



# Assessment of Healthcare Infrastructure Standards in Manipur: Evaluating Facilities, Accessibility, and Quality of Services

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## ABSTRACT

Healthcare is a global necessity and human capital and is largely shaped by genetic, environmental and social factors. This study is planned to evaluate the availability and accessibility of the health care services in both the public and private sectors in Manipur. The study focuses on the increasing tendency of private sector medical services in Manipur and its performance in curative care as well as examines the inequity in healthcare facility distribution based on socioeconomic status. The method used in this research depends on secondary data collected from government documents, articles and online sources. These findings were used to infer the geographical distribution of the healthcare services and the patterns of the growth of the health sector. The study shows that through improved facilities, private hospitals have gained popularity but this comes at a cost that is expensive forcing the economically challenged group to be locked out. While public hospital is cheaper, funding of the services lags behind in meeting the demands of the population and putting up better services. To sum up, it is critically important to note the black hole that still exists between the private and public healthcare sector to reform policies in such a way that would allow quality care for all the people of Manipur.

**Keywords:** Healthcare; Private hospital; Public hospital; Accessibility; Affordability

## Introduction:

Manipur has seen advancements in healthcare in the recent past to respond with what challenges it encountered. People living in the state face several challenges like geographical barriers, ethnic diversity and restricted budgets in delivering the healthcare services. This level of market growth is putting pressure on hospitals in Manipur to be prepared and to contend with the growth. Many private hospitals are making all out efforts to extend excellent facilities for the patient. The capital city, Imphal is the new hub of medical tourism and this is brought about by the various private hospitals.

Health is a condition built over the years from within by our lively process through conscientious efforts and self-control or willpower. It involves a disciplined training of body, mind, and soul, producing the most fruitful results in one's professional as well as personal life. It is also conceived as 'absence of disease'. However, a composite of genetic, environmental and social factors influence health. The health standards vary among cultures, social classes and age groups. The World Health Organisation has set forth in the preamble to its Constitution in 1948 that the enjoyment of highest attainable standard of health is one of the fundamental rights (Koutilya, 2012). Thus, health is essentially an individual's responsibilities of self-care, avoiding long term use of drugs, being aware of dangers of stress, submitting one-self to selective medical examination and screening, carry out prevention measures, and to report early when sick and accept treatment.

Healthcare is a practice which is difficult in today's world because it is expensive and hard to afford. Modern techniques of treatment like spa treatment, physiotherapy etc. have been introduced and lots of healthcare package have been launched by private sectors. It must be recognized that the private sector has grown to be

the main provider of curative healthcare. It can be stated that the people of Manipur make large use of the private health sector. Although private hospitals are expensive, people would still choose it rather than going to government hospitals. Because when it comes to health, nobody likes to take a chance.

### **Review of Literature:**

Devi Prasad Shetty (2012) has written a very inspiring article entitled *Let Health for all be the Goal*. The article indirectly demands the government for a better health policy in India. Shetty suggests how the government can introduce health insurance at a low cost. He further mentions the need of medical institutions in India. Government should build low cost speciality hospitals in certain areas where private enterprises do not want to invest. Shetty also demanded the government for more and more medical hospitals. An idea of converting district hospitals into medical colleges will be indeed a good one.

G Ananthakrishnan (2008) in his article "*Public sector or Private sector Healthcare in India*" talks about the advantages and disadvantages of private and public healthcare sector. He claims that the Government of India does not provide good healthcare services which left the citizens with no option but to seek out private facility. This is one of the reasons for burgeoning private healthcare sectors which are unregulated and often exploitative. Many people in India are pushed to below poverty line due to a single episode of major illness which is enough to eat away their whole life-savings. He suggests a greater role for the public sector in healthcare as private sectors are exploiting the public with their high pricing in treatment, expensive inappropriate technologies and over prescribing. The author concludes by saying that the poor are unable to access quality healthcare in India due to inequities prevailing in the system. The Government should look after this on a serious note as India is facing high volume of ailing population directly proportional to increase in treatment costs.

In a study entitled "Customers' Preference for Selecting Private Hospitals: A Study in Manipur," by Rajkumar Giridhari Singh and Dr. Md. Khairuddin Shah (2011) address the crucial role played by private hospitals in light of the growing population and the inadequacy of healthcare facilities in government-run institutions. They highlight the increasing demand for health services in private hospitals due to factors such as superior amenities and facilities compared to public healthcare providers. While the study sheds light on customer preferences for private hospitals in Manipur, it acknowledges its exploratory nature and limitations in generalizing the findings to all healthcare providers. Nonetheless, the insights gained from the study can inform strategies for improving patient satisfaction and meeting the evolving needs of healthcare consumers.

The article "Composition of Health Expenditure among the Hospitalization Cases in Manipur" by M. Hemanta Meitei and Haobijam Bonny Singh (2021), examines the breakdown of health expenditure among hospitalized individuals in Manipur, aiming to address the issue of high out-of-pocket costs. The study underscores the influence of disease severity, healthcare facility type, and treatment methods on both medical and non-medical expenditures. Furthermore, the research identifies correlations between total expenses and patient demographics, socioeconomic status, cancer types, and treatment approaches. Geographical factors also play a role, particularly in transportation and food expenses for patients and their caregivers. In conclusion, the study emphasises the necessity for policy interventions, particularly in providing free medication with robust implementation to alleviate financial strains on households and advance towards achieving Universal Health Coverage (UHC).

Singh K. B, M. Shyami, Priscilla K (2014) in an article "Socio-Demographic and Healthcare Services Utilization Pattern among the Poor Migrants in Imphal, Manipur: A Cross Sectional Study" analyse the accessibility and difficulties faced by the urban migrants in Imphal. The study sheds light on the challenges faced by urban migrants in accessing healthcare services in Imphal, Manipur. It underscores the increasing organization of healthcare services in rural areas due to the National Rural Health Mission, contrasting with the relatively less organized urban healthcare landscape. This disparity poses significant hurdles for economically disadvantaged urban residents who struggle to afford private healthcare. The study suggests drawing insights from successful healthcare models in other locations to enhance healthcare delivery for migrants. It proposes the involvement of community link workers to raise awareness and support mobilization efforts.

### **Methodology:**

This study is based on secondary data. The secondary data used has been critically evaluated and collected from articles, relevant literature, databases and internet sources. The collected data has been classified and categorized as per the needs of the study.

The statistical data from government documents and publications are analysed. Content analysis has been done on certain reports to ascertain the trends of growth and expansion of health sector. On the basis of the analysis, conclusions are drawn about the standards of healthcare infrastructure and quality of service in healthcare sectors.

**Objective of the study:**

To evaluate the accessibility and availability of healthcare services in both private and public sectors in Manipur.

**Data Analysis:**

The data analysis entails comprehensive examination of data across all types of healthcare centres in Imphal, Manipur. An attempt is made to assess the access/consumer choice, distribution and utilization of, and satisfaction with both public and private sector health institutions, and consumers' perception of the quality of care and of the extent to which financial health costs, available and affordable in both the public and private sectors.

The private healthcare centre in Manipur have been gradually establishing in the past few years. The state has about 26 registered private hospitals and nursing home as per the "Manipur Nursing Home Clinic Registration Act, 1992". These facilities are available mainly in urban centres and more so in the state capital –Imphal. The majority of the Private Hospitals in Manipur provides primary, secondary and even tertiary healthcare services. For example, Shija Hospitals in Imphal is one of the leading private tertiary care centres and is offering critical care, orthopaedic, cardiothoracic and plastic surgeries.

Some of the private hospitals in Manipur are capable of offering primary and secondary healthcare which is common among the private hospitals while a few hospitals like Shija Hospitals offer tertiary, both medical and surgical along with other treatments. They also have a vital role of addressing the health needs which are otherwise may not be met by the public hospitals. Some of available big private healthcare centres in Manipur are supplied with latest technologies including MRI, sophisticated laboratory and modern theatre for operation. This helps them capture patient traffic that would for example seek specialized treatment out of the state. These hospitals have found it difficult to retain specialized medical personnel in the state partly because of the competition with hospitals outside the state of Manipur. That said, they have been able to lure a few local specialists particularly in such fields as cardiology, orthopaedics, and general surgery.

Some of the private hospitals and their speciality are listed in the table below.

**Table 1: Hospitals and their speciality**

| SL. NO. | NAME OF THE HOSPITALS                                     | SPECIALITY  |
|---------|---|---|
| 1       | SHIJA HOSPITALS AND RESEARCH INSTITUTE (SHRI)             | Cardiology, Orthopedics: Neurosurgery, Plastic and Reconstructive Surgery, Critical Care.   |
| 2       | SKY HOSPITAL AND RESEARCH CENTRE                          | Cardiology, Heart Care  |
| 3       | RAJ MEDICITY  | Multi-specialty Hospital, Critical Care, Dialysis and Renal Care:   |
| 4       | IMPHAL HOSPITAL AND RESEARCH CENTRE                       | Gynecology & Pediatrics:.   |
| 5       | ASIAN HOSPITAL  | Diagnostics : Comprehensive diagnostic services including X-ray, Ultrasound, and Lab testing.   |
| 6       | MOTHER'S CARE CHILDREN HOSPITAL AND RESEARCH CENTRE       | Pediatrics, Neonatal Care & Maternity Services  |
| 7       | CITY HOSPITAL   | Gyneocology   |
| 8       | ADVANCED SPECIALITY HOSPITAL & RESEARCH INSTITUTE (ASHRI) | Multispecialty Care: Focuses on cardiology, Nephrology, Orthopedics, and Critical care. Renal Care, Neurology and Neurosurgery  |
| 9       | SUBA HOSPITAL AND ASSISTED REPRODUCTIVE CENTRE            | Assisted Reproductive Technology (ART): Suba Hospital is known for its advanced reproductive services, including In vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI) |
| 10      | INSTITUTE OF LIVER AND DIGESTIVE SCIENCES (ILDS) HOSPITAL | Gastroenterology, Hepatology, Liver Transplant  |

Source: [manipurhealthdirectorate.mn.gov.in](http://manipurhealthdirectorate.mn.gov.in)

The above mentioned are just few names of the city's specialized hospitals. As per information collected through an analysis of various articles on privatisation of healthcare, it was learnt that Manipur is now booming towards the specialized hospitals out of which more than 95% of them are operated by the private sector.

According to the Manipur Directorate of Health Services, the aimed bed population ratio is 1000/1000. That the bed population ratio desired may be said as achieved for the State taking into account the fact that 807 beds under private hospitals and 1074 beds under RIMS. But, beds in Community Health Centres (CHCs) and Primary Health Centres (PHCs) cannot be considered for providing the desired qualitative care. It was also found that there is significantly more demand for number of primary care centres than demanded for the private sectors. To be specific, a hospital for instance with a bed strength of 700 has averagely 1200 outpatients in a day and 500 inpatients a day. Over the recent past, the occupancy ratio is reasonable, but there is a need to achieve a higher occupancy ratio which will enhance the flow of outpatients and inpatients visiting the hospital daily.

According to the Directorate of Health Service Manipur, there are 3422 beds in Manipur including State Govt. Hospitals, Central Govt. Hospitals, PHCs & CHCs and Private Hospitals. From out of these, 807 are from Private hospitals. But the question is that, why patients prefer private hospitals over public hospitals of primary healthcare sectors. Despite the fact that the state has got a satisfactory number of hospital beds, most of the people in this state finds it difficult to access them. This may be because of several factors that include; inequity and high expenses.

An important element of a healthcare centre is the quality of service. The cost and complexity are more if the quality and service of healthcare are good. According to the available data till date, private hospitals dominate public hospitals in terms of infrastructure, facilities, service etc. A detail study on private and public healthcare delivery in India have revealed the various weak points of the public healthcare. The study gives a clear picture on why private hospital dominates the health market at present day. From such sources and data it is quite evident that the quality of healthcare provided by public hospitals cannot be compared with those of the advanced and enhanced private hospitals.

A comparison between private and public healthcare sectors of the state can be made. These factors are -

- Accessibility and availability of the service
- Cost of treatment
- Service and patient's satisfaction
- Medication and schedule
- Communication and information system's link between doctors/ medical staff and the patients.
- Qualitative medical care and facilities
- Hygiene and sanitation

In Manipur, the people seem to use private hospitals more in spite of the fact that the cost of treatment in private sector is much higher than public sector. Quality of service is good in private hospitals and special care is given to the patients. Doctors working in private hospitals are paid with huge incentive and all the employees get monetary compensation for giving more effort on their work (Baru, 2006). By correlating the employee's salary with their work directly, the employers create a desire to work harder, smarter, and longer in the private hospital. As a result, patient who goes for treatment to the private hospital receives maximum satisfaction. Moreover, people think it is better for them to see a private doctor if they are suffering from major ailment. Many surveys on patient's satisfaction have shown how private hospitals are reliable. To cite few examples a survey on patient's satisfaction of hospitals across the state has disclosed that Imphal city's Shija Hospital is one of the best which is followed by Raj Medicity, Sky Hospital etc.

Free treatment and low expenses are two main important reasons for using government hospital. People select hospitals for treatment based on its proximity, conversances, good treatment and recommendations. Public hospitals aim in providing free or cheap medications for the poor. Medications are subsidized to an extent in the government hospitals. However, there also appears to be some diversity in it. There are complicate pricing rules like in the provision of bed, medicines, cost involved in any kind of operation etc., and all this depends on the patient's level of income. Extra benefit for government employees and retirees are given based on their salary drawn. Private hospital, on the other hand has the highest cost of treatment wherein government hospital has the least expensive healthcare known.

Sometimes, service in public hospitals is so poor that the poor would prefer even to get treatment from private hospitals which is much beyond their budget. It is indeed true that government hospitals are meant for free and low cost treatment. But, the quality of the treatment has been a concern. Most of the time, patients getting treatment from government hospitals receive it free of cost, but the grimness the poor face in accessing this so called 'free treatment' is something which the government never monitors. In fact, the poor's scarce resources



seem to be drained while accessing the free treatment. This is due to the culture of incentives based model of corruption that is known to be speed money. More than half of the patients using government hospital pay the speed money in order to get things faster and easier. If investigated properly, it can be highlighted that more than 50% of the poor's treatment expenses is wasted on the speed money.

Procurement of medical equipment with much efficiency is faster and regular in the private sector. There are minimal reports of equipment breakdown in private sector whereas it is comparatively higher in the public sector. This is not the only reason why people choose private diagnostic centres. Another good reason is the accuracy and reliability of the test results and looking into the quality of service the private sectors provide, people opt for it. Population has been found to be of great influence in decision making for healthcare services in Imphal; this is based on income, education and occupational status. Higher income and education were associated with the use of more sophisticated private hospitals for specialized services, compared to the cheaper but more inundated public hospital for the low income families (Singh & Shah, 2011). Thus, for promoting equitable access to quality and efficient and affordable healthcare, it is necessary to strengthen public hospitals' physical structures, increase the efficiency of healthcare services, and expand coverage of insurance services.

The lower Income Earners go to public hospitals and on the other end; the high earners are more likely to go to private hospitals. The healthcare decisions or choices that would be made by individuals in a given population depend on certain factors like education levels, income and household characteristic mainly in areas to do with the affordability and availability of services from both the private and the public domains (Meitei & Singh, 2021). Doctor density and hospital physical facilities therefore emerged as key factors that affect patient choices in private hospitals implying a desire for quality treatment by highly qualified medical doctors and well-equipped best hospitals particularly among the high income and school education population group.

Despite the promotion of private healthcare facilities with increased urbanization and incomes, the majority of people including the elevated income earners attend public hospitals because of the accessible charges and experienced doctors. Costs for private healthcare still impose a constraint even on affluent clientele, though public facilities are more affordable; they frequently are not nearly as well-equipped nor staffed with such a wide array of specialists. Patients attending private hospitals are the most satisfied, in terms of almost all aspects; physical facilities and amenities, waiting time and the physicians' and nurses' attention. Nevertheless, the cost satisfaction is relatively higher in the public hospitals and this probably explains the fact that the affordability is a key determinant of the government's healthcare satisfaction level. The financial burden of private healthcare remains a barrier even for wealthier individuals, while public hospitals, though more accessible, often lack the same infrastructure and specialist services.

There is also the need to address patient expectations particularly those relating to specialists as well as infrastructure, so as to meet the satisfaction of patient. The study have revealed that the development of the quality service and the orientation towards patient satisfaction increase their satisfaction in private hospitals. The continuation of scaling up and enhancing the quality of services delivered in public hospitals is postulated to further improve patient satisfaction with regard to the waiting time. The respondents were more satisfied with cost related services in public hospitals. The public sector requires scaling up in service efficiency, including time to be spent with clients, whereas the private sector is more efficient in areas like affective care, interactions of staff members and available comfort.

In particular, this study reveals some disparities of private healthcare compare to the public healthcare of Manipur. Although private hospital has higher patient satisfaction, the public hospitals have the crucial role in their capacity of being affordable. The foregoing highlights some of the critical measures which must be taken for bridging the infrastructure deficit, enhancing the quality of services and for increasing insurance density, which are critical for achieving accessing equitable healthcare in Manipur.

**Discussion:** An analysis of the role of healthcare private and public providers in Manipur especially the city of Imphal shows that the provision of health services is solely divided by socio economic class. This discussion provides insights into diverse aspects that define healthcare access, quality, and satisfaction across the region focusing on lessons from the data analysis while looking at other enduring questions in health policies and health systems infrastructure.

The data reveals significant differences in the patterns of healthcare demand by households with different level of income. Affluent customers have always shown a higher inclination toward private hospitals because of the better technology, specialized services, and efficiencies at the patient's end. In fact, as private scalable and frequently viewed as prestigious, it is in terms of money beyond the reach of a large number of people. Therefore, many of the low-income patients have no option other than seeking treatment in the public health sector despite its cheap, but have problems of inadequate resource and compromised quality.

The other elements of healthcare delivery also shed light on the difference between the two sectors in terms of quality. A recent survey show that private hospitals have higher rating and contentment score in almost all areas ranging to the quality of healthcare services provided, staff attentiveness, and provision of facilities. However, due to the expensive nature most of the healthcare services provided by these healthcare providers, it becomes questionable if equitable access to quality and affordable healthcare services will be realized. Still, due to the high cost, many patients consider private hospitals inevitable when coping with serious diseases; this is a common problem of healthcare inequality.

On the other hand, public hospitals despite their importance in eradicating the duty bearers' failures in rendering affordable, essential services face numerous problems. Some the problems include; poor infrastructure; longer patient turnover time, and limited access to some crucial drugs that effectively hamper their capacity to address patients' needs sufficiently. It is therefore evident from the National Family Health Survey that the time has come to enhance development of public health services.

### Conclusion:

This study on the healthcare infrastructure standards in Manipur, particularly in the city of Imphal, highlights the sharp divide between public and private healthcare services, largely determined by socioeconomic factors. The affluent have better access to advanced healthcare facilities in the private sector, while lower-income individuals rely heavily on the public sector, which, though affordable, is plagued by inadequate resources and compromised quality. This disparity underscores a significant challenge in achieving equitable access to quality healthcare across the population. The analysis further reveals that private hospitals, with their modern technology, specialized services, and higher levels of patient satisfaction, dominate the healthcare landscape. However, their high cost makes them inaccessible to a large segment of the population. Public hospitals, though essential for vulnerable groups, are under-resourced and struggle with issues such as poor infrastructure, long waiting times, and limited availability of essential drugs. This compromises their ability to meet patient needs effectively. Demographic factors such as income, education, and occupation also play a crucial role in healthcare decisions, with more educated individuals gravitating towards private healthcare services due to better awareness and perceived quality. This trend raises concerns about health literacy and the need for targeted health education, particularly for those with lower literacy levels who may not be aware of more appropriate healthcare options. To address these challenges, policy interventions are critical. There is a pressing need for increased investment in public healthcare infrastructure to improve service quality and capacity. Enhancements in medical equipment, drug availability, and continuous training of healthcare professionals are essential to elevate the standards of public hospitals. Expanding health insurance coverage and fostering public-private partnerships can also help bridge the gap between the two sectors, ensuring that all citizens, regardless of income, have access to quality healthcare services. In conclusion, achieving a more balanced healthcare system in Manipur requires comprehensive policy reform and investment in both public and private sectors. By addressing the existing disparities, Manipur can move towards a more equitable and effective healthcare system, improving the overall well-being of its population.

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