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AN ECONOMIC ANALYSIS OF RURAL PUBLIC HEALTH SERVICES IN KOLHAPUR DISTRICT



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Abstract::-The present paper is entirely based on secondary data to analyse the economic economical factors and financial management of public health care system and its impact on the health status of people resides in rural area of Kolhapur District. Rural health services are indispensable aspect of primary health care system and it is a responsibility of the government to provide health care services to rural area. To accomplish the health care requirements of the rural area the State Government Ministry of Health and Family Welfare have developed a three-tier structure (i.e. Primary Health Centres, Sub-Centres and Rural or Community Hospitals) based on pre-determined population norms to rendering health services to the rural India. Therefore, it is obligatory to analyse economic scenario of rural public health services. The study mainly shows the disparity in expenditure on primary health care services in Kolhapur district.

Keywords: economical factors , management , health care , Community Hospitals.

INTRODUCTION

The expenditure on public health considered as a very necessary social expenditure for the country across the world; whether it may be developing country or a developed one. The public health expenditure is considered an important determinant of economic growth, which has two-way relations with health. Where level of expenditure on health, determines health status, health status also contributes to increase in the level of income as well as increase in health expenditure. The role of State Government in developing a good health infrastructure and assuring good health to every citizen of it becomes very important. However being a Federal Republic, India has chosen federal structure in which there are a clear-cut distinction of the powers and duties of the Central and State Governments. According to Constitution of India, the subject matter of health comes in the State List. The Directive Principles of the Indian Constitution enunciate that, "the state shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties".

The research paper has attempted to study the pattern of public health expenditure, analysed the impact of overall economic facets on the health regarding to rural area of Kolhapur District.

STUDY AREA

Kolhapur district is situated in the extreme southern part of Maharashtra state. It lies between 15° 43' and 17° 17' north latitude and 73° 40' and 74° 42' east longitude. It surrounded by Sangli district to the north, Belgaum district

(Karnataka state) to the east and south and Ratnagiri and Sindhudurg districts to the west. The Sahyadri ranges to the west and Warana River to the north form the natural boundaries. Healthy climate, plain land and good quality of soil, abundant and perennial supply of water made this district prosperous in agriculture.

The district has an area of 7,746 sq km, which is about 2.50 per cent of the total area of the state and a population of 38,74,015 as per the 2011 census. The headquarters of the Kolhapur district is at Kolhapur, which is one of the oldest cities in the country and it was the capital of the former Kolhapur state, a premier state of the Deccan states.

In the sense of rural public health services, the district has 72 Primary Health Centres and 413 Sub-Primary Health Centres and 18 Rural Hospitals, which are providing medical facility to the 24,73,000 (70.19 %) of peoples who reside in rural area.

OBJECTIVE

The main objective of this paper is to analyse the economical scenario of rural public health services in the Kolhapur district.

DATABASE AND METHODOLOGY

The entire study is purely based on secondary data, which is collected through Socio Economic Abstract of Kolhapur district, Zillah Parishad Reports, etc. Statistical techniques like Growth Rate, Compound Growth Rate, Standard Deviation, Coefficient of Variation, etc. are used

the analysed the obtain information. Moreover, the methodology includes the preparation of graphical presentation like multiple line graph, bar graph, pie chart, etc.

DISCUSSION

According to Panchayat Raj system, the Zillah Parishad is the upper level administrative office of the system, which is responsible for health activities in rural area. The functions of Zillah Parishad differ from state to state. However, providing public health services to people resides in rural is the prime duty of Zila Parishad in Maharashtra State. The establishment of Primary Health Centres (PHCs) and Sub-Centres (Sub-PHCs), financial assistance, providing work force and medicines to the PHCs and Sub-PHCs are the functions of Zillah Parishad. The Zila Parishad incurred the funds on health under the head of Public Health.

EXPENDITURE OF ZILLAH PARISHAD ON PUBLIC HEALTH

The following table give an idea about the expenditure of Zillah Parishad on public health of Kolhapur district.

Table 1
Expenditure of Zillah Parishad Public Health

Year	Total Expenditure (Rs. in Lakh)	Expenditure on Health		Per Capita Expenditure on Health (in Rs.)
		Rs. In Lakh	Percentage to Total	
1990-91	10014	401	4.00	18.20
1995-96	16904	1229	7.27	55.80
2000-01	44217	1444	3.27	58.41
2001-02	49190	1556	3.16	61.92
2002-03	48679	1846	3.79	72.28
2003-04	56497	2621	4.64	101.00
2004-05	56768	2907	5.12	110.28
2005-06	61526	1975	3.21	73.80
2006-07	70741	2180	3.08	80.24
2007-08	76310	5535	7.25	200.69
2008-09	91283	8301	9.09	296.57
G.R.	2.0644	5.7486	2.27	5.07738
C.G.R.	8.7803	19.826	10.145	17.983

Source : Socio and Economic Abstract of Kolhapur District of concern years.

The above table shows the public expenditure of Zila Parishad, Kolhapur on public health. During the year of 2000-01 to 2008-09, the total expenditure of Zillah Parishad was increased from Rs. 49,190 lakh to Rs. 91,283 lakh with growth rate of 2.06, while expenditure on public health increased from Rs. 1,444 lakh to Rs. 8,901 lakh with the

growth rate of 5.74. The percentage of expenditure of health to total expenditure increased from 3.27 per cent to 9.09 per cent with many fluctuations and per capita health expenditure increased from Rs. 58.41 to Rs. 296 during the same period.

The compound growth rate is calculated for the year of 2000-01 to 2008-09, which is in the percentage. Considering the growth of total expenditure there has been seen more than two fold increase in the expenditure on health, which was 7.87 per cent and 19.82 per cent respectively. However, the growth percentage of expenditure on health to total expenditure increased by 10.14 per cent and per capita health expenditure was increased with 17.98 per cent. It means the expenditure on health of Zillah Parishad is increased with greater fluctuation. This fluctuation shows dither policy of Zillah Parishad towards health of rural mass.

The Expenditure Incurred By the Primary Health Centres

The expenditure incurred by the PHCs mainly divides under two main heads i.e. recurring expenditure and non-recurring expenditure. Recurring expenditure is that, which arises frequently or after particular time e.g. month, year, etc. It comprises the expenditure on establishment e.g. salary, stationary etc., expenditure on medicines, contingent expenditure. On the other hand, non-recurring expenditure is that expenditure which incurred only one time by the PHCs. It comprises expenditure on equipment and expenditure on building and staff quarters.

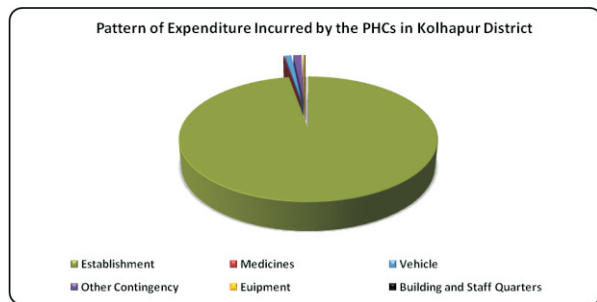
Table 2 indicates that PHCs are incurred maximum share of their funds on recurring expenditure and very less on non-recurring expenditure. In the year of 2008-09 the PHCs in the district incurred Rs. 21,25,76,664 under the recurring head, this head includes the PHCs' expenditure on establishment, medicines, vehicles and other contingency and their share to total recurring expenditure were 97.60 per cent, 0.07 per cent, 1.04 per cent and 1.27 per cent respectively. While Rs. 7,70,449 incurred under the non-recurring head, head includes the expenditure on equipment and building and staff quarters and their share to total non-recurring expenditure were 53.24 per cent and 56.76 per cent respectively.

Table 2
Taluka-wise Expenditure of PHCs in the Year of 2008-09

Taluka	No. of PHCs	Establishment Exp.	Recurring Expenditure			Total Recurring Expenditure (1+4+5+6)	Non-recurring Expenditure		Total Non-recurring Expenditure (7+8)	Total Expenditure
			Medicines	Vehicles	Other Contingency Exp.		Equipment	Building and Staff Quarters Exp.		
1	2	3	4	5	6	7	8	9	10	
Alta	4	933676	6000	25769	51338	965283	0	0	965283	
Bhadrapad	5	1023833	3972	7972	10155	1042256	0	10215	1042256	
Chandgad	6	13622478	47256	29120	126842	15231676	60899	160000	15491575	
Dudhagaon	5	10007980	528	118785	83660	10226753	19296	18760	10245709	
Gajap Bhandra	2	450426	2025	10000	48500	455351	0	0	455351	
Halkarnagda	9	2803469	9036	72215	92013	2903683	238000	0	2903683	
Kajal	5	17536798	9000	246832	59910	17842740	0	0	17842740	
Karve	9	3664903	9715	9902	40158	3714598	235733	37664	2748325	
Parbhada	6	2301299	23924	25972	106509	2342104	0	0	2342104	
Rahangad	6	2008847	14304	29242	44780	2043273	0	162192	2043273	
Shubarnadi	6	21667713	27554	24287	139293	22077847	0	0	22077847	
Shimol	7	2216284	1996	259784	12234	2249502	0	4029	2249502	
Total (District)	72	20748612	157658	2220259	2799135	212576664	410257	360192	770449	
Percentage		(97.60)	(0.07)	(1.04)	(1.27)	(100)	(0.53)	(56.76)	(100)	
Average	6	1728801	11118	18902	22762.25	1774722	34188	36016	46204	
S.D.	2.649	736047.8	11091	96779	36785.847	756074.2	36027	42562	101879	
C.V.	0.5488	0.4496713	1.0268	0.5771	1.60251235	0.4577512	2.2238	2.8876	1.5884	

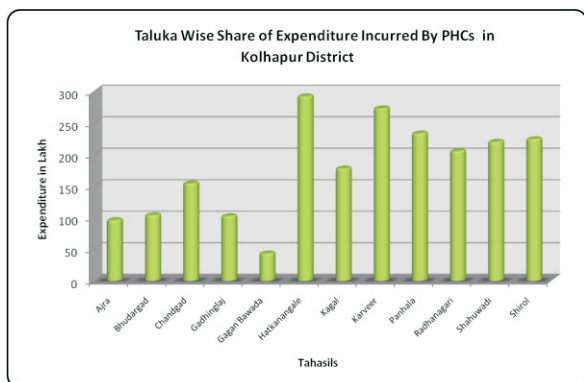
Source : Annual Report of Kolhapur Zillah Parishad

Pattern of Expenditure Incurred By the All PHCs



The above figure shows the pattern of expenditure incurred by the PHCs in the Kolhapur District in the year of 2008-09. It is clearly indicates that, in case of recurring expenditure, the PHCs incurred a large share of their amount on the establishment which includes mainly the salary of staff working in PHC, which is 97.3 per cent of total expenditure. Gradually the number comes of the expenditure on contingency (1.27%), expenditure on vehicles (1.04%) and last but not the least, the expenditure on medicines (0.7 %). While, in case of non-recurring expenditure, PHCs are incurring on expenditure on equipments (0.19 %) and expenditure on building and staff headquarters (0.17%).

Taluka Wise Share of Expenditure Incurred By PHCs



The above figure revealed the information regarding share of each taluka in the total expenditure incurred by the PHCs in Kolhapur District in 2008-09. According to pie chart, the expenditure of PHC was highest in the Hatkanangale (13.73%) and Karveer (12.84%) talukas. Gradually, the PHCs in Panhala (10.98%), Shirol (10.55 %), Shahuwadi (10.35%) and Radhanagari (9.65%), Kagal (8.37%), Chandgad (7.26%) talukas were expending fewer amounts. However the PHC in Bhudargad (4.89%), Gadhinglaj (4.82%) Ajra (4.52%) talukas expending lowest amount and the PHCs in Gagan Bawada (2.05%) taluka comes at the last number in the district.

CONCLUSION

In spite of expenditure on health is essential to create a better human resource the local governments does

not have a particular policy for it. It is directly or indirectly influences the performance of rural public health care system. Owing to this the rural population shows their back to public health care system and turn to the private health clinic to cure their disease and the rural public health care system remained underutilized and merely concerned to the implementation of family welfare programmes. The analysis also indicates that, there is taluka wise disparity in expenditure incurred by the PHCs in the Kolhapur District. At the same time, most of the funds of Government incurred on salaries and allowances of the staff instead of medicines and medical equipments. Modernisation and computerisation of health care services is left far away but public health centers are struggling for its basic infrastructural requirements. Considering all these aspects it is becoming the necessary that, the health sector has need take support to Public Private Partnership in many field such as medical equipment, transportation, computerisation, etc. This will enable public health centers to cure rural patients with modern equipments within their reach and the public health services will not remained underutilized.

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