



**FINANCIAL ASSISTANCE FOR HEALTHCARE: DOCTORS' PERSPECTIVES & CHALLENGES UNDER APSFC's PRACTICING DOCTORS SCHEME IN ANDHRAPRADESH**

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**ABSTRACT**

The Andhra Pradesh State Financial Corporation (APSFC) has been instrumental in extending financial assistance to practicing doctors and nursing homes through its specialized Practicing Doctors Scheme. This study examines the prospects and challenges faced by healthcare practitioners in accessing and utilizing APSFC's financial support. Primary data were collected from 300 doctors and nursing homes across Uttarandhra, Coastal Andhra, and Rayalaseema, of Andhrapradesh. This Study reveals that awareness levels about the scheme remain uneven, with a majority of practitioners having only a partial understanding of its provisions. While some respondents reported that the sanction and disbursement process was fairly smooth, others experienced delays, excessive documentation, and procedural bottlenecks. The burden of high interest rates and the demand for collateral security emerged as major barriers, particularly for small and medium-sized nursing homes.

**Keywords**

*APSFC, Practicing Doctors Scheme, Healthcare Financing, Awareness, Collateral Security, Interest Rates, Recovery Performance.*

**1. INTRODUCTION**

The Indian healthcare sector, valued at US\$ 372 billion in FY23, is one of the nation's largest industries, generating employment for millions and expanding rapidly through both government and private investment. With nearly 7.5 million workers, it continues to be one of the largest employers, and technology-driven healthcare solutions are expected to create millions



of new jobs in the coming decade. Despite this strong growth, the sector still faces challenges such as high treatment costs, infrastructure shortages, and rural–urban disparities.

To address these challenges, financial institutions play a critical role in supporting healthcare services. The Andhra Pradesh State Financial Corporation (APSFC), established in 1956 under the State Financial Corporations Act, has been a pioneering institution in extending medium- and long-term credit for industrial and service sector development. Over time, its mandate expanded to include targeted support for the healthcare sector.

Through the Practicing Doctors Scheme, APSFC provides financial assistance to doctors and nursing homes for establishing, upgrading, and modernizing medical facilities. By enabling access to financial resources, the scheme helps small and medium healthcare providers strengthen infrastructure, procure advanced equipment, and deliver quality services. In particular, APSFC’s support has been crucial in semi-urban and rural areas where private investment is limited. This linkage between healthcare growth and financial support mechanisms forms the core of the present study, which examines the prospects and challenges of APSFC-assisted doctors and nursing homes in Andhra Pradesh.

## 2. REVIEW OF LITERATURE

Several studies across India have examined the healthcare sector, focusing largely on financial aspects, service growth, and the role of small and medium healthcare providers. In Andhra Pradesh, particular attention has been given to the performance of practicing doctors and nursing homes and their dependence on institutional financing. Subsequent research highlights APSFC’s pivotal role in financing healthcare services, especially under practicing Doctors scheme thereby strengthening the infrastructure and viability of practicing doctors and nursing homes in the state.

**Andhra Pradesh Health Systems Strengthening Project April, 2019<sup>1</sup>** Health outcomes or good health in early years as well as in adults is an important input into human capital and productivity, contributing to improved earnings and consequently to the World Bank’s twin

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<sup>1</sup> An Andhra Pradesh Health Systems Strengthening Project April 9, 2019 The World Bank Andhra Pradesh Health Systems Strengthening Project (P167581)



goals of ending extreme poverty and promoting shared prosperity. With its focus on improving and expanding MCH and NCD services and strengthening patient access to health services and drugs by leveraging both public and private providers, the project also contributes to specific SDG targets 3.1, 3.2, 3.4, and 3.8 and lends to the HNP GP's mission of assisting countries accelerate progress toward universal health coverage..

**Ravindra (2020)<sup>2</sup>** analyzed the *operational performance of APSFC* from 2007–08 to 2018–19, focusing on its support to MSMEs through term loans and working capital assistance. The study highlighted how MSMEs contribute significantly to GDP, manufacturing output, exports, and rural employment, and reinforced APSFC's role in promoting entrepreneurial growth and balanced regional development.

**NITI Aayog (2021)<sup>3</sup>** emphasized *investment opportunities in India's healthcare sector*, pointing to the rapid transformation driven by enabling policies, the Production Linked Incentive (PLI) scheme, and Medtech parks. It also highlighted the role of Ayushman Bharat and PM-JAY in widening affordable access to healthcare and the growing significance of digital health and AI in shaping future financing.

**Financing and Funding Indian Healthcare (2024)<sup>4</sup>**: stated the cost of healthcare or, more appropriately, the cost a nation has to bear to provide healthcare to its citizens has been one of the most hotly debated issues globally. The coverage should include access to preventive, promotive and curative care of sufficient quality to be effective while ensuring people do not suffer financial ruin.

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<sup>2</sup> Dr. P. S. Ravindra (2020). Operational performance of Andhra Pradesh State Financial Corporation (APSFC). Volume 4 issue 4, June 2020 available online: [www.ijtsrd.com](http://www.ijtsrd.com) e-ISSN: 2456 – 6470.

<sup>3</sup> NITIAYOG-Investment Opportunities in India's Healthcare Sector, **2021**

<sup>4</sup> Performance Audit on Public Health Infrastructure and management of Health Services in AP (2023)- Availability and management of health Infrastructure in the State



### **3. RESEARCH GAP**

Several studies have analyzed APSFC's role in financing MSMEs and industrial development, limited research has focused specifically on its support to the healthcare sector, particularly practicing doctors and nursing homes. This gap highlights the need for a focused study on the prospects and problems of APSFC-assisted healthcare institutions in Andhra Pradesh.

### **4. OBJECTIVES OF THE STUDY**

1. To examine the perspectives and challenges faced by practicing doctors and nursing homes in accessing APSFC's financial assistance, with specific focus on awareness levels, interest rates, collateral requirements, procedural delays, and recovery performance.
2. To suggest feasible measures for strengthening APSFC's Practicing Doctors Scheme

### **5. RESEARCH METHODOLOGY**

#### **5.1. Source of Data and Selection of Sample Size**

In this study the data has been collected from two sources, i.e. Primary data and secondary data. About 300 Doctors (Health care services units) are taken as sample from three regions Uttarandhra, Coastal Andhra and Rayalaseema regions of the state Andhra Pradesh. Primary data has been collected through a structured questionnaire and personal observations are noted separately.

#### **5.2. Sample Design**

Total 1,530 healthcare service sector units in Andhra Pradesh that received financial assistance from APSFC, from these, 300 Practicing Doctors were selected as the study sample with 100 units each drawn from the three regions of the state, namely Uttarandhra



(Visakhapatnam & Srikakulam ) ,Coastal Andhra ( Guntur & west Godavari) and Rayalaseema. (Kadapa& Anantapuram)The sample size of 300 (approximately 20% of the total population of 1,530 units) was determined using proportional representation to ensure adequate coverage across the regions. The sample nursing homes were identified purposively after a personal survey of the study areas and healthcare units operating within them.

### **Cochran's Sample Size Formula for infinite population**

$$n_0 = z^2 \cdot p \cdot (1-p) / e^2$$

**e** is desired level of precision, the margin of error

**P** is the fraction of the population (as percentage) that displays the attribute

**z** is the z-value, extracted from a z-table

$$n_0 = 384.16 \approx 385$$

### **Cochran's Modified Formula for Finite Populations**

A slightly modified formula can be used if the size of the population is known.

$$n = \frac{n_0}{1 + \frac{n_0 - 1}{N}}$$

$n_0$  is Cochran's sample size computed using the formula for ideal sample size;

N: the size of the population. Here  $N = 1530$

$$n = 385 / (1 + (385 - 1) / 1530) = 304$$

### **5.3. Classification of Sample units (The Composition of the sample)**

ENT clinics 18, Child health care Hospitals 17, Dental Care Clinics 21, super specialty hospitals 17, Orthopedics hospitals 19, Neurology hospitals 21, Kidney Super Specialty Clinics 13, Medical distributors 22, diagnostic centers 24, Gynecology Nursing Homes 31, General Nursing Home Hospitals 48, Pediatric Hospitals 20, and other Nursing Homes 29.



#### 5.4. Tools of Analysis

The data have been analyzed using descriptive statistics such as totals, percentages, and ratios. Comparative analysis was undertaken to highlight inter-regional disparities. Tables and bar charts were prepared to provide a clear and concise representation of the findings.

### 6. DATA ANALYSIS

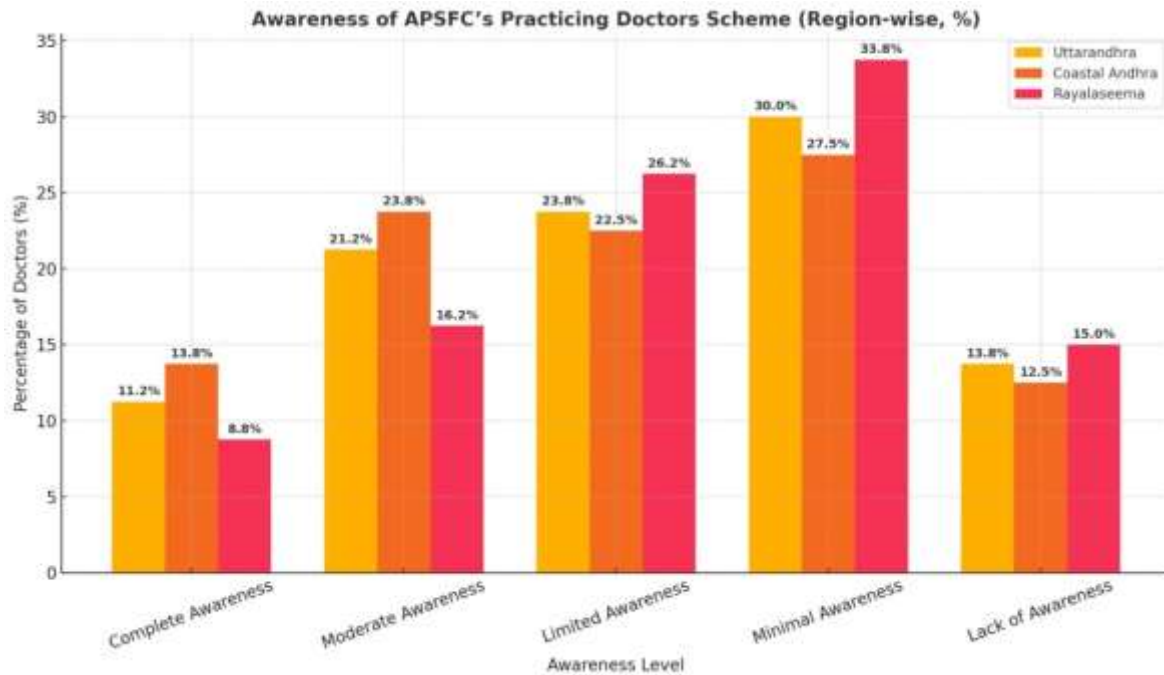
In a brief explanation this Analysis indicating the Perspectives and Challenges of Doctors who are availed finance through APSFC. Primary data were collected through a structured questionnaire from 300 practicing doctors and nursing homes across Uttarandhra, Coastal Andhra, and Rayalaseema regions of Andhra Pradesh.

#### 6.1 AWARENESS OF APSFC'S PRACTICING DOCTORS SCHEME (Table 1)

S.NO	Awareness Level	Region wise			No. of Doctors	Percentage
		Uttarandra	Coastal Andhra	Rayala seema		
1	Complete Awareness	12	14	9	35	11.66
2	Moderate Awareness	21	24	15	60	20.00
3	Limited Awareness	23	22	27	72	24.00
4	Minimal Awareness	30	28	34	92	30.66
5	Lack of Awareness	14	12	15	41	13.66
Total		100	100	100	300	100

Source: field survey

**Chart- 1**



*Source: field survey*

### Interpretation

**1. Overall Awareness:** Awareness of APSFC's Practicing Doctors Scheme among 300 doctors is generally moderate to low across all three regions.

**2.High and Moderate Awareness:** Only 11.66% show complete awareness and 20% report moderate awareness, indicating limited in-depth knowledge.

**3. Limited and Minimal Awareness:** A significant share—24% limited and 30.66% minimal awareness—suggests major gaps in understanding of eligibility and benefits.

**4. No Awareness:** about 13.66% of doctors have any awareness, highlighting communication shortcomings.

**5. Regional Insights:** Coastal Andhra shows relatively higher awareness, Uttarandhra presents a mixed pattern, while Rayalaseema reports weaker outreach and lower awareness levels.



## 6.2 PROCESS FOR FINANCIAL ASSISTANCE UNDER THE APSFC SCHEME

The process of obtaining financial assistance plays a crucial role in determining the effectiveness of the APSFC's Practicing Doctors Scheme. To understand their experiences, respondents were asked about the level of difficulty they faced during the loan processing stage, and the results are presented in the following table.

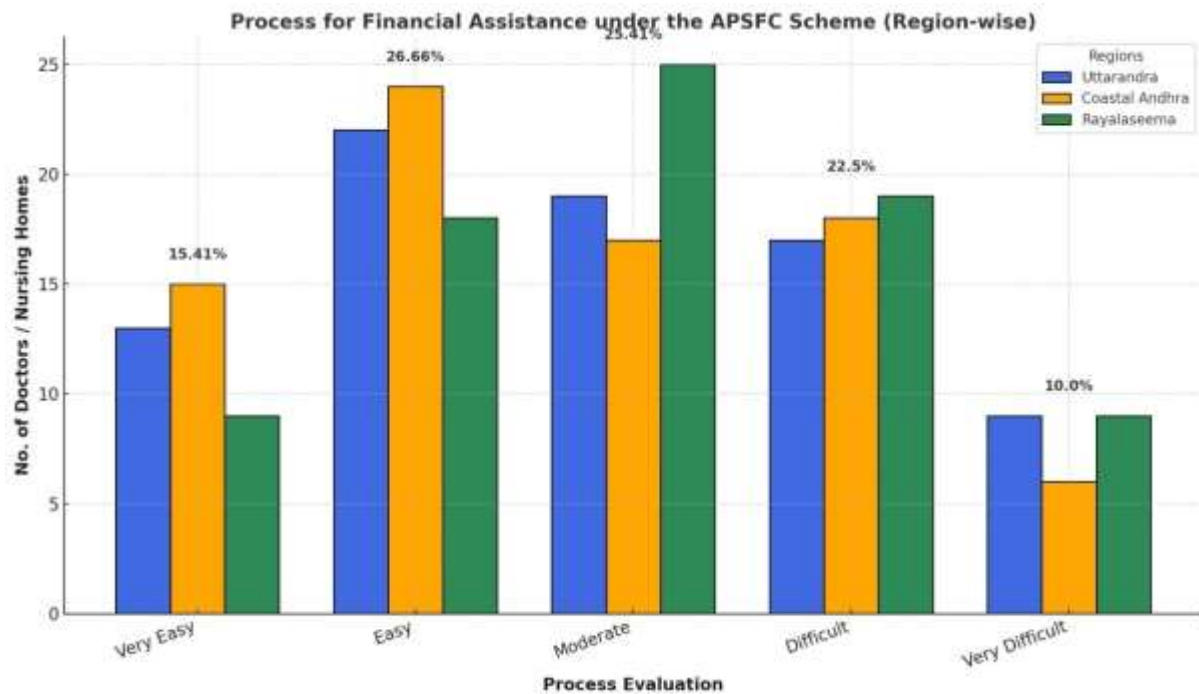
**Table-2: PROCESS FOR FINANCIAL ASSISTANCE UNDER THE APSFC SCHEME**

S. No	Processing of assistance	Region wise			No. of Doctors/ Nursing homes	Percentage
		Uttarandra	Coastal Andhra	Rayalaseema		
1	Very Easy	16	19	11	46	(15.33)
2	Easy	28	29	23	80	(26.66)
3	Moderate	24	21	31	76	(25.33)
4	Difficult	21	23	24	68	(22.66)
5	Very Difficult	11	8	11	30	(10.00)
	<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>300</b>	<b>100.00</b>

*Source: field survey*



**Chart 2**



*Source: field survey*

**Interpretation:** On the positive side, a considerable share of respondents rated the process as “easy” (26.66%) or “very easy” (15.33%), together accounting for more than 42% of the sample. This indicates that APSFC has been able to provide satisfactory loan assistance for a substantial number of doctors and nursing homes, particularly in Coastal Andhra, where institutional reach and administrative support appear to be stronger.

At the same time, a sizeable proportion (25.33%) described the process as moderate, implying that while assistance is available, the experience is not consistently smooth. This middle group reflects partial satisfaction, often shaped by delays in approvals, repeated documentation requirements, or limited digital facilities.

On the negative side, 22.66% of respondents found the process difficult and 10% very difficult, together forming nearly one-third (32.5%) of the sample. This is a significant concern, as it shows that despite APSFC’s mandate to promote healthcare financing many doctors continue to face barriers in accessing its loans.

**6.3 GENERAL PROBLEMS OF PRACTICING DOCTORS AND EXISTING NURSING**

General problems of the Doctors and Nursing homes impede their progress. Data is presented in Table 3 to identify the general problems of the Practicing Doctors and Nursing homes.

**Table 3 GENERAL PROBLEMS OF PRACTICING DOCTORS/ NURSING HOMES**

General problems	Regions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
<b>Inadequate Institutional Support from APSFC</b>	<i>Uttarandra</i>	9	15	25	35	16	100
	<i>Coastal Andhra</i>	8	21	25	32	14	100
	<i>Rayalaseema</i>	9	16	24	28	23	100
<b>Limited Awareness of APSFC Schemes</b>	<i>Uttarandra</i>	9	16	25	32	18	100
	<i>Coastal Andhra</i>	6	15	22	38	19	100
	<i>Rayalaseema</i>	5	13	20	35	27	100
<b>Shortage of Skilled Manpower</b>	<i>Uttarandra</i>	15	23	28	25	9	100
	<i>Coastal Andhra</i>	19	25	30	20	6	100
	<i>Rayalaseema</i>	13	18	23	29	17	100
<b>Procedural Delays / Excessive Documentation</b>	<i>Uttarandra</i>	10	15	23	37	15	100
	<i>Coastal Andhra</i>	13	19	25	31	12	100
	<i>Rayalaseema</i>	11	15	19	34	21	100
<b>Perceived Inequitable Treatment of Nursing Homes</b>	<i>Uttarandra</i>	13	19	25	31	12	100
	<i>Coastal Andhra</i>	19	18	23	30	10	100
	<i>Rayalaseema</i>	10	15	19	35	21	100
<b>Total</b>		169	263	356	472	240	1500

*Source: field survey*

**Interpretation:**

**1. Inadequate Institutional Support:** Doctors across all regions report insufficient support from APSFC, with Rayalaseema showing the highest due to weaker institutional backing.

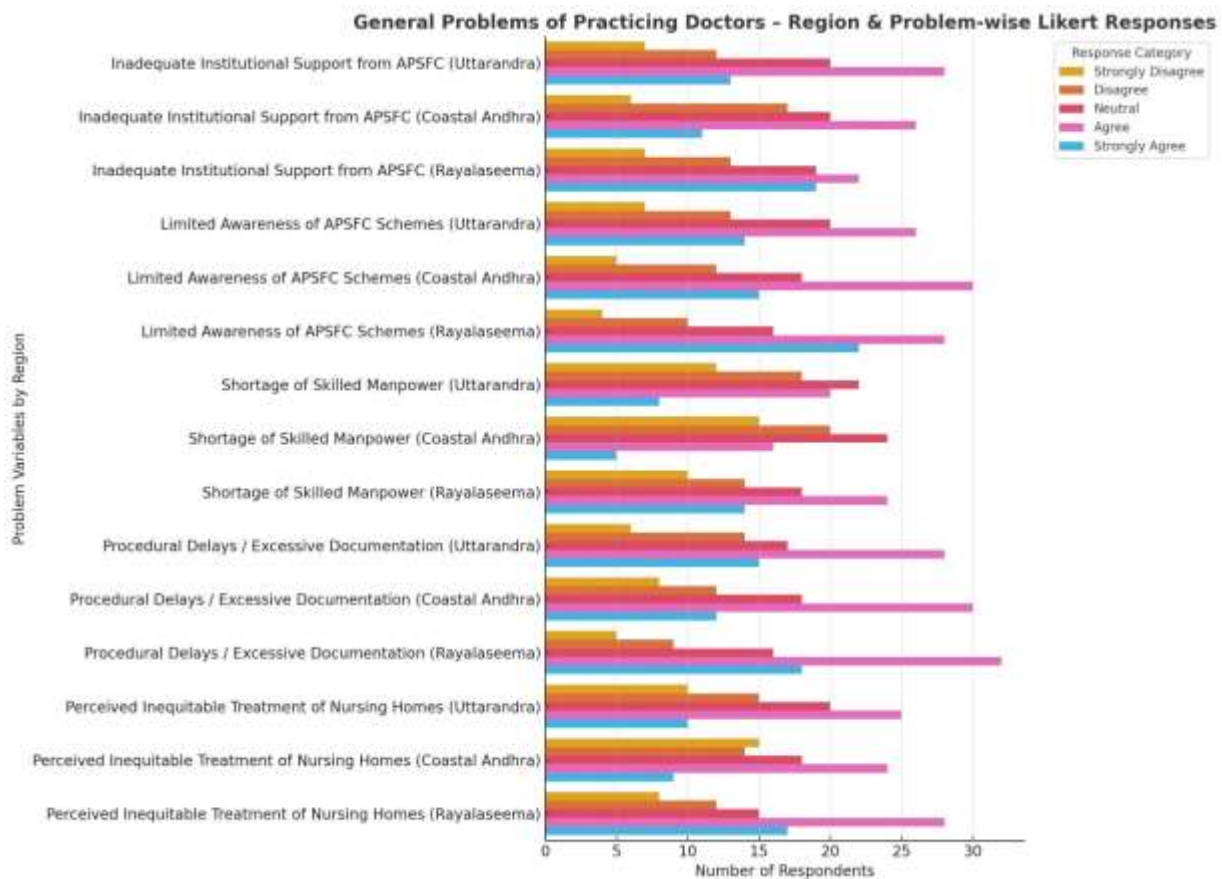
**2. Low Awareness of APSFC Schemes:** Awareness levels are poor in all regions, especially in Rayalaseema, indicating serious outreach and information gaps.

**3. Shortage of Skilled Manpower:** Coastal Andhra faces fewer staffing issues, while Rayalaseema continues to struggle with shortages, reflecting regional developmental disparities.

**4. Procedural Delays and Documentation Issues:** Delays and excessive paperwork are common statewide, with Rayalaseema experiencing the highest levels of procedural difficulty.

**5. Perceived Inequitable Treatment:** A notable share of respondents believes APSFC assistance is not distributed fairly across regions, suggesting possible regional imbalance.

**Chart 3**



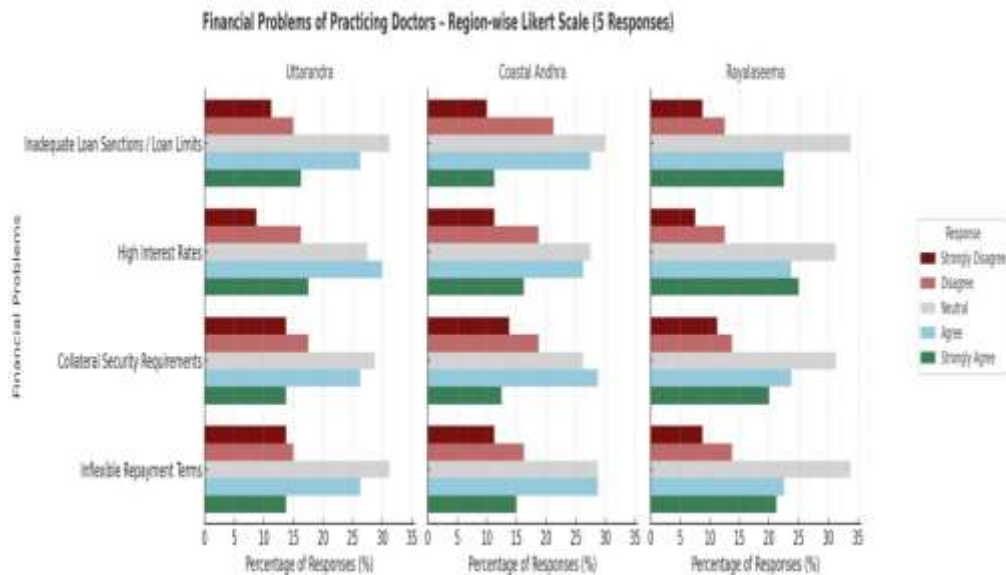
*Source: field survey*

#### 6.4. PRACTICING DOCTORS AND NURSING HOMES FINANCIAL PROBLEMS-Table 4

S.No	Financial Problems	Regions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1	Inadequate	Uttarandra	11	16	31	26	16	100
	Loan Sanctions / Loan Limits	Coastal Andhra	10	21	30	28	11	
		Rayalaseema	9	13	34	21	23	
2	High Interest Rates	Uttarandra	9	16	28	29	18	100
		Coastal Andhra	11	19	27	28	15	
		Rayalaseema	8	13	31	23	25	
3	Collateral Security Requirements	Uttarandra	14	18	29	25	14	100
		Coastal Andhra	14	19	25	29	13	
		Rayalaseema	11	14	31	24	20	
4	Inflexible Repayment Terms	Uttarandra	14	15	31	27	13	100
		Coastal Andhra	11	16	29	29	15	
		Rayalaseema	9	14	33	23	21	
Total			104	131	194	359	312	1200

Source: Field survey

Chart 4



Source: Field survey



### Interpretation

The analysis of financial problems faced by practicing doctors and nursing homes across the three regions of Andhra Pradesh

1. **Inadequate Loan Sanctions / Loan Limits** – A considerable share of respondents across all regions remained neutral, suggesting uncertainty or mixed experiences with loan adequacy. However, higher agreement levels in **Royalaseema** indicate that doctors in backward districts feel more constrained by insufficient sanctions compared to their counterparts in Coastal Andhra.
2. **High Interest Rates** – This emerges as a **common concern across regions**, with more than half of the respondents in all three regions agreeing or strongly agreeing. The problem is particularly acute in **Royalaseema**, reflecting greater sensitivity to borrowing costs in economically weaker areas.
3. **Collateral Security Requirements** – Responses are more balanced, with Coastal Andhra showing relatively higher neutrality, suggesting easier access to collateral there. In contrast, **Royalaseema and Uttarandra report stronger agreement**, confirming that collateral remains a barrier in semi-urban and rural healthcare sectors.
4. **Inflexible Repayment Terms** – Across all three regions, a significant proportion of doctors agree that rigid repayment schedules add to financial stress. The problem is most pronounced in **Royalaseema**, where agreement levels are consistently higher.

### 6.5 REASONS FOR DEFAULTS IN REPAYMENT BY THE DOCTORS AND NURSING HOMES

All the 300 sample units in the study have received financial assistance from the APSFC. The reasons offered by them for the defaults in the repayments are furnished in table

**Table 6: REASONS FOR DEFAULTS IN REPAYMENT BY THE DOCTORS AND NURSING HOMES**

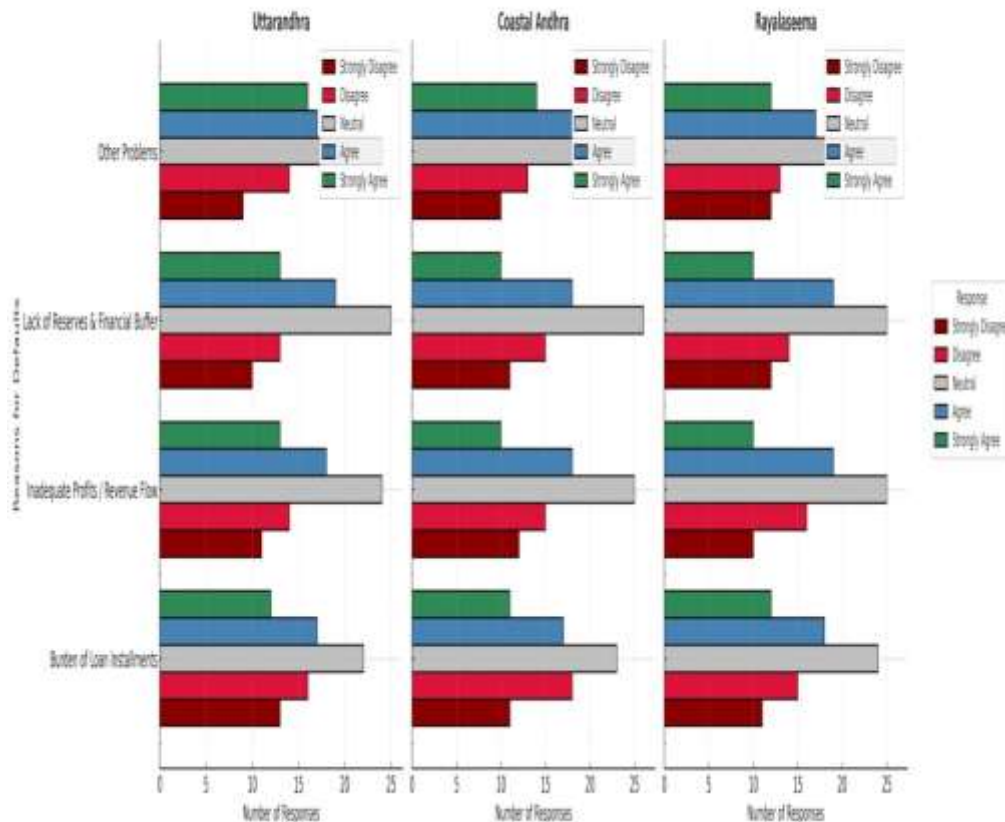
S.No	Reasons for Defaults	Region	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
1	Burden of Loan Installments	Uttarandhra	16 (16.25%)	20 (20.0%)	28 (27.5%)	21 (21.25%)	15 (15.0%)	100
		Coastal Andhra	14 (13.75%)	22 (22.5%)	29 (28.75%)	21 (21.25%)	14 (13.75%)	100
		Royalaseema	14 (13.75%)	19 (18.75%)	30 (30.0%)	22 (22.5%)	15 (15.0%)	100
		Uttarandhra	14 (13.75%)	18 (17.5%)	30 (30.0%)	22 (22.5%)	16 (16.25%)	100

2	<b>Inadequate Profits / Revenue Flow</b>	<i>Coastal Andhra</i>	15 (15.0%)	19 (18.75%)	31 (31.25%)	22 (22.5%)	12 (12.5%)	100
		<i>Rayalaseema</i>	12 (12.5%)	20 (20.0%)	31 (31.25%)	24 (23.75%)	12 (12.5%)	100
3	<b>Lack of Reserves &amp; Financial Buffer</b>	<i>Uttarandhra</i>	12 (12.5%)	16 (16.25%)	31 (31.25%)	24 (23.75%)	16 (16.25%)	100
		<i>Coastal Andhra</i>	14 (13.75%)	19 (18.75%)	32 (32.5%)	22 (22.5%)	12 (12.5%)	100
		<i>Rayalaseema</i>	15 (15.0%)	18 (17.5%)	31 (31.25%)	24 (23.75%)	12 (12.5%)	100
4	<b>Other Problems (Reimbursements, Diversion of Funds, Unexpected Expenditures, etc.)</b>	<i>Uttarandhra</i>	11 (11.25%)	18 (17.5%)	30 (30.0%)	21 (21.25%)	20 (20.0%)	100
		<i>Coastal Andhra</i>	12 (12.5%)	16 (16.25%)	31 (31.25%)	22 (22.5%)	18 (17.5%)	100
		<i>Rayalaseema</i>	15 (15.0%)	16 (16.25%)	32 (32.5%)	21 (21.25%)	15 (15.0%)	100

Source: Field survey

Chart 5

Table-3.24: Reasons for Defaults in Repayment by the Doctors and Nursing Homes (Region-wise Likert Scale)



Source: field survey



### Interpretation:

**1. Burden of Loan Installments:** Doctors across all regions face stress in repaying loan installments, with Rayalaseema showing slightly higher pressure due to high operational costs and competition reducing repayment capacity.

**2. Inadequate Profits / Revenue Flow:** Around 43–45% of respondents across regions report that falling profits—caused by rising expenses and reduced reimbursements—make timely repayment difficult.

**3. Lack of Reserves and Financial Buffer:** Many institutions, particularly in Uttarandhra, struggle due to the absence of financial reserves, driven by high staff wages, maintenance costs, and limited financial planning.

**4. Other Operational Problems:** Delays in insurance reimbursements, diversion of funds for salaries, and expenditure on essential supplies also contribute significantly to repayment defaults.

**Overall Insight:** The analysis reveals that repayment challenges are widespread across regions but are more severe in economically weaker areas like Rayalaseema and parts of Uttarandhra.

### 6.6. THROUGH APSFC FINANCIAL ASSISTANCE - IMPROVEMENT IN QUALITY OF HEALTHCARE SERVICES

APSFC's financial assistance has contributed to the enhancement of healthcare quality by enabling doctors and nursing homes to adopt advanced technology, upgrade infrastructure, and improve service delivery across various regions of Andhra Pradesh.

**Table-6 IMPROVEMENT IN THE QUALITY OF HEALTHCARE SERVICES THROUGH ADVANCED TECHNOLOGY UNDER APSFC FINANCIAL ASSISTANCE**

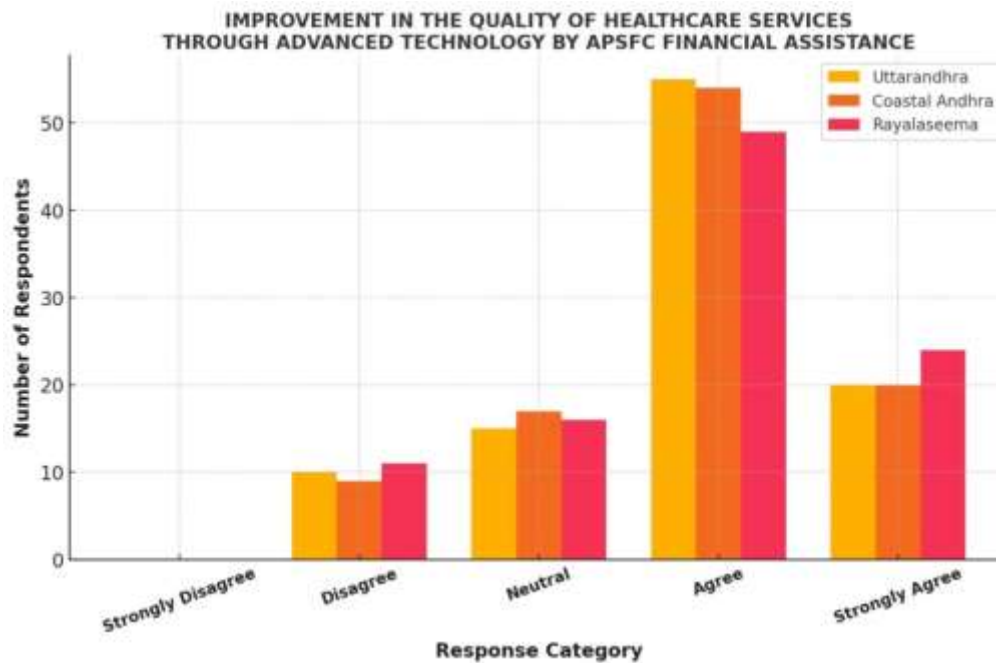
S.No	Parameter	Regions			Total	Percent age (%)
		Uttarandhra	Coastal Andhra	Rayalaseema		
1	Strongly Disagree	0	0	0	0	0.00
2	Disagree	10	9	11	30	10.00



3	<b>Neutral</b>	15	17	16	48	<b>16.00</b>
4	<b>Agree</b>	55	54	49	158	<b>52.67</b>
5	<b>Strongly Agree</b>	20	20	24	64	<b>21.33</b>
<b>Total</b>		<b>100</b>	<b>100</b>	<b>100</b>	<b>300</b>	<b>100.00</b>

Source: field survey

Chart- 6



Source: field survey

The data reveals that a **majority of respondents (52.67%) agreed** and **21.33% strongly agreed** that technological advancement has significantly improved healthcare services. This shows that nearly three-fourths (74%) of the respondents perceive a positive transformation in their healthcare facilities due to technological improvements supported by APSFC.

Only 10% disagreed and 16% remained neutral, indicating that negative or uncertain perceptions were minimal. Furthermore, none of the respondents strongly disagreed, highlighting the unanimous acceptance of the beneficial role of technology in enhancing healthcare quality.





## KEY FINDINGS

1. Awareness of APSFC's Practicing Doctors Scheme is low, as only 17.92% of doctors are fully aware, while the majority has only partial or little Knowledge.
2. Loan processing under APSFC is reported as difficult or very difficult by more than 55% of respondents, with procedural delays and excessive documentation being major hurdles.
3. High interest rates and shortage of fixed/infrastructural capital are the top financial problems for Nursing homes (by nearly 65% respondents)
4. Collateral security requirements pose a barrier, with 28.75% of practitioners identifying this as a major issue.
5. A substantial majority (74%) of the respondents acknowledged that advanced technology has enhanced healthcare service quality, emphasizing its positive contribution to medical practice.
6. Across all three regions, the burden of loan installments is a serious concern, but it is closely linked to profit inadequacy, competing priorities, and corporate competition.

## FINDINGS WITH RELEVANT SUGGESTION MODEL

### 1. Finding: Low awareness of APSFC's Practicing Doctors Scheme

#### **Suggestion Model – AI Awareness Engine**

- Develop an AI-based awareness & engagement platform integrated with APSFC's portal + mobile app.
- Features: geo-targeted notifications, real-time scheme updates, automated webinars for doctors, AI chat bots for FAQs.
- **Innovation Edge:** Platform collects live awareness data (heat maps) to optimize outreach

### 2. Finding: Loan processing delays & excessive paperwork

#### **Suggestion Model – Digital Single Window Loan System**

- A blockchain-enabled single window platform for uploading documents once.
- AI cross-verifies with govt. databases (Aadhaar, GST, PAN, Medical Council).
- Smart contracts trigger auto-sanctions when eligibility is confirmed.
- **Innovation Edge:** No duplicate paperwork, 80% faster approvals.

### 3. Finding: High interest rates & shortage of capital



### **Suggestion Model – Dynamic Interest & Capital Booster Model**

- AI algorithm monitors repayment performance → reduces interest automatically for compliant borrowers.
- Introduce a Capital Booster Fund (co-financed by govt./CSR) for small hospitals.
- **Innovation Edge:** Performance-linked financial relief, encouraging ethical repayment.

#### **4. Finding: Collateral security issues**

### **Suggestion Model – Smart Collateral Substitution Framework**

- Replace traditional collateral with digital health assets (EHR database, hospital equipment valuation, patient base analytics).
- Use IoT-based valuation of hospital machinery to track collateral value.
- **Innovation Edge:** Moves beyond land/property → futuristic collateral models.
- A substantial majority (74%) of the respondents acknowledged that advanced technology has enhanced healthcare service quality, emphasizing its positive contribution to medical practice.

#### **5. Finding: Impact of Technology on Healthcare Quality**

A substantial majority (74%) of respondents reported that advanced technology has improved healthcare service quality.

#### **6. Finding: Weak recovery performance**

### **Suggestion Model – Smart Recovery & Repayment System**

- AI repayment reminders via SMS/WhatsApp + flexible repayment schedules.
- Integrate financial literacy modules within APSFC app.
- Use block chain-based tracking for loan utilization → transparency in fund flow.
- **Innovation Edge:** Predictive recovery alerts + blockchain accountability.

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