ISSN: 2278-4632
Vol-15, Issue-09, September: 2025

FINANCIAL ASSISTANCE BY APSFC TO PRACTICING DOCTORS AND NURSING HOMES IN ANDHRA PRADESH

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ABSTRACT

The Indian Healthcare has become one of India's largest sectors, and an engine for Indian economic development both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The healthcare sector in Andhra Pradesh is experiencing significant development with a focus on improving quality, access, and responsiveness of public health services. The state government is actively reinventing delivery models to bring healthcare closer to citizens and encouraging both public and private sector participation. In this process health care sectors required financial assistance its full fill by some of the financial institutions like APSFC is also recognized for its strong private healthcare Schemes and has been a leader in implementing health schemes. In this paper discuss about APSFC providing financial assistance for practicing doctors and nursing homes in Andhra Pradesh can come from various sources, including government schemes. These options cater to different needs, such as starting a new practice, expanding existing facilities, or managing day-to-day operations.

Key points: *Health Sector, Practicing Doctors and Nursing Home, APSFC Financial Assistance.*

1.1. INTRODUCTION

The Indian Healthcare has become one of India's largest sectors, and an engine for Indian economic development both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian healthcare sector is growing at a brisk pace due to its strengthening coverage, services, and increasing expenditure by public as well as private players.

Healthcare industry continued its healthy growth in FY23 and reached a value of US$ 372 billion driven by both the private sector and the government. As of Financial Year 2024, the Indian healthcare sector is one of India's largest employers as it employs a total of 7.5 million

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people. Progress in telemedicine, virtual assistants, and data analytics is expected to create 2.7-3.5 million new tech jobs. India's public expenditure on healthcare is expected to be 1.9% of GDP in 2026, compared to 2.5% in 2025, as per the Economic Survey 2024-25. As on January 20, 2025, 36 States/ UTs have set up 53 Tele MANAS Cells and have started tele mental health services. More than 17.6 lakh calls have been handled on the helpline number. The government announced Rs. 9,406 crore (US$ 1.08 billion) outlay for PMJAY in the Union Budget 2026, an increase of 28.8% from budget 2025. India's pharmaceutical industry is anticipated to undergo significant growth, with exports projected to reach Rs. 30,76,500 crore (US$ 350 billion) by 2047, representing an increase of 10 to 15 times from current levels of Rs. 2,37,330 crore (US$ 27 billion). As on January 20, 2025, more than 73 crore Ayushman Bharat Health Accounts (ABHA) have been created successfully and there are more than 5 lakh health professionals registered. Between April 2000-September 2024, the FDI inflow for the drugs and pharmaceuticals sector stood at Rs. 2,00,148 crore (US$ 23.04 billion).

Investment in this sectors such as hospitals and diagnostic centres and medical and surgical appliances stood at Rs. 97,208 crore and Rs. 32,403 crore respectively, between April 2000-September 2024. India's healthcare workforce has already exceeded 6 million as of Current Year 2024. However, this represents only the beginning, as the sector is anticipated to experience substantial growth, with over 6.3 million additional jobs expected by in future 2030. The health-tech sector is set for significant expansion, with hiring projected to rise by 15-20% in 2024, reflecting the increasing demand for innovative healthcare solutions and the integration of technology in medical services. As per information provided to the Lok Sabha by the Minister of Health & Family Welfare, Dr. Bharati Pravin Pawar, the doctor population ratio in the country is 1:854, assuming 80% availability of 12.68 lakh registered allopathic doctors and 5.65 lakh AYUSH doctors.

At the same time this sectors has been lending funds from different institution to expansion of their services and development. In India there are many lenders working to feed financial and capital requirement for health care sectors like SFCs, MSME, PMMY, SIDBI, SMILE for MSMEs, Venture Capital Funds, IDBI, all commercial banks and NBFCs, etc. Among all, State Finance Corporations (SFCs) are the major players, funding to SMEs and providing capital to SMEs. The State Finance Corporation (SFC) Act, 1951, was enacted with the object of providing medium and long-term financial assistance to Health care sectors; ensure

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economic growth with accent on balanced regional health growth and widening of the clinical and nursing based through encouragement of new doctors in the country.

The APSFC primarily focuses on providing financial assistance to small and medium- scale industries in Andhra Pradesh, not specifically on healthcare financing. It operates under the State Financial Corporations Act, 1951, and its main role is to promote industrial development in the state by offering loans and other financial services. While APSFC does not directly finance healthcare, it can indirectly support the sector through loans to businesses involved in healthcare-related activities, such as Practicing Doctors and Nursing homes, Goods or services to hospitals, clinics, or other healthcare facilities. Medical equipment suppliers or hospital construction, This could include loans for medical equipment, construction of healthcare infrastructure, or working capital for healthcare-related businesses.

1.2. REVIEW OF LITERATURE

Subba Lakshmi Tirukoti (2018) Health System in Andhra Pradesh: A District-level Analysis in their article entitled The government of AP has been implementing various health sector reforms such as expansion and upgradation of public health facilities; improvement of the access of poor to quality medical care; and provision of primary-, secondary- and tertiary-level healthcare facilities.

Andhra Pradesh Health Systems Strengthening Project April, 2019 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 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.

NITI Aayog Health Sector Report (2021)The present report is an outcome of this evaluation study and presents an analysis of the Health Sector. The Government of India (GoI) spends close to Rs. 14 lakh crores annually on development activities, through nearly 750 schemes implemented by Union Ministries. To improve the effectiveness and efficiency of public finance, and the quality of service-delivery to citizens, all schemes have been mandated to undergo third party evaluations, to provide an evidentiary foundation for scheme continuation

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from 2021-22 to 2025-26. In 2019, the Development Monitoring and Evaluation Office (DMEO), NITI Aayog was assigned the task of evaluating 28 Umbrella Centrally Sponsored Schemes (UCSS), which are schemes/programmes funded jointly by the Centre and the States and implemented by the States.

K. Sundar Raju (2021) in his study Dynamics of Public Health Care System in Andhra Pradesh - A Review the Public Health is crucial for the development of any society. But the accessibility of free public health services is still a problem in India. There are many reasons for this. Low investments in the public health sector, lack of trained personnel like doctors and nurses, poor infrastructure, unscientific thinking of public, lack of awareness etc are the problems for the low capacity of public health sector in the country. In the same way Andhra Pradesh is also facing various problems in this segment. But one positive thing is that the Aarogya Sri Scheme.

K Kantha Rao (2023) in his article titled A Study on the Health care Delivery System In Andhra Pradesh Man's greatest asset is his health. It is the origin of man's joy. Nothing may be deemed to be of greater importance in terms of resources for socioeconomic growth than the general well-being of the populace. A financial investment in one's health is a growth of the nation's human resources is essential.

Financial sustainability in healthcare sector February (2024) Report revealed that The healthcare delivery system has demonstrably improved health outcomes. Life expectancy has risen to 70.1 years, infant mortality rate has declined, and communicable diseases are better controlled. Vaccination campaigns and public health initiatives have played a crucial role. Post pandemic, people have become more conscious of leading a healthy lifestyle and prioritizing preventive health.

Financing and Funding Indian Healthcare: 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.

1.3. NEED FOR THE STUDY

India, on the eve of Independence, human health care safety and affordable healthcare have emerged as major concerns all over the India. And realized the importance of health care services in rural and urban areas. Healthcare[1] in India has been challenged by the issues of

[1] Healthcare in India: Current state and key imperatives Review of National Health Policy 2015 (draft)

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affordability and accessibility to quality healthcare. With around a quarter of the population living below poverty line and around 70 per cent dwelling in rural areas, and providing healthcare to these section of society should be central to policies being drafted by the government. This system can inspire statewide policymakers to adopt a social health security in urban and rural of Andhra Pradesh. That aspires to deliver healthcare across four pillars - availability, affordability, accessibility and acceptability.In this connection practicing doctors and nursing home were paly an important role to providing the health assistance to the society. At the same time this sector facing financial problems to strength the services. In the part of financial institutions APSFC is providing financial assistance for the development of health care services in the Andhra Pradesh.

1.4. STATEMENT OF THE PROBLEM

Andhra Pradesh, with its vast population and diverse geography, boasts a complex healthcare system facing a multitude of challenges while simultaneously witnessing remarkable progress. The healthcare delivery system has demonstrably improved health outcomes. Life expectancy has risen to 70.1 years, infant mortality rate has declined, and communicable diseases are better controlled. Vaccination campaigns and public health initiatives have played a crucial role. Health care sector (MSMEs) have played and continue to play a significant role in the hospitalization services expansion of many Cities India. In the case of India they are crucial for the success of "Aarogya Bharath' ambition of the Prime Minister of the country. In this study, the discuss their problems in descending order include managerial, access to institutional credit, inconsistent policies in health care system by the government, availability of quality infrastructure, and analyze the challenges faced by the healthcare system. At the same time health care sectors faces shortage of trained and skilled doctors and manpower and low subsides high collateral securities to establishing nursing home in Andhra Pradesh as well as India.

APSFC was incorporated in 1956 with the mission of providing financial assistance to the doctors and nursing homes (service sectors) in the form of sanctions and disbursements. It would be appropriate to make an in depth probe to find out its financial assistance to the health care sectors (MSMEs). Hence this research study assumes significance as it moves in that direction.

1.5. OBJECTIVES OF THE STUDY

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The present study endeavors to appraise the contribution of APSFC in Financing of health care services sectors (MSMEs) in Andhra Pradesh State. The following are the specific objectives of the present study:

1. To review of APSFC's financial assistance, including sanctions, disbursements, and recoveries in APSFC's Practicing Doctors Scheme in Andhra Pradesh.
2. To suggest feasible ways and means for enhancing the overall performance of the APSFC in Practicing Doctors & existing nursing homes in AP.

1.6. SCOPE OF THE STUDY

The scope of the study is confined to the financial assistance provided by APSFC to the health care service sectors (MSMEs) in Andhra Pradesh over a period of 10 years between 2014-15 and 2023-24.The analysis and interpretation are quantitatively based. Health care service sector (MSMEs) in the three regions of the state viz, Coastal Andhra, Rayalaseema and North Andhra (Vishakhapatnam) are analyzed in the assistance dimension. A fourth region, capital region comprising Vijayawada, Guntur and Amravati is added to find out the impact of capital and peripheral areas in coastal region. While analyzing the secondary data from different dimensions.

1.7. RESEARCH METHODOLOGY

The present research is an empirical study of the APSFC, for which the following methodology is adopted.

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 240 health care services MSMEs units (Nursing homes) are taken as sample from selected districts, VIJAYAVADA, VISHAKAPTNAM, and ANANTAPURAM of Andhra Pradesh. These three districts represent North Andhra, Coastal Andhra and Rayalaseema regions of the state. Primary data has been collected through a structured questionnaire and personal observations are noted separately.

The secondary data is extracted from annual reports, and publications of APSFC. Moreover attempts are also made to consult Doctors/Nursing and APSFC Branch Managers to secure information from the published and unpublished research reports in choosing field study. Some pertinent literature was also drawn from Ministry of health care system India, Andhra Pradesh Vaidya Vidhana Parishad, Rajiv Arogya Sri Health Insurance Scheme (RAHIS)

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journals, news papers. Discussions were also held with the officials of the DM&HO Officials in the selected districts.

Tools and Techniques of Analysis

In the present study the data collected is tabulated by using different statistical tools. The list of health care services MSMEs units available with the APSFC is not comprehensive as many health care Service sector units were closed. The processed data were arranged in various tables with a view to providing a better understanding about APSFC Role in Financing Health Care MSMEs in Andhra Pradesh (a special focus on practicing doctor's scheme). Statistical tools and techniques have been used in the study for the analysis of primary and secondary data.

Period of the Study

The present study covers the latest 10 years period 2014-2015 to 2023-2024 so that it would be possible to arrive more meaningful findings and conclusions in focusing the attention on the working of Health care Nursing Homes (MSMEs) units of the selected districts.

1.8 SANCTIONS, DISBURSEMENTS AND RECOVERIES BY APSFC DURING THE 2014-15 TO 2023-24.

The APSFC division occupied a prominent place among all SFCs in the country because of its praiseworthy performance in the areas of sanctions and disbursements. The detailed information regarding the sanctions and disbursements made by APSFC is furnished in Table.1.1 The purpose of this analysis is to examine the trend in sanctions, disbursements and disbursements ratio achieved by the Corporation in its efforts to promote industrial growth during the study period. The table reveals that, during the period under study, the growth in respect of sanctions and disbursements is satisfactory. This situation may be because of high resource mobilization and recovery of loans by APSFC.

Data in the table 4.1 reveals that sanctions in absolute terms have decreased from Rs 69458.99 lakhs to Rs. 59749.90 between 2014-15 and 2023-24, but in 2015-16 and 2016-17 sanctions Decreased then remaining years of the study period like Rs 126198.73 Lakhs and Rs. 99950.36 lakhs respectively during 2017.18 period shows some positive increased to Rs 1,03,186.63 Lakhs during 2019-20. Again sanctions have decreased Rs. 30,926.15 Lakhs and during the period 2021-22 increased Rs. 49,162.96 lakhs.. In percentage terms year on increases have been in the range of 32 to 44 up to 2016-17 followed by a negative increase of 12.1 percent during 2017-18 followed by a negative increase of 12.1 percent. during 2019-20. Positive growth

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rates in sanctions continued during 2022-23 and 2023-24 at 10.12 and 31.73 percent followed by 1.26 percent of positive growth The trend in the growth rate of sanctions has not been uniform recording negative percentages in 3 of the 10 years of study. When compared to the base year sanctions the terminal year sanctions registered a growth rate of 183.05 percent. It implies that the sanctions have decreased significantly during the period of study.

Table- 1.1

Trends In Amounts of Sanctions, Disbursements and Recoveries of State Financial Corporation Andhra Pradesh from MSMEs and practicing doctors Nursing Homes During The Period 2014-15 To 2023-24

(₹ in lakhs)

Year	Sanctions	Percentage	Disbursements	Percentage	Recovery	Percentage
2014-15	69458.99	9.44	67385.96	12.15	121402.37	12.08
2015-16	126198.73	17.16	75811.15	13.14	127338.76	12.67
2016-17	99950.36	13.59	72851.69	13.67	117476.78	11.69
2017-18	103186.63	14.03	71341.86	12.86	121892.06	12.13
2018-19	75567.62	10.27	59750.86	10.77	101846.58	10.13
2019-20	30926.15	4.20	28110.92	5.07	93311.42	9.28
2020-21	43765.62	5.95	32999.61	5.95	88093.69	8.76
2021-22	49162.96	6.68	35131.19	6.33	87921.41	8.75
2022-23	77446.37	10.53	54901.40	9.90	78605.27	7.82
2023-24	59749.90	8.12	56120.42	10.12	66787.32	6.64
TOTAL	**7,35,413.33**	**100**	**5,54,405.06**	**100**	**10,04,675.6**	**100**

1. ***Source:*** Sanctions, Disbursements and recoveries by APSFC during the 2014-15 to 2023-24. Every Year annual reports of APSFC In Key Result Areas (Sanctions, Disbursements, Recoveries & Profit) Every Annual Reports of APSFC Table No 20 Page 78.

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Sanctions are the amounts approved by the Corporation to the loan applicants and they differ from disbursements. The actual amounts provided by the Corporation to the borrowers are known as disbursements. Data in the table shows that disbursements have gradual increased from Rs 67,385.96 lakhs to Rs. 71341.86 Lakhs in absolute terms between 2014-15 and 2017-18. However they increased toRs. 75,811.15 Lakhs during 2015-16, the termed year. The year on growth rates in disbursements have been negative in ten years of study continuously though in the terminal year a negative growth rate of 7.21 is noted. The trend is disbursements has been decreased from year to year.

Recoveries are the amounts paid back by the borrowers to the corporation and they include interest along with component of principal. They add to the cash flow of the Corporation and also indicate the financial health of the borrower units. Data reveals that recoveries have increased in 2014-15 and 2015-16 Rs. 121402.37 lakhs to Rs. 127338.76 lakhs respectively. Between 2015-16 to2017-18 recoveries are positive growth, the study period. Recoveries have registered year on increases and decreased consistently at varying levels. The trend in recoveries has been positive during half the period and remaining the study period negative in 2023-24 decreased Rs. 66787.32 The growth rate in recoveries in the terminal year over the base year is 120 percent. It implies that the Corporation has been effective in monitoring the borrower units as to the aspect of repayment of loans.

1.9. THE LOAN AMOUNTS APPLIED FOR (MSMES) AND SANCTIONED BY APSFC

Loan amounts applied for by the Micro Small and Medium Enterprises (MSMEs) and Sanctioned by the APSFC Telangana division are analyzed in the Table-1.2. This analysis reveals the extent to which the financial assistance is made available to the industrial units.

Table- 1.2

Loan Amount Applied For (Msmes And Practicing Doctors And Nursing Homes) And Loan Amount Sanctioned By Apsfc During The Period Of 2014-15 To 2023-24.

(₹ in lakhs)

Year	Loan Amount Applied		Loan Amount Sanctioned		4 As Percentage of 2	5 As Percentage of 3
	No of applications	Amount	No of applications	Amount		
1	2	3	4	5	6	7
2014-15	**1040**	**69459**	**908**	**39625**	**(87.30)**	**(57.04)**
2015-16	**1008**	**126199**	**852**	**87302**	**(84.52)**	**(69.17)**
2016-17	**830**	**9950**	**729**	**71184**	**(87.83)**	**(71.41)**
2017-18	**719**	**103187**	**637**	**82647**	**(88.59)**	**(80.09)**
2018-19	**498**	**75568**	**410**	**46534**	**(82.32)**	**(61.57)**
2019-20	**267**	**30926**	**198**	**2864**	**(74.15)**	**(59.26)**
2020-21	**572**	**43766**	**521**	**32523**	**(91.08)**	**(74.31)**
2021-22	**500**	**49163**	**427**	**31008**	**(85.4)**	**(63.07)**
2022-23	**520**	**77446**	**477**	**68804**	**(91.7)**	**(88.8)**
2023-24	**412**	**59750**	**359**	**42879**	**(87.1)**	**(71.7)**

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2. *Source:* The Loan Amounts Applied for (MSMEs) and Sanctioned by APSFC Industry-wise Classification of Term Loans Sanctioned (Effective) and Disbursed during the year 2023-24. TABLE NO 02 PAGE NO 61&65.

The applied loan amounts in the table 1.2 indicate the demand for loan assistance from the side of the entrepreneurs and doctors where as the sanctioned amounts indicate the extent to which the demand is satisfied by the corporation. Number of loan applications show the number of loan seeking nursing homes and entrepreneurs. In the years 2014-15 and 2015-16 has become a constraint leading in increasing the number of application 1040 and 1008 respectively. In the study period of ten years applied units were decreased year on year from 2016-17 to 2023-24 constantly decreased

Data shows that the number applications have been in the range of 1040-1008 in majority of the years except in 2014-15, ,2015-16, during which year the applications were in the range of 1040-1008. Remaining period has shows negative range sanctions of amount also except 4 years shows decreased position in the sanctions. It implies that the applications for loans have been relatively more in three (4) years, 2014 to 2018. APSFC has considered the applications and sanctioned loans to more than 1000 applications in majority of the years of the study except in 2014-15 and in 2023-24.

1.10. FINANCIAL ASSISTANCE BY APSFC TO PRACTICING DOCTORS & EXISTING NURSING HOMES FOR ACQUIRING FIXED ASSETS

The Corporation has provided financial assistance practicing doctors and nursing homes in the acquiring fixed assets for Nursing homes. Loan gross sanctions and effective sanctions vary from disbursements. Particulars of sanctions and disbursements employment generation in the health care sectors during the study period are furnished in table 1.3 here under

As per the data in the table 1.3 reveals of the number of clinic and gross sanction, disbursement by APSFC in the during the period of the study year on year no of nursing homes establishments and its sanctions of term loans decreased from 208 to 123 Rs. 7143 lakhs to Rs. 4672 lakhs. 942 nursing and hospitals and Rs.33877 lakhs between 2016-17 - 2023-24. However, in 2016-17 208 Rs,7143 lakhs sanctions decreased marginally then initial year to present year of the study period. 2016-17, 2017-18, and 2022-23 units and its sanctions were marginally satisfaction in the effective sanctions of the corporation remaining period has decrease between 50 ercent to 30 percent of growth rate. Further, sanctions of out put value and employment generation were satisfactory. Disbursements in 2016-17 were Rs. 6747 lakhs and

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they decreased regularly up to 2021-22 to touch Rs 1746 lakhs, remained constant in 2021-22 and increased to Rs. 3133 lakhs to Rs.4659 in 2021-22 and 2023-24. The growth rate in disbursements is 31 Data shows that the corporation has provided mostly effective sanction and the value of output and employment growth rate is constant on year on year of the study period.

Table-1.3
Financial Assistance by APSFC to practicing Doctors & Existing Nursing Homes for acquiring fixed Assets

(Amount Rs. In Lakhs)

S.No	Year	Gross Sanctions		Effective Sanctions		Disbursements		Value of output	Employment generated
		No.	Amount	No.	Amount	No.	Amount	Amount	No.
1	2016-17	208 (22.08)	7143 (21.08)	207 (22.40)	6950 (21.00)	201 (26.24)	6747 (21.74)	15321 (29.92)	1631 (19.98)
2	2017-18	151 (16.09)	5557 (16.40)	148 (16.01)	5470 (16.53)	134 (17.49)	4908 (15.8)	742 (1.44)	1172 (14.36)
3	2018-19	105 (11.14)	3518 (10.38)	101 (10.93)	3417 (10.32)	111 (14.49)	3461 (11.15)	5330 (10.40)	929 (11.38)
4	2019-20	55 (5.83)	1679 (4.95)	52 (5.62)	1570 (4.74)	57 (7.44)	1782 (5.74)	2804 (5.47)	452 (5.53)
5	2020-21	68 (7.21)	2458 (7.25)	67 (7.25)	2417 (7.30)	51 (6.65)	1746 (5.62)	3723 (7.27)	598 (7.32)
6	2021-22	87 (9.23)	3011 (8.88)	86 (9.30)	2981 (9.00)	89 (11.61)	3133 (10.09)	3955 (7.72)	701 (8.59)
7	2022-23	145 (15.39)	5839 (17.23)	141 (15.25)	5627 (17.00)	123 (16.05)	4596 (14.81)	11265 (22.00)	1433 17.56)
8	2023-24	123 (13.05)	4672 (13.79)	122 (13.20)	4657 (14.07)	126 (16.46)	4659 (15.01)	8064 (15.74)	1244 (15.24)
Total		**942**	**33,877**	**924**	**33,089**	**766**	**31,032**	**51,204**	**8,160**

4.Sources: Sanctions (Gross & Net Effective), Disbursements Every Annual Reports Of APSFC Table No. 9 Page No.22

1.11. FINANCIAL ASSISTANCE BY APSFC TO HOSPITALS, NURSING HOMES IN AP

At the same time corporation has been providing different hospital schemes in the state in this connection the financial assistance to nursing homes required for the hospital development. The gross sanctions and disbursements show in the period of the study here under table 1.4.

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Table-1.4
Financial assistance by APSFC to Hospitals, Nursing Homes in AP
(Amount Rs. In Lakhs)

S.No	Year	Gross Sanctions		Effective Sanctions		Disbursements		Value of output	Employment generated
		No.	Amount	No.	Amount	No.	Amount	Amount	No.
1	2016-17	35 54.6	1481 (62.46)	35 (54.68)	2214 (71.92)	36 (102.85)	1592 (61.82)	916 (41.13)	222 (53.49)
2	2017-18	17 18.5	471 (19.86)	17 (26.56)	471 (15.30)	16 (45.75)	729 (28.98)	211 (9.47)	79 (19.0)
3	2018-19	5 (7.8)	120 (5.06)	5 (7.81)	120 (3.89)	6 (17.14)	170 (6.60)	770 (34.57)	50 (12.0)
4	2019-20	5 (7.8)	239 (10.08)	5 (7.81)	213 (6.92)	1 (2.8)	24 (0.93)	230 (10.32)	48 (11.56)
5	2020-21	2 (3.12)	60 (2.53)	2 (3.12)	60 (1.94)	2 (5.71)	60 (2.33)	100 (4.49)	16 (3.8)
6	2021-22	0	0	0	0	0	0	0	0
7	2022-23	0	0	0	0	0	0	0	0
8	2023-24	0	0	0	0	0	0	0	0
Total		**64**	**2,371**	**64**	**3,078**	**35**	**2,575**	**2,227**	**415**

5. sources: Every Annual Reports Of APSFC Table No. 9 Page No.22

The above table-1.4 data shows of the number of clinic and gross sanction, disbursement by APSFC in the during the period of the study year on year no of nursing homes establishments and its sanctions of term loans decreased from 35 to 2 Rs. 2214 lakhs to Rs. 60 lakhs. 35 nursing and hospitals and Rs. 2,575 lakhs between 2016-17 - 2020-21. However, sanctions decreased marginally then initial year to present year of the study period. 2016-17, 2017-18, and 2022-23 units and its sanctions were marginally satisfaction in the effective sanctions of the corporation remaining period has decrease between 25 percent to 17 percent of growth rate. Further, sanctions of output value and employment generation were satisfactory.

Disbursements in 2016-17 were Rs.1592 lakhs and they decreased regularly up to 2020-21 to touch Rs 60 lakhs, remained constant in 2021-22 and decreased to zero. In 2021-22 and 2023-24. The growth rate in disbursements is decreased. Data shows that the corporation has provided mostly effective sanction and the value of output in initial year is 916 and in 2020-21

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100 the growth rate is 12 to 57 percent between 2017-18 to 2018-19. However in Employment growth rate is 222 remaining years constantly decreased on year on year of 2017-18 to 2020-21 79 and 60 respectively in the study period.

1.12 FINDINGS & SUGGESTIONS

1. APSFC has been effective in its performance during 2014-15 and decreasing performance from initial year to present year as sanctions and disbursements have decreased. However, the growth rate has not been uniform from year to year sanctions. During the referral period in 2014-15 Rs.69458.99 (9.44) sanctions Rs. 67385.96(12.15) disbursements and recoveries were Rs. 121402.37 (12.08) have been provided to units. its shows loans sanctions and recoveries were gradually decreased from 2014-15 to 2023-24.
2. The Corporation has provided loans by more than 75 percent of applied amount which is significant applicants in Andhra Pradesh.
3. In research period (1.3) 8,160 employments were generated in the during the period 2016-17 to 2023-24 and also output values were satisfactions in the study period 51,204.
4. APSFC has been effective in its performance satisfactory of practicing doctors and nursing homes in AP because during 2014-15 to 2021-22 as sanctions and disbursements have satisfactory by 30 to 50 percent. However, the growth rate has not been uniform from year to year. During the referral period 2016-17 to 2023-24 (942) applicants have been provided loans every year except 2014-15 and 2015-16.
5. APSFC, as a nodal agency has initiated Different schemes to promote entrepreneurship in the practicing doctors and nursing homes at the same time encourages service sectors like Rehabilitations center, Hotels and Motels.

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SUGGESTIONS

1. To need the plan encouraged more practicing doctors and nursing homes in the semi-urban metropolitan cities to reduce the pressure on recovery payment of Nursing homes automatically balance of payment performance of recoveries in coming periods.
2. To provide the more Health care schemes to improve the loan applicants as well as employment generate in healthcare sector.
3. Major problems of APSFC is recoveries from practicing doctors and nursing homes due to heavy collateral secures and high interest rate of APSFC in this connection reduces the prospects and issues.
4. To encourage the practicing doctors and nursing homes in backward districts also and improve the loan sanctions and disbursements.
5. APSFC take More initiate to conduct the campaigns or advertising about the awareness programmes of services schemes like doctors schemes as well as rehabilitations, hotels, motels and service sectors automatically improve the profit marginalization from service sectors side.

1.13. CONCLUSION

The analysis on the financial assistance to practicing doctors and nursing homes by the Corporation reveals that new projects and expansion programmes have received constantly. financial assitsance from the Corporation though replacements purpose has also received cosiderable amounts decreased. However, other purpose are insignificant in getting financial assistsnce. The increases in sanctions and disbursements to the health sector between the base and terminal year are 280 and 242 percent indicating the importance attached to this sector by the Corporation. The central government and state has introducing the different types of practicing doctors and nursing homes schemes for encouraging the yong doctors and new hospital in the state.

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