3. Objectives.
   1) To study the structure of Public Health System in Maharashtra – Its strengths and weaknesses, if any.
   2) To compare Maharashtra’s Public Health System with a select other states- both according to cost and delivery.
   3) To understand the grievances of stakeholders, if any.
   4) To suggest ways to improve the delivery systems and the cost involved.
   5) To suggest ways to refurbish the image of Public Health System in Maharashtra.

   1) The cost of Maharashtra’s Public Healthcare System is same as in other states of the country.
   2) The delivery system of Healthcare in Maharashtra is the best in the nation.
   3) The Health delivery system in all the regions of the state is equally efficient.

5. Methodology.
   The methodology includes use of secondary data as well as primary data.

   Primary data.
   1) Five PHCs from the list of PHCs in Maharashtra (One each) to be selected are:
      One from Konkan, One from Western Maharashtra, One from North Maharashtra, One from Marathawada and one from Vidarbha. This will be done to study the difference in reactions due to distance from the state capital-Mumbai which is provider of best medical facilities in the state.
   2) Hundred villagers each from the areas surrounding these 5 PHCs to be selected at random and to be interviewed using structured questionnaires, asking them as to what are the common diseases in the area, the facilities available at the local PHC and what needs to be done to improve its working.
   3) The doctors working at these PHCs to be interviewed in an informal way to know the difficulties they face in discharging their duties and how the whole job of providing succour to the villagers arriving at PHCs can be made more transparent and cost efficient without compromising on quality.
   4) Local leaders and opinion makers to be also interviewed (Around 50 persons selected at random) to gauge their opinion as to what ails PHCs in their neighbourhood and what needs to be done to improve its delivery system.
5) Two top Health Ministry Officials to be informally interviewed to know their reactions to the suggestions and criticisms of the ultimate user of PHCs (The ubiquitous Aam adami)

**Secondary data:**
Secondary data to be collected from various sources such as:
1) The research papers published by experts like Dr. Duggal
2) Government of Maharashtra publications.
3) Website of Ministry of Health.

The data collected will be compiled and analysed using SPSS package.

6. **Scope of the study.**
Healthcare is an important function of governance. Since Maharashtra is a very huge state it is not possible to undertake the study of entire rural population in full. The study is based on the representative samples drawn from five PHCs from different regions.

7. **Utility of the study.**
The data collected, analysed and extrapolated will give a true state of rural healthcare in Maharashtra. The deficiencies if any will help upgrade the rural healthcare in terms of delivery system and cost.

8. **Limitations of the study.**
1) The population of rural Maharashtra is very large and it’s not possible to have large population sample. Hence the research will be based on the data collected for the sample data.
2) Due to logistic constraints the researcher will limit the study to five villages of Maharashtra from various regions.

9. **Chapter Scheme for proposed Thesis**
1. Introduction
   1.1 Review of literature
   1.2 Objective
   1.3 Hypothesis
   1.4 Methodology
   1.5 Scope
   1.6 Utility
   1.7 Limitations
2. Public Healthcare System
3. Analysis of data
3. Healthcare in Maharashtra
4. Analysis of data
5. Recommendations and suggestions
6. References.