

**EXECUTIVE SUMMARY**  
**UGC – MINOR RESEARCH PROJECT**  
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**“A Study On Right To Health As A Basic Human Right With Special  
Reference To Satara District”**

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The right to healthcare is first and foremost a claim to an entitlement, a positive right, not a defensive fence. As advantaged rights are contrasted with privileges, group ideals, communal obligations, or acts of charity, and once legislated they become claims justified by the laws of the state. The emphasis thus needs to shift from ‘respect’ and ‘protect’ to focus more on ‘fulfil’. For the right to be effective optimal resources that are needed to fulfil the core obligations have to be made available and utilized efficiently.

The study also identifies the factors that lead to non-utilisation of public health services in the Satara District, which has more public health facilities compared to any other parts of the country. This raises the question that although the services may be available, the access to Right to Health is determined by several other factors. In short, the results present a forceful plea for greater attention to the allocation and quality of Right to health care services for poor and needy, accessible to Every Human Being As Part of Human Rights.

Right to life is considered one of the fundamental rights, and health is one of the vital indicators reflecting quality of human life. In this context, it becomes one of the primary responsibilities of the state to provide health care services to all its citizens.

India, despite being a signatory to the Alma Ata Declaration of 1978, which promised 'Health for All' by 2000, is far from realising this objective. In India has required an excellent health care structure that has the potential to reach a large section of the population.

In today scenario, we share several fundamental Right, all of which center on the equal dignity and value of all human beings in universe. In case of human rights and health equity efforts can be strong by growing awareness and understanding of the person in importance of social conditions for Right to health. And right to health is promoting social conditions are an essential prerequisite for right to health.

Come within reach of from the field of Right to health can strengthen efforts to protect and promote the right to health with the highest attainable level of health and care, by extension activity of the government at large, the right to health is the social conditions essential for health public at large, by indicating how to operational these concepts for the purpose of quantity, which is essential for accountability by Government Authority.

Now a day effective steps need take to implement the constitutional obligation upon the state to secure the right to healthcare and strength of people. It was rightly said that nutrition, health & education are the three inputs accepted as significant for the development of human resources. For achieving the Constitutional obligation and also objectives of Right to Health care for all there is a need on the part of the government to mobilize organization and the general public towards their participation for monitoring and implementation of right to health care facilities to needy person of the society at large.

Systematic and analytical studies on the needs of the elderly in India and Maharashtra as well, both urban and rural, are required to Primary substance to for Protection right to health care of elderly people with Special reference to Satara.

The increasing number of older persons in India. Government is failure to put a strain on health care and social care systems in the country. Old age comes with lot of with advancing age, old persons have to cope with health and associated problems some of which may be chronic, of a multiple nature, require constant attention and carry the risk of disability and consequent loss of autonomy. Some health problems, especially

when accompanied by impaired functional capacity; require long term management of illness at time, and of nursing care. In case of large number of elderly persons in the population, the country needs more health and medical services, facilities and resources. More number of hospitals, doctors, nurses is required. Government spending on health care is increased with the increase of average age of population.

Satara district is located in the south western part of the state of Maharashtra and lies between 17.5° to 18.11° North Latitudes and 73.33° to 74.54° East Longitudes. According to 2011 census the District Satara covers an area of 10480 sq. kilometers and has a population of 30,03,900 out of the total geographical area of 10484 sq. kilometers, 10123.5 sq. kilometers is rural and 360.5 sq kilometers is urban area. It occupies 2.7% part of the Maharashtra state and 9.3% of the total Population of the India.

There has been vast increase in the population of Satara District during last two decades. However, the number of government hospitals is same. At the same time, most of the budgetary provision for public hospitals is spent on the salary and other revenue expense. Thus, public health infrastructure in the Satara District is inadequate to cater to vast population of the Satara District.

The researcher has personally visited Civil Hospital Satara, Karad and Phaltan to assess the health standards and facilities provided to patients there. It was found that health standards and facilities in public hospitals Excellent with 08.21%, Good with 20.29% and Satisfactory with 61.35% with standards of cleanliness and hygiene. The public hospitals were found to be quality as well as in approach, i.e. treatment of patients. Chapter 4 deals with comparative study of public health care system in the Satara District.

One of the major objectives of the present research work was to find out Right to Health as a Basic human Right with Special Reference to Satara District. It was found that in the urban and rural poor do not use public health service for minor illness while for major illness only they have to access public health services. The researcher also tried to find out the reasons why in Satara District give up from using public health services. In the field survey, it was reported that:

- (1) 28.01% of the respondents did take the benefits of free medical services provided by the Civil Hospital Satara.

(2) 100% of the respondents aware about free Services in Public Hospitals and availability of free medical services in Civil Hospital Satara.

(3) 71.99% of the respondents attributed lack of adequate facilities in Civil Hospital Satara.

Thus, quality of services is the accessing the services of Civil Hospital Satara by population in the Satara District. Various factors such as long waiting time, lack of adequate stock of medicine or testing facilities, etc., ultimately in or the other way contribute to increased problem of right to health, population is willing to use so called free of cost services of the government hospitals.

If the right to health is to be achieved, it needs to be linked with other Right to Life and social rights as well, such as the right to education, the right to work, the right to information and the right to medical care. These right to health and social rights go together and reinforce each other. Taken in loneliness, each of them has its limitations, and may not even be realisable within the present structure of right to health. This is why it is so important to restore the Directive Principles of the Constitution as well as the visionary conception of democracy that informs them.

The researcher finds population ratios for RHs have improved slightly, particularly during the last decade of Satara region showing the highest improvement for this indicator and Satara district indicated that it was higher for the urban population per se than for the rural population. Further, rural per capita health expenditure shows in Satara districts have per capita health expenditures lesser than the state average. The availability of hospitals and beds Maharashtra and Satara is per 43 beds for 1,00,000 of population has shown a constant increase in District Satara.

The Researcher finding in Satara District lacked adequate infrastructure and evaluation and testing facilities. It was observed that X-ray machines and ECG facilities are often out of order. Many advanced testing facilities are not available in Satara District hospitals and even if those facilities are available, most of the time they are not provided for the lack of staff. There is forceful rush of patients in out-patient departments of the Satara government hospitals, Karad Sub district Hospital and Phaltan Sub district Hospital, resulting in long queues and waiting time for patient. But In Case of an average, most of the patients (61.35%) found the standards of cleanliness,

food, sanitation and hygiene in Government hospitals to be satisfactory in Satara District.

The researches analysis reflects that more than half the patients (57.97%) who visited a Government hospital at Satara District for treatment found the quality of services of doctors and their approach towards patients to be above average with 18.36% of the patients rating it to be excellent and 39.61% rating it to be good. Empirical evidences show that patients are generally satisfied with the quality of services of government doctors at Satara District and in many cases people have complaints against other staff and absence of infrastructural facilities in District hospitals.

Suggestions As Following

- Implementing the Universal Declaration of Human Rights, 1948
- The right to health is an important component of the right to life is Constitutional linked
- The Right to Health, as well as other social, economic and political rights needs to be framed in the context of today's reality.
- Assembly information, feedback from Society including Old age person, women and Children relation with right to health.
- Formation of networks to strengthen right to health by bringing large numbers of individuals, Government organisations together on a particular issue
- Providing improved right to health care to persons- The health care needs of every person but often always ignored.
- Raise awareness and consciousness about old age person and women's right to health among women, society, Health organisations, Judiciary, Mass Media, State and others.
- Need of Special Medical Research Centres.
- Health budgets should include and join together infrastructure plans.
- The equipment should be made available in Government hospitals for the public at large with affordable prices.
- Needed in the number of medical college.