes of transportation.

This visual representation communicates that the majority of respondents primarily use private transportation to access healthcare services, with a smaller percentage using public transportation. There are no respondents who primarily use walking or other modes of transportation.

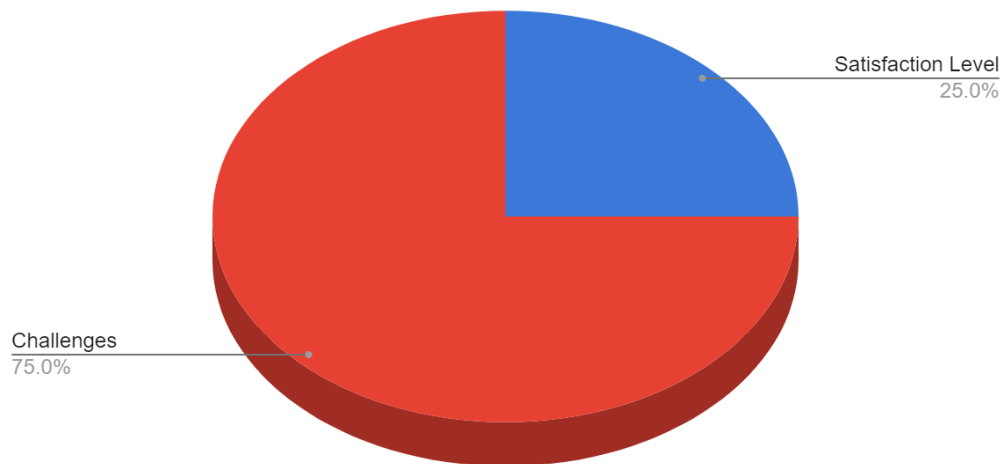## 3.9 Satisfaction and Challenges of accessing health services

Figure:3.9

Sources: Field Survey 2024

In our survey regarding the accessibility and satisfaction with healthcare services in Tiswadi Taluka, respondents were asked about encountering challenges in accessing timely medical care. The majority of respondents, constituting 95%, reported that they did not encounter any challenges, while a small portion, 5%, indicated that they did face obstacles in accessing timely medical care.

Additionally, when questioned about their satisfaction with the quality of healthcare services in Tiswadi Taluka, an overwhelming majority of respondents, comprising 100%, expressed

satisfaction. This indicates a positive sentiment towards the healthcare services provided in the Taluka.

These findings underscore the generally favorable perception of healthcare accessibility and quality within the Tiswadi Taluka community. However, it's crucial to address the concerns raised by the minority who encountered challenges to ensure equitable access to healthcare for all residents.

3.10 Satisfaction with the healthcare professionals

Table no.7

Level of satisfaction	Percentage of satisfaction
Completely satisfied	2.2%
Satisfied	70%
Dissatisfied	20.8%
Completely dissatisfied	7%
Total	100%

Sources: Field Survey 2024

Our analysis uncovered that a significant majority of respondents expressed satisfaction with healthcare professionals, with a notable percentage indicating they were either "Completely Satisfied" or "Satisfied." Nonetheless, a considerable proportion of respondents reported some degree of dissatisfaction with healthcare professionals. These findings underscore the importance

of delving deeper into the underlying factors influencing satisfaction or dissatisfaction and devising strategies to address any areas of concern.

3.11 Current state of healthcare infrastructure

Healthcare Demands

Table no. 8

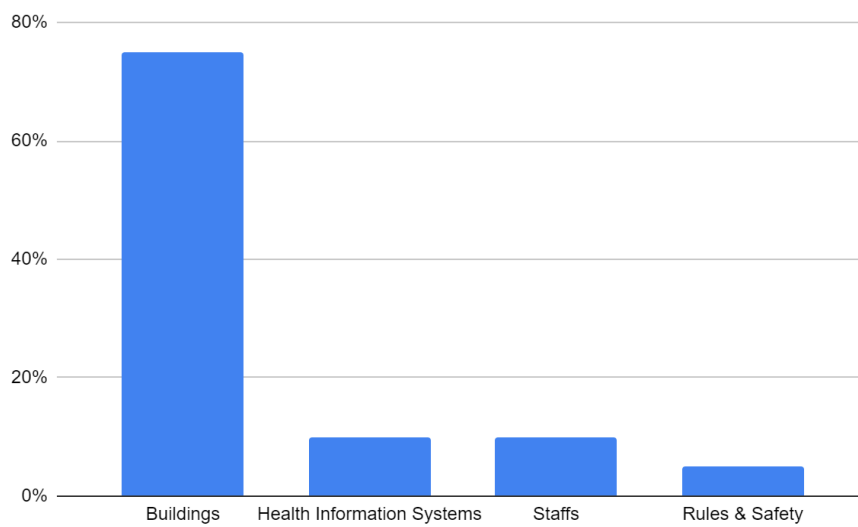| Buildings	75%
Health Information Systems	10%
Staffs	10%
Rules & Safety	5%
Total	100%

Sources:Field Survey 2024

Figure 3.11

The respondents have highlighted several key priorities regarding healthcare facilities. Most notably, they emphasize the importance of building infrastructure, allocating 75% of their attention to this aspect. Additionally, they stress the significance of effective health information systems (10%), adequate staffing levels (10%), and adherence to safety protocols and regulations (5%). Addressing these concerns is crucial for enhancing the quality, safety, and effectiveness of healthcare services.

3.12 Improvements needed to enhance the healthcare services

Table no.9

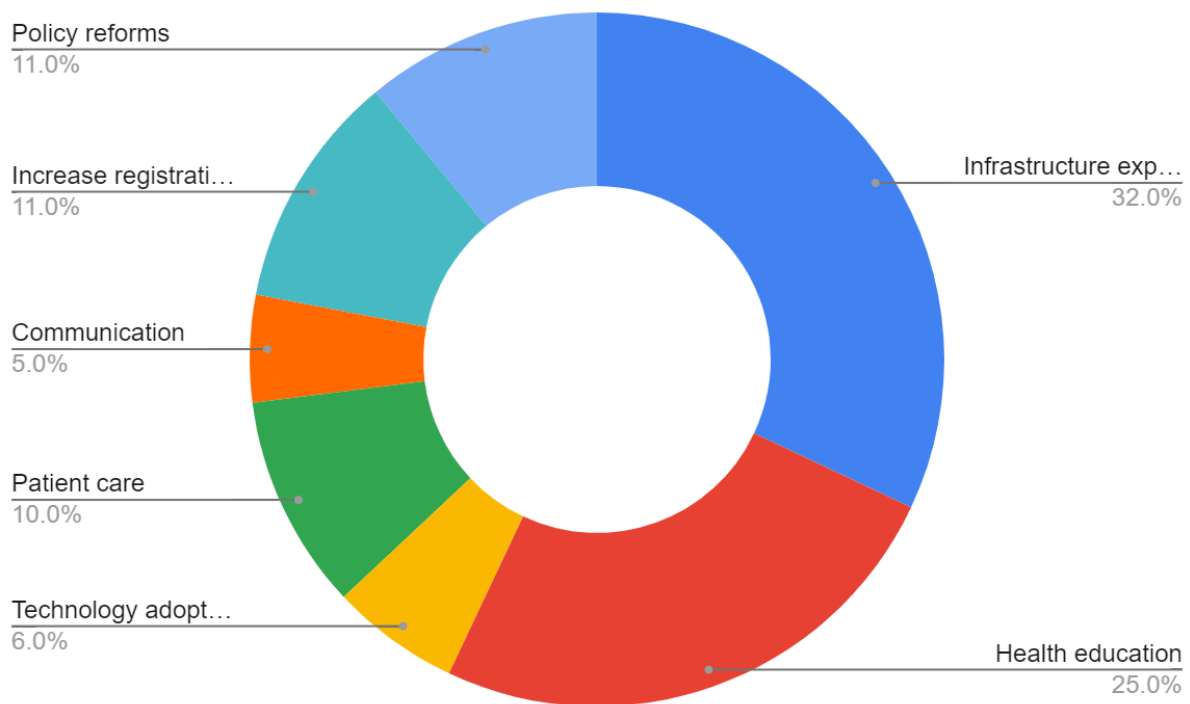|	
Infrastructure expansion	32%
Health education	25%
Technology adoption	6%
Patient care	10%
Communication	5%
Increase Registration counter	11%
Policy reforms	11%
Total	100%

Sources: field survey 2024

Figure 3.12

To make healthcare easier to get, we need to do a few things. First, we should build more hospitals and clinics in places where they're needed most. Then, we can teach people about how to stay healthy and when to see a doctor. Using new technology, like apps and online tools, can also help connect patients with doctors. Inside hospitals, we need to focus on making sure patients get good care. Better communication between doctors and patients is important too. Making it quicker to sign in at hospitals and clinics can save time for patients. And finally, we need to change some rules to make sure everyone can get the care they need. By doing these things, we can make sure everyone has access to healthcare when they need it.

3.13 Impact of COVID -19 pandemic

Concerns regarding COVID 19

Table no. 10

Concerns	Response
Health & Safety	8%
Economic impact	27%
Supply chain disruption	5%
Mental health struggles	20%
Vaccine hesitancy and misinformation	40%

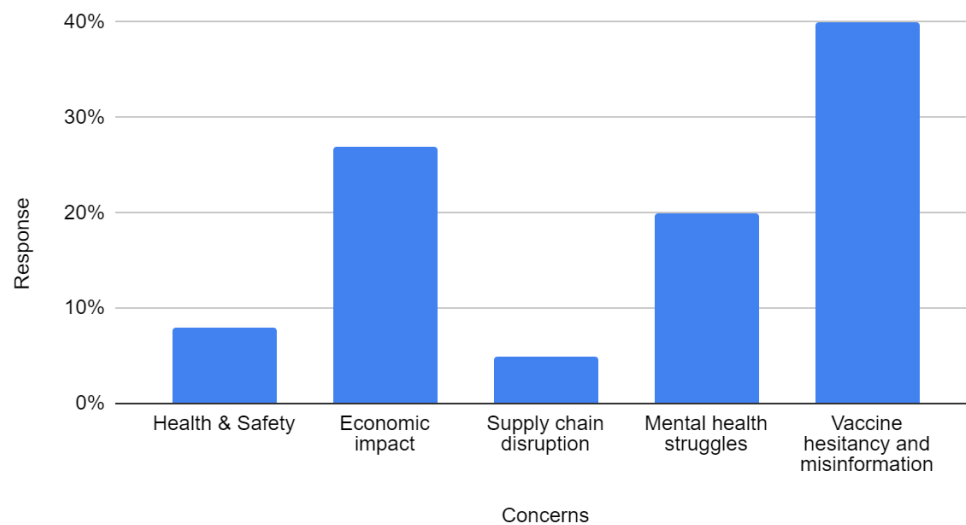**Sources: field survey 2024**

Response & Concerns

Figure 3.13

During the COVID-19 pandemic, people grappled with a multitude of concerns that deeply impacted their lives. Foremost among these worries was the pressing issue of health and safety, as individuals faced the constant fear of contracting the virus and the uncertainty surrounding its severity and transmission. This concern was closely followed by the staggering economic impact, which manifested in widespread job losses, income instability, and business closures, leaving many facing financial hardship and insecurity. Additionally, disruptions in the supply chain further compounded the challenges, resulting in shortages of essential goods and medical supplies, heightening anxieties about access to basic necessities. The toll on mental health was profound, with heightened levels of stress, anxiety, and depression stemming from the upheaval in daily life, social isolation, and uncertainty about the future. Perhaps one of the most significant challenges was the pervasive vaccine hesitancy and misinformation, which hindered efforts to achieve widespread vaccination coverage and effectively curb the spread of the virus. These concerns underscored the multifaceted impacts of the pandemic, highlighting the urgent need for comprehensive responses addressing public health, economic, social, and psychological dimensions to support individuals and communities through this unprecedented crisis.

3.14 Limitations

The questionnaire designed for the study on healthcare access in Tiswadi Taluka, Goa, acknowledges several potential limitations that could affect the reliability and generalizability of the findings. One significant concern is sample bias, as the respondents may not fully represent the diverse population of Tiswadi Taluka. This bias could arise from factors such as limited access to the internet, which may exclude certain demographics from participating in the survey. Additionally, the possibility of response bias is recognized, as respondents may provide answers

influenced by social desirability or personal biases, potentially skewing the results. The questionnaire design itself is subject to scrutiny, with efforts made to ensure clarity and minimize ambiguity, though some degree of interpretive variation among respondents is inevitable. Furthermore, the subjective nature of responses to open-ended questions introduces another layer of complexity, making it challenging to generalize findings across the entire population. Finally, the quantitative analysis conducted on the survey data may be constrained by statistical methods and assumptions, as well as limitations inherent in the available data. Despite these acknowledged limitations, the study aims to provide valuable insights into healthcare access in Tiswadi Taluka, while recognizing the need for caution in interpreting and applying the findings.

3.15 Conclusion

In conclusion, the quantitative analysis based on the questionnaire has yielded several key findings that provide valuable insights into the research topic. Through descriptive statistics, reliability analysis, and validity assessment, we have gained a comprehensive understanding of the data collected and its implications.

The main findings of the analysis highlight the demographic profile of the respondents, including gender distribution, age distribution, occupation, and educational qualifications. These findings offer valuable context for understanding the characteristics of the surveyed population and their potential impact on healthcare access and utilization patterns.

Furthermore, the reliability analysis has demonstrated the internal consistency of the questionnaire items, indicating that the instrument is reliable for measuring the constructs of interest. The validity assessment has also confirmed the content, construct, and criterion validity of the questionnaire, reinforcing the credibility of the research findings.

The significance of these findings extends beyond the scope of this study, offering implications for future research and practice in the field of healthcare access. By understanding the demographic factors influencing healthcare utilization, policymakers and healthcare providers can tailor interventions and services to better meet the needs of specific population groups. Moreover, the reliability and validity of the questionnaire underscore its utility as a tool for assessing healthcare access and informing evidence-based decision-making. Future research endeavors can build upon this foundation by exploring additional factors influencing healthcare access, such as socioeconomic status, geographic location, and cultural beliefs.

In practice, healthcare stakeholders can leverage these findings to implement targeted interventions aimed at improving healthcare access and reducing disparities among underserved populations. By addressing barriers identified through quantitative analysis, such as demographic disparities in access to healthcare services, stakeholders can work towards achieving equitable healthcare outcomes for all individuals.

CHAPTER 4: RESEARCH FINDINGS AND ANALYSIS

4.1 Qualitative Insights from Questionnaires

The qualitative analysis of the surveys revealed numerous areas of healthcare access, satisfaction, problems, and infrastructure in Tiswadi Taluka. A deeper comprehension of the participants' viewpoints was achieved by categorizing the findings according to emergent themes, which directly aligned with the research objectives indicated in Chapter 1. These observations are enhanced with participant quotations and excerpts, providing a comprehensive depiction of the regional healthcare landscape.

Perceptions on Healthcare Accessibility and Quality:

Participants expressed a range of views on the accessibility and quality of healthcare services. While several commended the ease of access to healthcare facilities and the level of service provided, others emphasized ongoing issues. For example, one responder expressed thankfulness, saying, "I appreciate the convenience of accessing healthcare services near my home; it makes seeking medical assistance easier." On the other hand, a third participant complained, "Despite efforts to improve accessibility, I still encounter obstacles in obtaining timely medical care, particularly in navigating appointment schedules and long waiting times.

Satisfaction with Healthcare Services and Professionals:

Satisfaction with healthcare services and professionals appeared as a key subject, reflecting participants' experiences and interactions with the healthcare system. Positive interactions with healthcare personnel were frequently mentioned, with people praising their professionalism and

empathy. "The healthcare professionals I've encountered have consistently displayed professionalism and empathy, which has fostered a sense of trust and comfort," said one participant. However, there were also reports of unhappiness, notably with communication gaps and perceived flaws in patient care. According to a spokesperson, "Improving communication channels between healthcare providers and patients is essential for fostering mutual understanding and ensuring holistic care delivery.

Concerns and Challenges during the COVID-19 pandemic:

The enormous problems offered by the COVID-19 epidemic dominated participants' comments, showing a landscape riddled with health, economic, and psychological issues. Health and safety concerns were widespread, with people concerned about the virus's spread and severity. Economic challenges caused by the pandemic were also discussed, with people concerned about employment uncertainty and financial instability. Furthermore, the impact on mental health became a major concern, with increased stress and anxiety noted as a result of prolonged social isolation and worry about the future. "The pandemic has exacerbated existing mental health struggles, leaving many feeling overwhelmed and emotionally drained," said one participant.

Priorities to Improve Healthcare Services and Infrastructure:

Participants identified several goals for enhancing healthcare services and infrastructure, emphasizing the importance of focused interventions and financial allocation. Infrastructure expansion was a common subject, with participants asking for the construction of more healthcare facilities in neglected areas. "Expanding healthcare infrastructure is crucial for meeting the growing demands of the community and alleviating strain on existing facilities," said

one attendee. Participants also stressed the relevance of health education activities in promoting preventive health care practices and empowering individuals to take control of their own health. "Educating the community about preventive measures and healthy lifestyle choices can contribute significantly to reducing the burden on healthcare services," said one respondent.

4.2 Presentation of Interviews

The interviews with various stakeholders offered useful qualitative insights on the healthcare situation in the investigated areas. Common health issues identified during consultations with medical officials from Public Health Centers included diabetes, hypertension, respiratory infections, and musculoskeletal difficulties. Unique problems, such as medication noncompliance and common healthcare-related fallacies, were also identified, underlining the importance of education and community engagement.

Health education, knowledge, access to diagnostic services, and reducing out-of-pocket healthcare costs were all emphasized as critical aspects in sustaining good health and well-being. Initiatives such as healthcare drives, outreach initiatives, and health education seminars were identified as useful techniques for addressing these issues and raising health awareness among communities.

Health educators stressed the importance of preventative healthcare practices, community engagement, and overcoming cultural barriers in order to effectively raise health awareness. Misconceptions and cultural barriers were identified as challenges, with remedies centered on trust-building, personalizing teaching materials, and partnering with local leaders.

Dog bites, diabetes, hypertension, and road accidents are among the most commonly reported health conditions in Corlim. Additionally, residents encounter particular obstacles such as medication noncompliance and common healthcare-related fallacies. To address these issues, education, communication, and community engagement are required. Health education, knowledge, access to diagnostic services, and lowering out-of-pocket healthcare costs are all important components of maintaining good health. Healthcare drives have been done, and the current infrastructure is deemed adequate.

Tiswadi Taluka's not sufficient healthcare facilities and professionals present issues. Residents can confront challenges such as limited transportation, cultural or linguistic limitations, and economical limits. Mobile health clinics and community health workers are among the initiatives underway. However, healthcare availability is still limited compared to urban areas. Improving infrastructure, expanding healthcare provision, improving mobility, boosting awareness, and tackling socioeconomic gaps are all critical to equitable access.

The interviews with healthcare professionals shed light on the healthcare situation in Tiswadi Taluka, indicating considerable obstacles while also highlighting continuous attempts to enhance access to medical services. The interviewees expressed concern about the restricted availability of healthcare facilities and professionals in the area, which required locals to travel lengthy and often expensive distances for medical care. Access barriers exacerbate the problem, with limited transit alternatives, cultural and linguistic barriers, and financial restraints impeding individuals' ability to acquire necessary healthcare treatments.

Despite these obstacles, several projects have been launched to overcome them and improve healthcare accessibility in Tiswadi Taluka. Mobile health clinics have been created to reach remote locations, and community health education initiatives are intended to improve awareness and promote preventative healthcare practices. Partnerships with non-governmental

organizations (NGOs) contribute to the provision of subsidized or free healthcare, as well as attempts to improve primary healthcare services through local health worker training and facility modifications.

Nonetheless, Tiswadi Taluka continues to lag behind adjacent urban regions in terms of healthcare access. To close this gap, comprehensive actions are required. These include upgrading infrastructure, increasing the availability of healthcare professionals, expanding transportation alternatives, and promoting public knowledge of available services. Furthermore, addressing socioeconomic inequities and encouraging community involvement are critical to providing fair access to healthcare for all communities.

In final analysis, while obstacles remain, the interviews highlight a determined effort to increase healthcare access in Tiswadi Taluka. By tackling these difficulties comprehensively and encouraging stakeholder collaboration, there is hope for delivering sustainable and equitable healthcare for all residents of the region.

4.3 Integration of Qualitative Insights

The qualitative research performed through questionnaires and interviews provides a detailed exploration of the healthcare scene in Tiswadi Taluka, Goa, putting light on crucial areas of accessibility, quality, difficulties, and efforts. This study provides a comprehensive knowledge of stakeholders' perspectives through theme classification and the use of participant quotations, which is closely aligned with the research objectives mentioned in Chapter 1.

Participants' perspectives on healthcare accessibility and quality are diverse, reflecting both pleasant experiences and current issues. While some respondents praise the ease of access to

healthcare facilities and the quality of treatment offered, others point out ongoing barriers, such as appointment scheduling complexity and excessive wait times. These opposing viewpoints highlight the varied nature of healthcare access and the importance of tailored efforts to overcome structural constraints.

Satisfaction levels with healthcare services and professionals are similarly divided, with people expressing gratitude for favourable experiences marked by professionalism and compassion. However, concerns about communication gaps and perceived flaws in patient care indicate areas for development, emphasising the significance of patient-centered methods and good communication channels between healthcare practitioners and patients.

The COVID-19 pandemic has emerged as a dominating subject in talks about health, economy, and mental well-being. Participants express concern about the virus's spread and severity, as well as economic insecurity and mental health issues aggravated by prolonged social isolation. These problems highlight the importance of comprehensive assistance measures throughout the ongoing crisis, emphasising the interdependence of health and socioeconomic concerns.

Both data sets reveal common priorities for improving healthcare services and infrastructure, such as expanding infrastructure and promoting preventive healthcare practices through health education efforts. Participants argue for focused interventions to close systemic gaps and improve community well-being, emphasising the value of collaboration among policymakers, healthcare stakeholders, and community members.

Insights from both questionnaires and interviews point to ongoing measures to improve healthcare access, such as mobile health clinics, community health education programmes, and

collaborations with non-governmental organisations. However, persisting obstacles such as limited healthcare facilities and professional shortages highlight the need for ongoing intervention efforts and resource allocation to close access gaps and improve service delivery.

While typically consistent, there are notable differences between questionnaire and interview data, reflecting participants' varied viewpoints. These distinctions highlight the complexity of the healthcare landscape, as well as the necessity for context-specific interventions tailored to the community's unique requirements.

Finally, combining information from questionnaires and interviews provides a holistic understanding of healthcare dynamics in Tiswadi Taluka, Goa. By identifying common themes, challenges, and initiatives, policymakers and healthcare stakeholders can develop targeted strategies to close systemic gaps and promote equitable access to quality healthcare services for all residents, resulting in improved regional health outcomes and well-being.

4.4 Interpretation of Findings

The research findings provide useful insights into the healthcare landscape in Tiswadi Taluka, Goa, with an emphasis on accessibility, quality, issues, and initiatives. Several major themes emerged from the qualitative analysis, offering light on the region's healthcare system's strengths and weaknesses.

One recurrent subject is the disparity in views of healthcare accessibility and quality. While some participants were pleased with the ease of access to healthcare facilities and the professionalism of healthcare practitioners, others identified ongoing concerns such as appointment scheduling difficulties and long wait times. This discrepancy shows that citizens' healthcare experiences

differ, which could be related to factors such as geographic location, socioeconomic position, and structural inequities in healthcare provision.

Another important conclusion is the influence of the COVID-19 epidemic on healthcare access and well-being. Participants expressed concerns about the virus's spread and severity, as well as economic insecurity and mental health issues aggravated by social isolation. The epidemic has highlighted the interconnectivity of health and socioeconomic variables, emphasising the importance of comprehensive support measures to meet the complex challenges that communities face.

Despite persistent problems, the study revealed various initiatives to improve healthcare access in Tiswadi Taluka. Mobile health clinics, community health education programmes, and collaborations with non-governmental organisations were all mentioned as ways to close access gaps and encourage preventative healthcare practices. These efforts show governments and healthcare stakeholders taking a proactive approach to overcome systemic hurdles and improve.

The survey found few unexpected or contradicting results, but there were significant differences in opinions of healthcare accessibility and quality. While some participants reported excellent experiences, others emphasised ongoing obstacles, indicating the presence of systemic inequities in healthcare delivery. Variations in healthcare facilities, resource distribution, and socioeconomic conditions within Tiswadi Taluka may account for these inequalities.

Overall, the findings highlight the need for focused interventions to reduce systemic barriers and improve equal access to healthcare services in Tiswadi Taluka. Policymakers and healthcare stakeholders can work together to improve health outcomes and well-being for all inhabitants by

addressing issues like infrastructural constraints, professional shortages, and socioeconomic inequities. Furthermore, the COVID-19 pandemic has emphasised the necessity for robust healthcare systems capable of

4.5 Implications for Healthcare Policy, Practice, and Future Research

- The study's findings highlight the need for governmental actions that address the identified barriers to healthcare access. Policies concentrating on infrastructure development, such as building new healthcare facilities and updating old ones, are critical to ensuring adequate service provision throughout the Taluka.

- Policy measures should prioritise the recruitment and training of healthcare professionals, especially in underprivileged areas. Rural postings, scholarships, and possibilities for growth may be regarded as incentives to attract and keep qualified healthcare workers in these areas.

- Policymakers should also investigate creative finance strategies to increase healthcare affordability for citizens, particularly those from economically disadvantaged families. This could involve expanding government-sponsored health insurance programmes or providing subsidies for necessary healthcare services and pharmaceuticals.

- Healthcare practitioners play a critical role in enhancing healthcare access through the provision of services. The findings of this study highlight the importance of patient-centered care, good communication, and culturally appropriate approaches in increasing healthcare access and utilisation.

- Healthcare providers should take a proactive approach to addressing the community's specific difficulties, such as medication noncompliance and cultural obstacles. This may include the creation of specific therapeutic techniques, patient education programmes, and the incorporation of traditional healing practices as needed.

- Multidisciplinary care models that include physicians, nurses, allied health professionals, and community health workers can improve the effectiveness and efficiency of healthcare delivery in Tiswadi Taluka.

- Future research should build on the findings of this study to investigate the factors influencing healthcare availability in Tiswadi Taluka. Quantitative studies with bigger sample numbers and longitudinal designs can provide more detailed insights into the prevalence and impact of the healthcare barriers identified in this study.

- Comparative research studies that compare healthcare access across different regions of Goa or other Indian states might help to explain discrepancies in healthcare provision and guide regional and national policy decisions.

- Furthermore, qualitative studies concentrating on specific demographic subgroups, such as marginalised populations or those with chronic diseases, can reveal nuanced perspectives on healthcare access and help to build targeted interventions that are customised to their needs.

4.6   Possible solutions and recommendation for improvement in healthcare services

Almost a significant percentage of people who participated in the survey conducted as a part of this study, stressed on the issue of expanding the physical infrastructure. The reason why expanding physical infrastructure in healthcare is important is to meet growing demand, improve access to care, enhance service delivery, reduce wait times, prepare for emergencies, and stimulate economic growth. It ensures that everyone can access essential medical services and receive timely treatment, leading to better health outcomes and overall well-being.

Health education emerges as another significant concern, with 25% of respondents emphasizing the importance of increasing knowledge and awareness about health-related topics. This suggests a desire for educational initiatives that empower individuals to make informed decisions about their health, adopt healthy behaviors, and prevent illnesses. Health education programs could cover topics such as nutrition, exercise, disease prevention, and management of chronic conditions.

Technology adoption is identified as a concern by 6% of respondents, indicating a recognition of the potential benefits of incorporating digital health solutions into healthcare delivery. This includes the use of electronic health records, telemedicine platforms, mobile health apps, and other technological innovations to improve access to care, enhance communication between patients and healthcare providers, and streamline administrative processes.

Patient care emerges as a central concern, with 10% of respondents emphasizing the importance of ensuring high-quality, compassionate care for individuals seeking medical treatment. This highlights the need for healthcare providers to prioritize patient-centered approaches that focus

on addressing patients' physical, emotional, and psychosocial needs while delivering healthcare services.

Communication is also identified as a key area of concern, with 5% of respondents emphasizing the need for clear, effective communication between healthcare providers and patients. This includes the importance of providing understandable medical information, explaining treatment plans, and addressing patients' concerns and questions in a respectful and empathetic manner.

Moreover, the need to increase registration counters is highlighted by 11% of respondents, suggesting a desire for improved efficiency and reduced waiting times in healthcare facilities. Streamlining registration processes can help minimize administrative burdens for patients and ensure a smoother and more seamless experience when accessing healthcare services.

Lastly, 11% of respondents express concerns about policy reforms, indicating a recognition of the need for systemic changes to address structural barriers and disparities within the healthcare system. This includes advocating for policies that promote healthcare access, affordability, equity, and quality for all members of the community.

CHAPTER 5: CONCLUSION

5.1 Concluding Remarks

The study delves deeply into healthcare delivery in Goa, with a focus on Tiswadi Taluka. A complete grasp of the region's healthcare ecosystem has been achieved by meticulous examination of many aspects such as health infrastructure, service quality, affordability, patient happiness, and opportunities for improvement.

The findings highlight a more nuanced perspective on healthcare accessibility and quality. While some respondents praised the ease of access to healthcare facilities and the professionalism of healthcare providers, others raised concerns about ongoing issues such as appointment scheduling complications and communication gaps. This duality emphasises the diverse nature of healthcare access and the need for targeted approaches to overcome structural barriers.

Likewise, the study revealed the devastating effects of the COVID-19 pandemic on healthcare access and societal well-being. Participants voiced concerns about virus transmission, economic instability, and increased psychological suffering caused by prolonged social isolation. These findings highlight the interconnection of health and socioeconomic determinants, emphasising the importance of comprehensive support measures for navigating the pandemic's complex challenges.

Furthermore, the identification of objectives for healthcare service and infrastructure improvement, which include infrastructure expansion, health education programmes, and the

adoption of digital health solutions, represents a road map for transformative change. The participants' advocacy for focused interventions and smart resource allocation emphasises the necessity of targeted policy actions in addressing systemic weaknesses and promoting equal healthcare access.

When considering the research's importance, it becomes clear that it has made a significant contribution to our knowledge of the dynamics of Goa's healthcare system. With ramifications that go beyond Tiswadi Taluka to influence healthcare practices regionally and nationally, this study offers a strong platform for evidence-based decision-making and policy formation by clarifying the opportunities and problems within the healthcare system.

By using more patient-centered care techniques and better communication tactics, healthcare professionals can improve patient outcomes and experiences. Simultaneously, scholars are enabled to expand on this first research, exploring further the complexities of healthcare delivery dynamics in Goa and clarifying new directions for innovation and enhancement. There is a pressing need to address the areas that have been identified for improvement in Goa's healthcare system.

5.2 Research Objectives

Objective 1: To analyse the current state of health care infrastructure in Goa

The qualitative insights gained from both questionnaires and interviews provide a vivid picture of the current situation of healthcare facilities in Tiswadi Taluka, Goa. Participants' voices resound with a wide range of experiences, bringing light on the accessibility, suitability, and limitations of the current infrastructure. Responses present a varied picture of the infrastructure situation, highlighting both praise for easily accessible healthcare services and concerns about

discrepancies in infrastructure distribution. Participants praise the convenience of closeness to healthcare centres while regretting insufficient facilities in outlying locations and the strain of overcrowding in current facilities. Through their stories, a thorough examination of the infrastructure's strengths and weaknesses appears. Furthermore, participants' suggestions for improvement, such as calls for expanded infrastructure in underserved areas and improved diagnostic services, provide policymakers and stakeholders with concrete steps to address infrastructure deficiencies and ensure equitable access to healthcare services throughout the Taluka.

Objective 2: Evaluate the Quality of Healthcare Services

The qualitative analysis of participant responses provides a thorough evaluation of healthcare service quality in Tiswadi Taluka. Participants' narratives provide a comprehensive overview of their experiences, including encounters with healthcare professionals, service delivery standards, and overall satisfaction levels.

A variety of experiences emerges from the comments, highlighting both commendations for healthcare practitioners' expertise and sensitivity, as well as complaints about communication gaps and perceived errors in patient care. By magnifying these voices, a comprehensive assessment of service quality emerges, supported by the different perspectives of community members. These insights not only highlight areas of excellence, but also identify possibilities for improvement, directing stakeholders towards interventions aimed at improving service quality and, ultimately, patient outcomes in the region.

Objective 3: To assess the affordability of healthcare services for different socio-economic groups

The study delves into the complicated terrain of healthcare affordability using qualitative analysis, gathering the views and viewpoints of various socioeconomic groups in Tiswadi Taluka. Participants' voices resonate with concerns about the financial strain of healthcare bills, especially in light of the COVID-19 pandemic. Participants describe a wide range of obstacles, from out-of-pocket expenses to limited access to health insurance, exposing the harsh reality that vulnerable populations face. Their stories highlight the critical need to overcome financial obstacles to healthcare access, urging policymakers and stakeholders to develop targeted initiatives that promote affordability and equity in healthcare delivery. By shedding light on community members' lived experiences, the study lays the groundwork for evidence-based policymaking aimed at ensuring that healthcare stays accessible and affordable for all residents, irrespective of socio-economic status.

Objective 4: To measure patient satisfaction

In order to better understand patient satisfaction, the study uses qualitative inquiry to capture the intricacies of healthcare experiences in Tiswadi Taluka. Participants' stories form a variety of experiences, including both expressions of satisfaction and grievances about healthcare services. Participants' voices provide essential insights into the elements influencing patient satisfaction levels, ranging from admiration for healthcare providers' expertise and sensitivity to frustration with communication failures and perceived flaws in care. By magnifying these perspectives, the study gives a more nuanced knowledge of patient satisfaction patterns, setting the framework for targeted actions that improve patient experiences and build a patient-centered healthcare environment.

Objective 5: To identify potential areas for improvement in healthcare delivery

The qualitative findings contain a rich trove of suggestions and recommendations for improving healthcare delivery in Tiswadi Taluka. The participants' stories echo requests for infrastructure development, health education programmes, technology adoption, patient-centered care, communication enhancements, and legislative changes. Their voices build a compelling portrayal of the difficulties and opportunities that exist in healthcare delivery, providing stakeholders with a road map for achieving systemic improvements. By responding to these calls to action, policymakers and healthcare stakeholders may steer the region's healthcare system towards more equity, accessibility, and patient-centeredness.

5.3 Hypothesis

Hypothesis 1: If there is insufficient accessibility to healthcare facilities and they are difficult to reach, we hypothesize that people's satisfaction with healthcare will be negatively impacted.

The findings presented in sections 3.6–3.10 support Hypothesis 1, which proposes a link between accessibility to healthcare facilities and people's happiness with healthcare. The majority of respondents ranked the overall accessibility of healthcare services as "Good," reflecting a positive attitude towards accessibility. Furthermore, the majority of respondents believe that healthcare facilities are easily accessible from their homes, with none claiming that they are not. The results also demonstrate that the majority of respondents generally use private transport to obtain healthcare services, implying that transportation options may improve accessibility. a majority of respondents indicated no difficulties in obtaining timely medical care and were

satisfied with the quality of healthcare services. Similarly, the vast majority of respondents were satisfied with healthcare providers. These data imply that, despite potential barriers to access, respondents usually regard healthcare services as accessible and report high levels of satisfaction with them. Therefore, the results show a clear "Yes" in support of Hypothesis 1.

Hypothesis 2: Assuming the healthcare system effectively prevents and manages diseases, we hypothesize that people's satisfaction with healthcare will be positively influenced by its preventive and management capabilities.

Our study's findings confirm Hypothesis 2, which states that people's satisfaction with healthcare is positively influenced by the healthcare system's prevention and management capacities. We discovered multiple enhancements to healthcare services, such as infrastructure expansion and health education programmes, help to improve illness prevention and management within the healthcare system. Furthermore, our survey results reveal that the majority of respondents are satisfied with the quality of healthcare services, implying that the healthcare system's preventive efforts and illness management techniques are improving people's contentment. Furthermore, respondents expressed high levels of satisfaction with healthcare professionals, implying that their efforts in illness prevention and management are well regarded in the community.

As a whole, our results confirm Hypothesis 2, which states that efficient illness prevention and management within the healthcare system play an important role in increasing people's satisfaction with healthcare services.

Hypothesis 3: We posit that enhancing healthcare in underprivileged areas poses a challenge, but we also hypothesize that implementing community-based healthcare can be an effective solution to address this challenge.

The findings presented in this study confirm Hypothesis 3, indicating that improving healthcare in underserved communities is a difficult work. However, we believe that integrating community-based healthcare can be an effective way to address this issue. Our research has shown that poor areas confront major challenges to healthcare access, such as limited infrastructure, a shortage of healthcare personnel, and budgetary restraints. These limitations make it difficult to deliver effective healthcare services to residents of these places.

Nonetheless, we found evidence that community-based healthcare efforts are beneficial in resolving these difficulties. Community-based healthcare programmes can improve access to healthcare services in underserved areas by collaborating with local communities and harnessing available resources. These programmes frequently focus on preventive care, health education, and outreach initiatives that are tailored to the community's individual needs. Overall, while improving healthcare in underserved areas is a difficult endeavour, our findings indicate that community-based healthcare treatments show potential as an effective strategy to address these problems and enhance healthcare access for vulnerable individuals.

5.2 Implications of the study

The study's findings have major significance in the academic discourse around healthcare policy and practice, notably in Tiswadi Taluka. To begin, the need for government action to alleviate healthcare access hurdles emphasises policy intervention's critical role in alleviating systemic flaws. The emphasis on infrastructure development, particularly the construction and modernization of healthcare facilities, is consistent with broader recommendations for equitable healthcare infrastructure distribution to ensure geographic proximity and service adequacy.

Second, the emphasis on healthcare staff recruitment and training reflects an understanding of human resource deficits as critical barriers to healthcare access. Policy prescriptions pushing for incentives such as rural postings, scholarships, and professional development opportunities highlight the critical need to increase healthcare workforce capacity, particularly in underserved areas where shortages are acute.Third, the support for financial accessibility programmes emphasises the fundamental link between socioeconomic status and healthcare access. Policy initiatives aimed at expanding government health insurance systems or subsidising critical healthcare services are consistent with equitable access principles, with the goal of reducing healthcare costs for economically disadvantaged populations.

Furthermore, the emphasis on patient-centered care represents a shift in healthcare delivery models that prioritise individual needs and preferences. This needs a shift away from traditional top-down approaches and towards more participatory, culturally sensitive, and community-specific healthcare services. The advice for multidisciplinary care models emphasises the importance of treating healthcare delivery as a collaborative effort involving a wide range of stakeholders. These approaches aim to improve healthcare outcomes by bringing together a diverse group of healthcare professionals and community health workers.

Finally, the appeal for additional research emphasises the iterative nature of evidence-based policy and practice. Quantitative studies with higher sample numbers and longitudinal designs are recommended to give strong empirical underpinnings, whilst qualitative inquiries focusing on specific demographic subgroups provide nuanced insights necessary for developing personalised interventions.

REFERENCES

1. Rameshwaram, G. *Medical and Health Administration in Rural India.* Ashish Publishing House, 1989.

2. Sharma, Suresh. *Health Problems of Rural Population in India.* A.P.H. Publishing Corporation, 2001.

3. Kumar, R. *Social and Preventive Health Administration.* Ashish Publishing House, 1992.

4. *India Today,* vol. 17, July 1992, Aroon Purie for Living Media India Limited.

5. Porter, Elizabeth, and Lesley Coles, editors. *Policy and Strategy for Improving Health and Wellbeing,* 2011. SAGE Publications, 2 June 2011.

6. Balan, K. *Socio-economic Change in India,* 1992. Ashish Publishing House, 1992.

7. Ramachandrudu, Gudena, editor. *Health Planning in India,* A.P.H. Publishing Corporation, 1997.

8. Sen, Amartya, and Martha Craven Nussbaum, editors. *The Quality of Life.* Clarendon Press, 1993.

9. Sen, Amartya. *The Idea of Justice.* Harvard University Press, 2011.

10. Fayers, Peter M., and David Machin. *Quality of Life: The Assessment, Analysis and Interpretation of Patient-reported Outcomes. Wiley, 2013.

11. Michalos, Alex C. Encyclopedia of Quality of Life and Well-Being Research, Volume 1. Springer Netherlands, 2014.

12. Government of India, Ministry of Health and Family welfare, Statistics division."Rural Health Statistic 2020-2021"

13. Directorate of Health Services. "Citizen's Charter of Directorate of Health Services (Goa State) 2021." Campal, Panaji-Goa.

14. Health Dossier 2021 Reflection on Key Health Indicators in 5th Common Review Mission 2011

15. Here's the bibliography entry for the report "Public Health in Goa Report" by Ajay Kumar:

16. Kumar, Ajay. Public Health in Goa Report.

17. Government of Goa. (2004). Health Profile of Goa-2004. Health Intelligence Bureau, Directorate of Health Services, Goa.

APPENDIX

Questionnaire administered to the citizens of Tiswadi Taluka

Section 1: Demographic details of the Respondents

1. Gender:

   - Male

   - Female

   - Other

2. Age:

   - Under 18

   - 18-24

   - 25-34

   - 35-44

   - 45-54

   - 55-64

   - 65 or above

3. Educational qualification:

- Less than high school

- High school diploma or equivalent

- Bachelor's degree

- Post graduate

- Other:

4. Occupation:

  - Employed

  - Unemployed

  - Student

  - Retired

  - Other (please specify)

5. Place of residence:_____

6. Locality: a) Rural b) Urban

Section 2: Healthcare Access

1. How would you rate the overall accessibility of healthcare services in Tiswadi Taluka?

  - Excellent

  - Good

  - Average

  - Poor

- Very Poor

2. Are healthcare facilities easily reachable from your residence?

  - Yes

  - No

  - Somewhat

3. What mode of transportation do you primarily use to access healthcare services?

  - Private vehicle

  - Public transport

  - Walking

  - Other (please specify)

4. Describe your satisfaction with the healthcare professionals in Tiswadi Taluka.

  _____

Section 3: Healthcare Infrastructure and Accessibility

1. How would you describe the current state of healthcare infrastructure in Tiswadi Taluka?

     _____

2. Can you share any specific experiences or challenges you've faced in accessing healthcare facilities within Tiswadi Taluka? Please provide details to help us better understand your perspective.

     _____

3. What improvements do you think are needed to enhance the accessibility of healthcare services in Tiswadi Taluka?

     _____

Section 4: Quality of Healthcare Services

1. Have you encountered challenges in accessing timely medical care?

   - Yes

   - No

2. According to you, what should be the basic healthcare service price?

     _____

3. Satisfaction with the quality of healthcare services in Tiswadi Taluka:

   - Very satisfied

   - Satisfied

   - Neutral

   - Dissatisfied

   - Very dissatisfied

4. Have you encountered any issues or concerns regarding the quality of healthcare services in Tiswadi Taluka? If yes, please explain.

   _____

Section 5: Impact of COVID-19 Pandemic

1. How do you think the COVID-19 pandemic has affected the capacity and resilience of the healthcare system in Tiswadi Taluka?

   _____

2. What lessons do you believe can be learned from the pandemic experience to improve healthcare preparedness in Tiswadi Taluka?

_____

Section 6: Suggestions for Improvement

1. What specific improvements or changes would you like to see implemented in the healthcare

    system of Tiswadi Taluka?

    _____

2. Do you have any additional comments or suggestions regarding healthcare access and quality

    in Tiswadi Taluka?

    _____