**Day 3 Project report**

**Project name:** Health care

**Group:** Team B

**Team leader:** Achintharya A Patil

**Members:**

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| --- | --- |
| **Task/Problem statement** | **Name** |
| 10 | Achintharya |
| 13 | Kapil |
| 11&12 | Aryan Naik |
| 14 | Ardhendu Debnath |

**Objective:** This project involves cleaning and analyzing hospital data to gain insights and make informed decisions regarding healthcare facility disparity and government hospital planning. This involves fixing headers to make them more understandable, standardizing State/UT names across datasets, visually representing the availability of hospital beds per 10,000 people, identifying states with the least amount of beds for their population, and recommending states for setting up new government hospitals based on available data. Additionally, it includes updating date formats and ensuring code reuse for consistent data processing across hospital datasets. The ultimate goal is to provide actionable insights and recommendations to address healthcare needs effectively.

Problem Statement 10: (Fix the header)   
Problem Statement 11: (Create a function to alter the data to create uniformity)

Problem Statement 12: (Analyze Healthcare facility disparity)

Problem Statement 13: (Multi-line header)

Problem Statement 14: (Data update and code reuse)

**Processes done:**

1. Loaded dataset using pandas.
2. Selected required columns.
3. Renamed columns.
4. Filled missing data of one column using other columns.
5. Merged two datasets.
6. Derived absolute value using percentages and respective data of other dataset.
7. Reported redundant data and compared datasets.
8. Visualized aspects/ columns of dataset.
9. Saved data frames to csv file.

**Outcome:** Enhanced the utility of hospital data for healthcare planning and decision-making. It involved cleaning and standardizing the data by fixing headers, addressing inconsistencies in State/UT names, and updating date formats. Insights are gained by analyzing healthcare facility disparities, visualizing hospital bed availability per 10,000 people, and identifying states/UTs with the least beds per population. Recommendations are provided for setting up new government hospitals based on data analysis. Ultimately healthcare resource allocation was optimized and access to medical services across different regions was improved.