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Analysis of Expenditure on Healthcare Schemes in Kinwat Taluka

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Abstract: *According to World Health Organization (WHO), "The primary objective of health system that to provide well-medical facilities with rational economic co-operation; has important that to provide public medical facilities where a private facilities has been inadequate. There are public medical facilities is the responsibility of central and state government. There has mentioned that in U N Charter' Human Right (1948) that the primary health diagnosis is human right. Hence there is responsibility of government that to provide primary health or medical facility, and the more important responsibility pertain to social and economic backwards.*

Almost more than half of the world tribal population is present in India. Over 84.3 million people belonging to 698 communities are identified as members of scheduled tribes, constituting of the total Indian population and is a larger than that of any other country in the world. The proportion of individual of scheduled tribes in the total Indian population has increased from 5.3 per cent (1951) to 8.60 per cent (2011), out of which the health facilities are not reached the mass of 1.89 per cent. This paper attempts to study expenditure on health care schemes in tribal area of Maharashtra especially in Kinwat Taluka.

It is observed that there is almost changes in the expenditure on health care scheme in the Kiewit taluka for the period of 2008-09 to 2012-13. This expenditure spends on various schemes i.e. Janani Suraksha Yojana, family welfare programme, Immunization fortification, Asha and NRHM. According to the Government Health expenditure is increase every year in the study period. But it is not sufficient as per World Health Organisation. As well as their expenditure health are not properly utilized. The provision expenditure and actual health expenditure different of same schemes. But average provisional and actual expenditure are not less than 10%. In order to increases the expenditure on health as per World Health Organisation. norms. As well as this scheme are directly provided to tribal people.

INTRODUCTION

According to studies that, there has the human revolution has before five to one lack years after earth generation. There is no agreement between anthropologists; biologist and human geographer pertain to human genesis. There have been number of societies inhabited from genesis of earth and human have been made different type of equipments and implements for fulfill their necessities has developed languages to swap their thoughts and converse; but all humanities has been not stay with a level of development. 'Tribal' have staying at all around the world approximately. Normally, this group has been staying at dense forest, mountainous, inaccessible area and at island area.

In India after independence there has planed of different policy and implementation pertain to extensive development of tribal; but has no radical changes in their life. Several scheduled tribes are living in primary phase.

According to Takkar Bappa "Comparatively there is more poverty in tribal communities than rural and urban area has only one class that port". There has several problems' tertian to tribal that most noteble problems as: Economic, Social and Cultural, Regional and Health problem.

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According to World Health Organization (WHO), "The primary objective of health system that to provide well-medical facilities with rational economic co-operation; has important that to provide public medical facilities where a private facilities has been inadequate. There are public medical facilities is the responsibility of central and state government. There has mentioned that in U N Charter' Human Right (1948) that the primary health diagnosis is human right. Hence there is responsibility of government that to provide primary health or medical facility, and the more important responsibility pertain to social and economic backwards.

Almost more than half of the world tribal population is present in India. Over 84.3 million people belonging to 698 communities are identified as members of scheduled tribes, constituting of the total Indian population and is a larger than that of any other country in the world. The proportion of individual of scheduled tribes in the total Indian population has increased from 5.3 per cent (1951) to 8.60 per cent (2011), out of which the health facilities are not reached the mass of 1.89 per cent. Due to which recently, people in one tribal block of Maharashtra have organized 'Health March 'for their proper health treatment and this event inspired, stimulated us to undertake this study. This paper attempts to study expenditure on health care schemes in tribal area of Maharashtra especially in Kinwat Taluka.

OBJECTIVES OF STUDY

1. To study the healthcare schemes in Kinwat taluka.
2. To study the expenditure on healthcare schemes in Kinwat taluka.
3. To suggest the policy for effective implementation for Healthcare schemes in Kinwat taluka.

RESEARCH METHODOLOGY

Kinwat is the backward and tribal area in Maharashtra state as well as India. Where several healthcare schemes for Economic upliftment of the tribal people have been implemented in this area and therefore Kinwat taluka are chosen for the study. This study is depending on secondary data. This data are collected from taluka Health Office, five years plan report, Govt. of India, Annual Tribal Sub Plan, Govt. of Maharashtra. This data is collected from 2008-09 to 2012-13 for this study. Statistical tools such as percentage, average, simple annual growth rate are use the analyzed the data.

REVIEW OF LITERATURE

According to Nobel Prize winner Prof. Amartya Sen that "Education and social health is playing very important role in development, good health is very important to people, society and country."

Prof. White K. L. (1977): studied that, there is important the response of society with provision of medical facilities. There is need to take care of tradition, habits with health services. This study has based on secondary data. And occur that there is response of people is important with health service pertain to health service. There should take care of health with the need of customs and habits of tribal community. According to international research, because of social behavior, social features have affected all kind of methods easily. As White that rural area has been responding to available medical services.

Kapoor (2000): studied that tribal has ignored community pertained to development. There are urbanization, natural disaster and climate change the reasons to unsuccessful of policy of development. Tribal communities have far from development process. And the reasons are urbanization, natural adversity and climate change etc. There are limited resources, inadequate transportation, sterile land, lack of irrigation, lack of investment etc. in Uttar Pradesh. Hence there has low living of standard.

Mujumdar and Upadhyay (2004): has study on 'An analysis of the primary health care system in India'. It is observed that, the negative coefficient of education, poor concern for health, lower status of women, distance to rich health facilities and equipment category, hospital bed has become insignificant in this study area.

Deshmukh Prashant (2008): has focus on study of health expenditure by local government. And the

result is there is maximum proportion of expenditure on salary to servant as 82.17 percent. There is 3.60 percent health expenditure of Zillah parishad in Marathwada to total health expenditure. According to five year plan the share of medical expenditure is low. There are 2.56 percent in six plans which have reduce in nine plan as 1.55 percent.

RESULT AND DISCUSSION

Expenditure in the Period of Five Year Plan in India

Government of India has established planning commission in the year of 1950. This planning commission has run various health schemes and spend massive amount to implement it. According to WHO guidelines (41.40) there should 5 percent expenditure share to GDP on healthcare services. But has not pertain to GDP due to revenue expenditure and there has showing decreasing trend on public healthcare expenditure.

Table 1
Plan-wise Expenditure on Public Healthcare in India (1951-2002)

(figure in Crore)

Sr. No.	*Period of Plan*	*Total Public Expenditure*	*Public Health Expenditure*	*Percentage to Public expenditure*	*Growth Rate*
1	1951-56	1960	65	3.33	0
2	1956-61	4672	140	3.01	115.95
3	1961-66	8576	225	2.63	6.44
4	1966-69	6625	140	2.12	-37.93
5	1969-74	15778	325	2.06	139.3
6	1974-79	39426	760	1.93	126.77
7	1980-85	109291	2025	1.85	166.19
8	1985-90	218729	3688	1.69	82.13
9	1992-97	434100	5782	1.33	105.56
10	1997-02	489361	5118	1.05	-32.5
	Total	1328520	18272	-	-
	Average	132852	1827	1.38	74.66

Source: Five Year Plan Report (1st to 9th Plan) Government of India, Ministry of Information, New Delhi

Table 1 shows that plan wise total public expenditure and public health expenditure in the period of 1951 to 2002. There is 3.33 percent expenditure on healthcare to total public expenditure in first plan. After that this percentage has been decrease in next each plan.

There are 65 crore public health expenditure in 1951-56. It has been increased in next each plan. As there has 489361 crore in 1997-2002 and 5118 crore public health expenditure on healthcare but the percentage has been decrease. There are average expenditure is 1.38 percent on public healthcare expenditure and their average growth rate is 74.66 percent in the 1951-56 to 1997-2002.

If we think about five year plan-wise public expenditure in 1951 to 2002 that the average percentage of public health expenditure has only 1.38 percent to total public expenditure it means that on public health expenditure is very low in India.

Tribal Sub Plan

Since 1975-76 has implement the concept of tribal sub plan to distribution fund from all ways to Integrated Tribal Development Programme (ITDP). From 1992-93 provide fund to planning department to implement and start tribal sub plan. But there has some difficulties to implement various schemes in tribal sub plan. Hence planning commission has established sub-committee under Mr. D. M. Sukthankar in 1991 to study. State government has accepted their recommendations. According to recommendation of committee that planning department has provided fund to tribal development department for tribal sub plan. Hence there has think about programme which has beneficiary to tribal and due expenditure on programme. This fund has provided to education, health, rural water supply and road development etc.

Table 2 shows that expenditure under Tribal Development programme in Maharashtra. There are 7578 crore planned expenditure of Maharashtra and spend 555 crore (7.33 percent) to tribal sub plan in 2003-04. Plan expenditure has been increased in the period of 2003-04 to 2012-13, has 45000 crore and 4005 crore tribal sub plan expenditure. Total expenditure under Tribal Development Programme through Plan Expenditure of Maharashtra State and Tribal sub plan Expenditure is varied. It has noticed that the plan expenditure has been increase in state

Table 2
Expenditure on Plan and Tribal Sub Plan in Maharashtra

(in Core)

Sr. No.	Annual Plan	Plan Expenditure of Maharashtra state	Tribal sub plan Expenditure	% Plan to Tribal Sub Plan
1	2003-2004	7578	555	7.33
2	2004-2005	9446	530	5.61
3	2005-2006	11000	990	9.00
4	2006-2007	14829	1389	9.37
5	2007-2008	20200	1789	8.86
6	2008-2009	25000	2238	8.95
7	2009-2010	26000	2314	8.90
8	2010-2011	37917	3374	8.90
9	2011-2012	41000	3693	9.01
10	2012-2013	45000	4005	8.90
	Total	**237971**	**20879**	**-**
	Average	**23797**	**2087**	**8.77**

Source: Annual Tribal Sub-plan 2012-13 Government of Maharashtra Tribal Development Department, p. 470

in the period of 2003-04 to 2012-13. The total plan expenditure of Maharashtra state from 2003-04 to 2012-13 is 237971 crore and average plan expenditure is 23797 crore. On other hand Tribal sub plan Expenditure form 2003-04 to 2012-13 is 20879 in average 2087. The minimum proportion of tribal sub plan was 5.61 percent to total plan expenditure in the year 2004-05 and maximum proportion as 9.37 and 9.01 percent in 2006-07 and 2011-2012 respectively, and average tribal sub plan expenditure has 8.77 percent, in the study period.

Health Expenditure through Government of Maharashtra for Tribal Development Department

Tribal development department has been provided fund to Jawahar Rojgar Yojna, health, road, rural water supply, welfare of vulnerable groups etc. This expenditure as follows

Table 3
Expenditure by Tribal Development Department for Healthcare in Maharashtra

(figure in Lack)

Sr. No.	Years	Expenditure	Growth Rate
1	2003-04	4483	-
2	2004-05	47967	66.81
3	2005-06	11488	53.60
4	2006-07	10149	-11.65
5	2007-08	13439	32.29
6	2008-09	12939	-3.70
7	2009-10	13159	1.70
8	2010-11	11431	-13.13
9	2011-12	17994	57.41
10	2012-13	19773	9.88
	Total	**122327**	**-**
	Average	**12232**	**21.47**

contd. table 3

Source: Annual Tribal Sub-plan 2012-13, Government of India, Tribal Development Department, p. 55

Table 3 shows that expenditure on health through tribal development department of Maharashtra. Table shows that there is flexibility in expenditure from concern department. However in 2003-04 expenditure were 4483 lack, funds flexibility in figures of expenditure each year, in 2004-05 made highest expenditure in compare with other years. Total expenditure have been made from 2003-04 to 2012-13 is 122327 crore. The growth rate of expenditure on tribal development is negative in 2006-07, 2008-09 and 2010-11 and average growth rate is over the period 2003-04 to 2012-13 has 21.74 percent. It means that expenditure on tribal development is fluctuation in 2003-04 to 2012-13.

Expenditure on Various Healthcare Scheme in Kinwat Taluka

There are various healthcare scheme has implement in Kinwat taluka as Janani Suraksha Yojna, family welfare programme, immunization fortification, ASHA, and National Rural Health Mission. We should study those schemes to understood tribal healthcare condition in Kinwat taluka.

Janani Suraksha Yojna

Since 2005 has implement Janani Surksha Yojna through National Rural Health Mission and since 2007-08 provided Rs.500 after delivery in seven days who's delivery have at home and Rs.700 who's delivery have at government hospital and Rs. 1500 subsidy to seizer.

Table 4 shows that the provisional expenditure and actual expenditure for Janani Suraksha Yojana from 2008-09 to 2012-13. In 2008-09 the provisional expenditure is Rs. 1283400 and actual expenditure

Table 4
Expenditure on Janani Suraksha Yojna in Kinwat Taluka

(figure in Rupee)

Sr. No.	*Years*	*Provisional Expenditure*	*Actual Expenditure*	*Percentage to provisional Expenditure*	*Beneficiary*
1	2008-09	1283400	1000200	77.93	1531
2	2009-10	2255250	1959000	86.86	1441
3	2010-11	2121250	1992900	93.94	1775
4	2011-12	2025100	1905150	94.07	1323
5	2012-13	1918800	1840650	95.92	1760
	Total	9603800	8697900		8223
	Average	1920760	1739580	89.75	1646

Source: Taluka Health Office, Kinwat

is Rs. 1000200 Table also shows that the difference between provisional expenditure and actual expenditure is less. The provisional expenditure under Janani Suraksha Yojna compared to actual expenditure is higher but actual expenditure is increase from 2008-09 to 2012-13 and average in percentage to actual expenditure is 89.75 to provision expenditure. The percentage of actual expenditure is increased from 2008-09 to 2012-13 are regularly. It means that the actual expenditure is fully utilized for those schemes. Notable point is there has average beneficiaries in those years are 1646. There have total 8223 beneficiaries in those five years.

Family Welfare Programme

There has very important scheme of family welfare programme to control population, has provide Rs. 250 to ordinary and Rs.600 to scheduled cast and scheduled tribal beneficiaries to do family welfare operation under this programme.

Table 5
Expenditure on Family Welfare Programme in Kinwat Taluka

Sr. No.	*Years*	*Provisional Expenditure*	*Actual Expenditure*	*Percentage to provisional Expenditure*	*Beneficiary*
1	2008-2009	1063259	1075229	101.1	1314
2	2009-2010	1131230	1152962	101.9	1355
3	2010-2011	1262000	1136179	90.03	1563
4	2011-2012	1207119	1206029	99.91	1520
5	2012-2013	1297148	1294600	99.8	1482
	Total	5960756	5864999		7234
	Average	1192151	1173000	98.56	1446.8

Source: Taluka Health Office, Kinwat

Table 5 shows that the details of expenditure under family welfare programme in Kinwat taluka from 2008-09 to 2012-13. Total provisional expenditure is Rs. 5960756 and average Rs. 1192151 in 2008-09 to 2012-13. Percentage to provisional expenditure is less than actual expenditure in 2008-09 and 2009-10 but 2011-12 and 2012-13 approximate is same provisional and actual expenditure. It means that expenditure on family welfare programme is fully utilized. The highest (1563) beneficiaries of family welfare in 2010-11 and 7234 have operations in 2008-09 to 2012-13 and averagely 1446 operation in those period.

Immunization Fortification

Immunization Fortification is the process whereby person is made immune or resistant to an infectious disease, typically by the administration of vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.

Immunization schedule implementing at villages, Anganwadi, on certain day, place and time, government have provide subsidy to transit vaccine and to help immunization.

Table 6
Expenditure on Immunization in Kinwat Tahsil

Sr. No.	*Years*	*Provisional Expenditure*	*Actual Expenditure*	*Percentage to provisional Expenditure*
1	2008-2009	428870	411401	95.92
2	2009-2010	542469	514500	94.84
3	2010-2011	485600	450450	92.76
4	2011-2012	377500	377500	100.00
5	2012-2013	767611	767500	99.98
	Total	2602050	2521351	-
	Average	520410	504270	96.70

Source: Taluka Health Office, Kinwat

Table 6 shows that expenditure on implemented terms of immunization in Kinwat Taluka in the period of 2008-09 to 2012-13. The

average annual provisional expenditure is Rs. 520410 in 2008-09 to 2012-13 and actual expenditure is Rs. 504270. The provisional and actual expenditure is minor different between them that is percentage to actual expenditure is less than provision expenditure (except 2011-12). In other hand the actual expenditure on Immunization is properly utilized. It means there has response to immunization in Kinwat taluka.

ASHA

There has chose female health volunteer as part of mission under National Rural Health Mission at rural level. Particular female has not government or regular salaried workers get their remuneration by government.

Table 7
Expenditure on ASHA Scheme in Kinwat Taluka

Sr. No.	*Years*	*Provision*	*Actual Expenditure*	*Percentage to provisional Expenditure*	*Beneficiary*
1	2008-2009	830000	751450	90.54	1625
2	2009-2010	1261400	762635	60.46	1551
3	2010-2011	1068465	992025	92.85	1400
4	2011-2012	1058400	1088510	102.8	1398
5	2012-2013	1481271	1480982	99.98	1391
	Total	5699536	5075602	-	7365
	Average	1139907	1015120	89.33	1473

Source: Taluka Health Office, Kinwat

Table 7 shows that expenditure on ASHA scheme in Kinwat Taluka in 2008-09 to 2012-2013. The provisional average expenditure on this scheme is Rs. 1139907 and actual average expenditure is Rs. 1015120. The percentage of average actual expenditure is 89.33 in 2008-09 to 2012-13 but the percentage of expenditure have been fluctuated every year. In the year 2009-10 the actual expenditure on ASHA Scheme is utilized is very less (60.46 percent) and 2011-12 actual expenditure is higher than provisional expenditure (i.e. 102.8). Therefore the expenditure on ASHA scheme in Kinwat taluka is varying in 2008-09 to 2012-13. The number of beneficiaries has been decreasing since 2008-09. There are 1625 beneficiaries in 2008-09 and 1391 beneficiaries in 2012-13. Because the remuneration rate has decreased hence number of beneficiary are decreased.

National Rural Health Mission:

Government of India has began National Rural Health Mission (NRHM) on 12th April, 2005 has implement this mission since 2007-08 in Kinwat taluka.

Table 8
Total Expenditure Under National Rural Health Mission in Kinwat Taluka

Sr. No.	*Years*	*Provisional Expenditure*	*Actual Expenditure*	*Percentage to provisional Expenditure*	*Growth rate of Actual Expenditure*
1	2008-2009	10809128	9356533	86.56	0
2	2009-2010	15042431	13182629	87.63	40.89
3	2010-2011	15304039	15356781	100.34	16.49
4	2011-2012	19190753	18896619	98.46	23.05
5	2012-2013	20141098	19917582	98.89	5.40
	Total	80487449	76710144	-	-
	Average	16097490	15342029	95.30	21.46

Source: Taluka Health Office, Kinwat

Table 8 shows expenditure on NRHM in Kinwat taluka. There has trend of provision and actual expenditure in 2008-09 to 2012-13. The provisional average expenditure is Rs. 16097490 and actual average expenditure is Rs. 15342029. The difference between provision and actual expenditure average is 5 percent. It means that percentage to provisional expenditure to actual expenditure is higher (expect 2010-11). There are proportion of actual expenditure has low in beginning two years but has increased since 2010-11, has average expenditure amount is 95 percent and average growth rate of expenditure are 21.46 in those five years. The growth rate of actual expenditure is fluctuated every year. But the expenditure under the NRHM is fully utilized from 2010-11 to 2012-13. There is Rs. 10809128 expenditure provision in 2008-09 and 20141098 in 2012-13; has almost double provision and has equal condition of actual expenditure.

FINDINGS

1. According to five years plan, the total expenditure of Public Healthcare Scheme during 1951-52 to 2001-02 of fifty years duration where 2.15 percent out of total expenditure of Public Healthcare Scheme. As per World Health Organization, total Expenditure is expected almost 5 percent of GDP.
2. According to State Government Plan Expenditure is average expenditure 8.77 percent in study period.
3. The Expenditure on Tribal Development department through Maharashtra Government is fluctuation in 2003-04 to 2012-13. It is average growth rate in study period of 21.47.
4. Janani Suraksha Scheme has been benefited to 8223 peoples during the 2008-09 to 2012-13. In other hand provisional expenditure has been higher than Actual expenditure (89.75). It means that provisional expenditure is not utilized in every year.
5. The study period, total beneficiary of Family Welfare Scheme is 7234 peoples. Actual total expenditure on Family Welfare Scheme is 11.73 lacks in the of 2008-09 to 2012-13
6. Expenditure on Immunization Scheme, actual expenditure is 5 lacks and it is lower than provisional expenditure, so it is not utilized properly.
7. Similarly, the expenditure on ASHA Scheme, There has average more than 10 lacks expenditure on their scheme has 102 percent highest expenditure in 2011-2012 and 60.46 percent lowest expenditure in 2009-10 as well as the number of beneficiaries has been decreases since 2008-09.
8. The expenditure of National Rural Health Mission, proportion of expenditure has low in beginning two years but has increased since 2010-11, average expenditure amount is 95.30 percent and average growth rate of expenditure are 21.46 in those five years.

POLICY MEASURES

1. Central Government makes special provision in annual budget for the healthcare scheme of Tribal peoples and also implements numerous schemes for them.
2. For improve the healthcare scheme facilities in the tribal area, there is need of increasing the health facilities.
3. The entire grant should reach directly to the concerned agency for the effective implementation of the healthcare scheme in the study area.
4. Creating an institution basis for the improvement of health and overall development, penetrating to the smallest level of settlements and integrating plans and actions initiated beneficiary groups.
5. Provision for healthcare expenditure in district planning board as well as tribal development department and welfare department at the state level minimum five percent of total budget for tribal department.
6. Income in tribal area is lowest. Health condition has been affected by the income of family. Most of tribal family has below poverty line; consequently there should provide employment opportunity is necessary; and where by their daily needs will complete and consequently their health will well and increase the standard of living.
7. There has low level of literacy in tribal area as evidence there are 55% beneficiary. Hence there is need to special efforts to increase literacy proportion in study area.

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