

CHAPTER-I
INTRODUCTION

Health and National Development

India, among all the developing nations has been progressing towards prosperity and modernity. On the one hand though she has been making progress, on the other hand she is confronted with evergrowing population. The growth of population has given birth to many social and economic problems. It produces obstacles in the way of national progress and prosperity. Because of over population and inadequate production, it is impossible to provide each individual in this country the required quota of nutritional food and satisfy his minimum needs. The gap between 'haves' and 'have nots' is widening. The national income is not evenly distributed. Due to the poor standard of living, illiteracy and inadequate supply of food many diseases are cropping up.

There is an old adage which states that, "Healthy mind in a healthy body". Health constitutes potentiality of man power. Every man is a resourceful person. He can achieve many things if his health is sound. Good thoughts are not possible unless one enjoys good health. Physical ailments affect the peace of mind. Because of this, man fails to take proper step and to act correctly. Ill-health quickly affects the illiterate and ignorant and their restlessness is revealed through their actions. So utmost care should be taken to provide health

facilities among the residents of a place. Allround development and progress of the country depends upon the good health of the people. Otherwise it won't be wrong to say that our progress would be paralysed.

The workers, both agricultural and industrial do not get the required calories of food to make up the loss of their energy as a result of their hard work. They become weak and their productive capacity decreases. This hampers the speed of progress of our nation. Overpopulation, unemployment and rural migration towards cities for employment and business have enhanced urbanisation. As a result of all this we notice the growth of slum areas.

When India became independent her population was 34.2 Crores. By 1991 it reached 84.4 Crores.*¹ It means within 44 years after independence the burden of population increased by 50.2 Crores. The problem is threatening. This proves that we have succeeded in reducing the death rate because of increasing and improved health and medical facilities. But we have failed to control effectively the birth rate. This is dangerous to the public health. Because of ignorance about cleanliness and defective drainage system coupled with the growth of Industrial areas have caused glaring environmental pollution. This suffices to state that there is a need to look at the problem of health and sanitation.

The aim of the First Five Year Plan was to lay foundation for the economic development of the country. In the First Five Year Plan maximum amount was spent for agriculture, rehabilitation and housing.

Our Late Prime Minister - Smt. Indira Gandhi declared 20 Point Programme in 1982 in which Point Number 13 includes Family Planning, Point 14 deals with Primary Public Health, health facilities and eradication of diseases like Leprosy, Tuberculosis and Blindness. Point 15 gives importance to the Welfare of Women and Children *². Under the Constitution of India under List II item No.6. "Health" is a State Subject, State Government through local self Governments take care of health facilities in towns and cities. But it does not mean that Central Government is totally neglecting this important welfare function.

Though it is the aim of the Central Government to provide health facilities to the common man, it is not possible for the Central or State Governments alone to manage the same. In India the Central Government at the national level, the State Government's Health Department at the State Level and in important cities Corporations, Municipalities are looking after the health of the people. In Rural areas in Karnataka this responsibility is assigned to Zilla Panchayats, Taluka Panchayats and village Panchayats.

All Zilla Panchayats, Corporations, Municipalities and their Health Departments are guided and controlled by the Health Department of the State. Every State has Cabinet Minister for Health Portfolio and also the Minister of State.

Municipalities function as the representatives of the State Government. It is their bounden duty to send a detailed report of their various activities to the State Government. It is binding on them to execute the orders and guidelines given to them by the State Government. Because the State Government sanctions finance for various departments and their schemes. Those who sanction money decide the policy. The State Government has power and right to suspend a Municipality which fails to function properly. Hence municipalities which are under the control of State Government are considered as "Miniature State Governments". In this context it is worth to understand the meaning of local self Government.

DEFINITIONS OF LOCAL GOVERNMENT

1. According to Encyclopedia Britannica, Local Government may be loosely defined as a public organisation authorised to decide and administer a limited range of public policies within a relatively small territory which is a subdivision of a regional or national Government. Local Government is at the bottom of a pyramid of Governmental institutions, with the national at the top and

intermediate governments (States, Regions, Provinces) occupying the middle range. Normally, Local Government has general jurisdiction and is not confined to the specific service or function.*³

2. Laski says, "We cannot realise the full benefit of democratic government, unless we begin by the admission that all problems are not Central problems, and that the result of problems in their incidence require decision at the place and by the persons, where and by whom the incidence is most deeply felt.*⁴

3. In the words of Sidgwick "the term Local Government in a unitary state means organs, which though completely subordinate to the Central Legislature are independent of the Central Executive in appointment and to some extent in their decisions, and exercise a partially independent control over certain parts of public finance. As regards the Constitutional relationship between the Central Government and Local Government, the latter derives its powers from the former and is subordinate to the authority that creates it. But though a subordinate body, yet it has certain independence of action within the sphere assigned to it. It can make its own rules and regulations, or by-laws, to perform its functions and to control its finances.*⁵

4. De Toquiville observes : -The Local Assemblies of citizens constitute the strength of free nations. Town Meetings are to liberty what Primary Schools are to science ; they bring it within the people's reach, they teach men how to use and how to enjoy it. A nation may establish a system of free Government, but without the spirit of municipal institutions, it cannot have the spirit of liberty.*⁶
5. Bryce says, "who ever learns to be public spirited, active and upright in the affairs of the village, has learnt the first lesson of the duty incumbent on a citizen of a great country. He further, says, that Local Institutions not only impart training to the citizens in public affairs but they also train them to work along with other people.*⁷

To sum up, by Local Self Government we mean the administration of local areas run by its elected representatives and they are subordinate to the State Governments. Local Government refers to the operations of Corporations, Municipalities, District Boards, Panchayats and other bodies which are entrusted with the execution of functions relating to and concerning the residents of a given area or locality. Thus, Local Government is -

1. The Government by local bodies,
2. Composed of the representatives freely elected by the people, residing in that limited area.

3. Subordinate to Central or State Government.
4. Endowed with some power and responsibility which it can exercise without control over its decision by the Central Authority.*⁸

MERITS OF LOCAL GOVERNMENT

1. Economical System : Through Local Self Government there is a great saving of money in administration, since the people of local areas pay the taxes for the services rendered their representatives know well how difficult it is to convince people to pay taxes.
2. Local Institutions not only impart training to the citizens in public affairs, but they also train them to work with other people. By this method according to Bryce Democracy becomes a success. These institutions inculcate the spirit of intellect ; appropriateness, justice and social spirit which is essential for the success of democracy.*⁹ They are described as the Primary Schools of democracy.
3. Serve People : The local bodies on account of their nearness to the people, their wider representative character, their natural familiarity with the details of the situation, and their intimate knowledge of the means and wants of the citizens are best suited to serve the people with better technique.*¹⁰

4. **Political Education :** Local Government provides training ground for future administrators and politicians. It affords an excellent opportunity to the citizens of a particular locality to get training in the art of self government. The exercise of vote, elections to the local bodies, election of office bearers, discussion on various problems, passing of the budget, passing of legislation and execution of laws give sufficient training to the members of the local bodies to handle national problems effectively at a later date. Various national leaders in our country were at first members of Local Bodies.*¹¹

5. **Act as Mediator :** Local Governments act as a mediator between the people and the State Government. They represent the wills and aspirations of the people. They act as a representative of the people. They remove doubts between the Government and the people and as such creates harmony and order.

PUBLIC HEALTH FUNCTIONS

A large number of functions are performed by Local bodies and one of the most important among them is that of public health. Under this following are noteworthy.

1. They have to take care of the local health. They check the spread of diseases. They have to control mosquitoes, flies, rats and disease spreading insects.

2. The problem of maternity and child welfare must be tackled satisfactorily by the local bodies.
3. Mid-wives should be trained and a large number should be available to check infant mortality.
4. They should make provision of hospitals, dispensaries and clinics to cure the people. They should regulate nursing homes.
5. They have to look after the water supply both for the drinking and other purposes. Water is to be sprinkled with a view to lessen dust and dirt.
6. They have to collect all the refuse of the city and dispose of it in a proper manner.
7. Local bodies should make provision for parks and open spaces so that the people may be able to enjoy fresh air and spend their leisure time in a useful manner.
8. The local bodies look after sanitation, and provide a proper system of sanitary drainage, conservancy arrangements and other conditions necessary for preserving public health.
9. The adulteration of food and drugs has to be stopped by the local bodies. They should not allow businessmen to play with the health of the people by giving them adulterated foods and drugs.

10. Local bodies have to check the sale of rotten vegetables and deteriorated things, etc.
11. Lastly they have to take active participation in implementing national health programmes like Family Planning, Vaccination, eradication of leprosy, blindness, etc.

The Present scenerio :

The strength and prosperity of a country depends upon the good health of its people and there should be no hesitation in spending money to keep the people healthy and strong. If we study the expenditure pattern of local bodies in India regarding health sector, we come across the gross inadequacy in all classes of towns except in a few cities where per capita expenditure exceeds Rs. 40 per annum.*¹² About 50 per cent of the municipal bodies' per capita expenditure on public health and sanitation is less than a Rupee per annum. Water works and under-ground sewerage exists in only a few big cities. Most of the medium and small towns have no drainage system. Even in larger towns there exists open drainage system and in big cities nearly 40 per cent are lacking proper drainage facilities.*¹³ In Metropolitan Cities, one Latrine serves 30 to 40 persons. In some cities, where protected water supply has existed for many years, the per capita daily availability of water is as low as 15 to 20 gallons.*¹⁴

It is evident that the essential obligatory duties (regarding health and sanitation) are not being performed by even the bigger Urban Local Bodies. No wonder, therefore, that the position in small urban bodies is deplorable.*¹⁵ From this, we can infer that even the basic functions like health, water supply, drainage are not being properly discharged by most of our local bodies though most of these functions fall in the category of obligatory functions.

REVIEW OF RESEARCH IN HEALTH ADMINISTRATION

After having taken into account the role of Municipalities in the field of health, it is necessary to review the research already done in this respect at the State and National level.

While considering the research work already done in this field, it was noticed, that a few books are available in India on the subject of Health and Administration. There are a number of books based on medical information. These books are about health problems of an individual and the solutions to these problems.

"A Guide to Better Health", edited by Winstley Lord, gives guidance to maintain good health. This book stresses about the individual health.*¹⁶

Useful guidelines were given about the control of epidemic diseases in the book. "Infection control in the Hospitals - A publication of American Hospital Association.*¹⁷ Goutam R.P's book "Psychology In Medicine and Nursing" is about the persons who look after patients.*¹⁸

A Survey Report with suggestions about American Hospitals and their working is presented by Georgo Poulous in his book, "Hospital Organisation And Research.*¹⁹

The book, "Medical Sociology In An Indian Setting" written by R. VenkatRatnam, is based on Indian background, gives information about medical sociology. This book also deals with the structure of medical services in Tamil Nadu.*²⁰

The need of changing health administration and health education is very well explained in the book, "Health for All" (An Alternative Strategy).*²¹

G. Rameshwaram in his book "Medical and Health Administration in Rural India" while reviewing the works on Health Administration observed-¹. "THE HEALTH SURVEY AND DEVELOPMENT (BORE COMMITTEE 1943-46)" the Committee felt that both the curative and preventive health services were totally inadequate. The Committee opined that the hospitals and dispensaries for providing medical relief to the people in the rural areas were insufficient and quality of such services was very poor. "THE ENVIRONMENTAL HYGIENE COMMITTEE (B.C. DAS GUPTA

COMMITTEE 1948-50)" found that in villages the main defect in houses are the absence of latrines and water supply. The committee strongly recommended for the construction of latrines in villages. Water supply in villages is most unsatisfactory. Whatever may be the financial stringency, provinces should carry out a sustained programme of planned rural water supplies over a period of time. Provincial Governments should extend rural malaria control by indoor regular spraying of DDT in all malaria endemic districts. A comprehensive public Health Act should be passed in every province. The Central Government should assume responsibility for framing personnel required for improving environmental hygiene. MODEL PUBLIC HEALTH ACT COMMITTEE (Das Committee 1953-55) recommended a unified and integrated health organisation at various levels to be operated through the Director of Health Services, District Headquarter's Organisation, Thana Health Centre Organisation in urban areas.

HEALTH SURVEY AND PLANNING COMMITTEE (MUDALIAR COMMITTEE, 1959-61) recommended to start mass campaign of certain diseases like tuberculosis, small-pox, cholera, leprosy and filariasis. Para-medical personnel should be given further necessary training in other diseases in order to make multipurpose personnel and allocate them to urban and rural centers. There should be one Auxiliary Nurse mid-wife for every 5000 population and Auxiliary Health Worker for double that population. Integration of medical and health services should not be postponed.

NATIONAL WATER SUPPLY AND SANITATION COMMITTEE (SMT. LOURDHAMMAL SIMON COMMITTEE 1960-62) suggested that the Rural Water Supply and Sanitation should be given very high priority as they have far reaching effects in rehabilitating rural health and economy. Rural sanitation should form an integral part of the programme.

CONTRIBUTORY HEALTH SERVICES SCHEME ASSESSMENT COMMITTEE (1961-62) opined that the highest priority should be given to provide separate permanent building for all dispensaries. And the dispensaries should be adequately stocked with the general and specialists and all the staff should reside within the premises of the dispensaries. The Committee was also of the view that the contributory health service administration should periodically meet different categories of staff, arrange for talks on personnel management, doctor-patient relationship, community health and corporate life.

THE STUDY GROUP ON HOSPITALS (AJIT PRASAD JAIN COMMITTEE, 1966) recommended that the total bed strength at the primary health centre should be raised from six to ten. It suggested that by the year 1976 atleast one of the sub-centres in the block should be raised to the status of PHC to reduce the burden of the sub centre. The lady doctor for the family planning work of the PHC should always be in addition to the lady Medical Officer on health side. The laboratory technician

at the PHC should be utilised to undertake sample of stool, urine and blood tests of the patients attending the PHC. Accommodation facilities should be provided to the doctors. There is a need for the setting up of an out-patient department and emergency services, special hospitals, T.B. Clinics, Mental Hospitals.

KARTAR SING COMMITTEE (1973) recommended for multi-purpose workers' scheme. All the basic health services for a target population of 5000 are to be delivered by one female and male worker. The doctor who is incharge of the Primary health Centre should have the overall charge of all the supervisory and health workers in his area.

K.N. RAO explained that the health of Indian people depends on three main factors viz; the standard of life, the standard of education and the organisation of public health services. He felt that the aim should be organisation of a comprehensive health services to meet the needs of the people. All health workers, whether governmental, voluntary or private, should work for a common objective viz. the health and well-being of the nation. The Department of Public Health and Medicine should form a single unitary agency and function with the co-operation of the entire medical profession and voluntary agencies to advance this objective.

PANDIT JAWAHARLAL NEHRU in his speeches exhorted the delegates and participants to work for maintenance of high health standards.

THE THREE MAJOR SEMINARS conducted by the Indian Institute of Public Administration, New Delhi during May 1971 to August 1971 mainly focused attention on Family Planning in the Country - the policy involved and administration of the various Family Planning Programmes. Since its main focus is on family planning, the health subject did not receive any attention except to make a mention in a few places for purpose of reference and not highlight either its policy or its attendant problems.

THE SRIVASTAVA COMMITTEE (1974) suggested the following measures. A nationwide net work of efficient and effective services suitable for our conditions, limitations and potentialities should be evolved. Steps should be taken to create bands of para-professional or semi-professional health workers from the community itself to provide simple protective, preventive and curative services which are needed by the community.

Between the community and the Primary Health Centre there should be two cadres, health workers and health assistants. The Primary Health Centre should be provided with an additional doctor and a nurse to look after the maternal and

child health services. The possibility of utilising the services of Senior Doctors at the Medical College, Regional, District or Taluka Hospitals for brief periods at the Primary Health Centre should be explored. The Primary Health Centre as well as Taluka, District, Regional and Medical College hospitals should develop living and direct links with the community around them, as well as with one another within a total referral services complex.

BALKIE commented on the effectiveness of the Indian Family Planning Programme and the health care of the poor and inadequate attention paid to the health standards of the countryside. In "A SURVEY IN RESEARCH IN PUBLIC ADMINISTRATION" brought out by the Indian Council of Social Science Research during 1975, makes it clear that only macro studies in the sphere of health have been undertaken that too on a piecemeal basis. The survey reveals the necessity, to undertake micro studies.

THAPER in his book "HEALTH AND DEVELOPMENT" has dealt with the problems of health to some extent. He advocated the need for immunisation of children upto 6 years against various diseases ; to organise campaigns against prevalent diseases, provide anti-natal care to all pregnant women, provide nutrition supplements to expectant mothers, improve services and technique of indigenous medicines to integrate the services of Ayurvedic doctors with the total health system. He has devoted attention more towards the women and children health.

Ashok Mitra felt that Family Planning Programme and other nation-wide synerzistic social and economic programmes must be intensified simultaneously to obtain greater-mileage out of the programmes of the population control. Thus the focus of his study has been on the Family Planning Programme.

ATTHREYA pointed out that the demands on the hospitals are constantly increasing whereas the facilities remain stagnant or do not correspond to the increasing demands and that they are starving for funds.

GOEL has done a marvellous work in the sphere of "Health Care Administration". He has written four books. In all these books he emphasised the significance of health and how such an important aspect could not receive proper attention of the Central and State Governments. He stressed the need for designing a sound administrative system that helps to achieve the objectives of health policy and recommended that those who are responsible for delivery of health care must be subjected to proper training courses and periodical orientation courses.

SETHI in his book 'HEALTH AND DEVELOPMENT' identified the problem areas in the sphere of health as low priority for health, poor health consciousness, inequitous health structure and insignificant global commitments. He advocated for decentralised health-care and national focus for health programmes. V.P. PETHE'S book on "POPULATION POLICY AND

COMPULSION IN FAMILY PLANNING" too has completely been devoted to the population growth, compulsion in family planning and various problems connected to both the aspects.

NIRMAL MURTHI'S book "FAMILY PLANNING PROGRAMME IN THE ORGANISATION SECTOR" has thrown light on the achievements of the Family Programme carried out in various large organised sectors. His study is mainly confined to the issue of the Family Planning. SRINIVASAN stressed that health care is one of the most important of all human endeavours to improve the quality of life of the people and commented on the inadequacy of the health-care services. MAYA REDDY pointed out that shortage of drugs at primary health centers is the end result of improper utilisation of scarce resources. He indicated that two sets of factors predominate and create an artificial shortage of essential drugs. These are standardized budget allocations for the purchase of drugs and standardized distribution of items to the various primary health centers. "PANDIT JAWAHARLAL NEHRU" in his speech stated that health is a basic problem which forms the foundation of nation's edifice and if the foundation is weak and is likely to collapse. Speaking on health problem he observed that the funds can be available for the big wars, there is no reason why they should not be provided for to fight against ill health. BANERJEE advocated for the rejuvenation of the important institutions for the public health and should be associated with a major

effort to improve the equality of formulation of the major national Programmes.

YESUDIEN exposed the factors responsible for the poor health status of metropolitan cities inspite of spending large amounts on health services. He stated that so long as proper planning, organising and distribution of services do not receive the attention of the authorities, there will not be any improvement in the situation. VIRMANI undertaken a study on the various aspects of female health workers, job profile, personnel and administrative policies having a bearing on their performance and their acceptance by the community. To improve the performance standards of the health workers, he suggested for modification of existing personnel policies.

SATYANARAYAN RAO in his book "PUBLIC HEALTH ADMINISTRATION AND MEDICAL CARE" commented on the absence of uniform policy on health, defective administrative structure, the problem of co-ordination and accountability, non-association of specialists in the policy formulation and pleaded largely for improving the internal organisation. He felt that the experience in India during the last 25 years has revealed that both the central and state Governments have not paid sufficient attention to the problem of health and have failed to evolve a comprehensive health scheme as a majority of the people are not benefited by the medical care programmes. The Governments are still engaged in devising and planning the

rural medical programmes. He pointed out many deficiencies on the organisation and working of the Osmania General Hospital. VENKATADRI in his book "PUBLIC HEALTH ADMINISTRATION IN THE MUNICIPAL CORPORATION OF HYDERABAD" opined that the Municipal Authorities have been given greater attention to preventive side rather than the curative side. He felt that efficacy of Public Health Administration should be assessed in terms of public satisfaction, so as to know real situation obtaining in the municipal dispensaries.

HARICHANDRAN stated that the attainment of the objective of health for all by 2000 A.D. will remain a distant hope unless the packages are given due attention. The problem of under-nutrition and malnutrition widely afflict a considerable section of society. The prevailing high mortality rates among infants and the morbidity patterns have a link with malnutrition. The worst victims of this problem are children in the age group of 0-6 years, pregnant women and nursing mothers. He suggested that the nutrition standards of the poor must have to increase substantially and hence the massive programme of Integrated Child Development Services and other nutrition programmes like women literacy, rural sanitation and water supply would be formulated.

The problems in the sphere of health care have been widely studied by various authors, committees and the research

scholars. They have by and large succeeded in identifying various health problems and much more so the shortcomings inherent in the health policies and the administrative structure, procedures and practices.

The review of the studies conducted so far and the literature available, shows that the family planning has been studied in depth and rest of the aspects like health care on the countryside, hospitals, maternity and child health services, sanitation, water supply, school health services, drugs, malaria, leprosy and indigenous systems of medicine are studied in a more general way. Some have commented on the policies of health, suitability of administrative structures, powers and functions assigned to the different functionaries. Some others have pointed out the acute shortage of medical staff, drugs and medicines, yet others have highlighted the absence of suitable official accommodation for the health units and proper housing facilities to the field staff. Some radical writers have gone to the extent of stating that the health-care units have become centers of ill-health due to the prevalence of unbearable and un-hygienic sanitary conditions and inadequate supply of drinking water and absence of proper lighting arrangement.

All the studies so far conducted reflect in unequivocal terms that the objectives of establishing health care units are not being realised and that what little is being

done should be construed as a total wastage of public money. These are macro studies having mainly focused attention on Allopathy and they are not micro-studies. Indigenous systems of medicine have not been dealt with and also its relationship with Allopathy.*21

While reviewing the research already done in this area, it is observed that research on health administration has been done to a meagre extent. Though there is sufficient literature which guides us to maintain good health individually, besides providing medical information, to make improvements in the field of public health, there is a need to undertake a detailed investigation about health administration particularly at the micro level.

2. OBJECTIVES OF THE STUDY

The Town Municipality of Sankeshwar has adopted a number of schemes for provision of health and sanitation facilities to the residents of the town. In this study, an attempt is made to understand the role and functions of Sankeshwar Town Municipality in Health Sector covering period from 1990 to 1995. While doing so, the study also covers organisational pattern of Sankeshwar Municipality with reference to health Sector and also finds out among the functions performed by municipality the priority assigned to the Health Sector. Moreover, opinion of the people in the

Municipal area regarding the performance of the Town Municipality in Health Sector is also considered. After studying the performance of Sankeshwar T.M.C. in Health Sector remedies to the problems posed in the study are attempted. ✓
Specific objectives of the study are as under :

1. To find out the role and functions of Sankeshwar Town Municipality in Health Sector.
2. To highlight the organisation pattern of Sankeshwar Municipality with reference to Health Sector and its functioning.
3. To determine the priority assigned to the Health Sector among the functions performed by the Municipality.
4. To study the opinion of the people regarding the performance of Town Municipality in health Sector.
5. To suggest remedies to the problems posed in the study.

3. DATA AND METHODOLOGY

For the purpose of this study, Case study technique is used. Relevant data is collected both from the primary and secondary sources. Primary data is collected by going through - Annual Reports, Annual Budgets, By-laws, Municipal Act, etc. Questionnaire and interview technique is used for obtaining

information from officials and non-officials with the help of a structured schedules (See Appendices I to IV). The views of Councillors of the Town Municipality and 100 citizens residing in five wards of the Municipality are also ascertained regarding health facility in the municipal area, and its administration. Secondary data includes relevant books, and articles. Local news paper items wherever available regarding Sankeshwar Municipality are also made use of for the study.

CHAPTERISATION

The Second Chapter in sequence provides a bird's eye view of Sankeshwar Town and its Municipality. In addition to the historical background of Sankeshwar Town the socio-economic and political background is also presented. Besides this information, the organisational structure of Municipal Council is dealt with. Moreover, obligatory and optional functions of Sankeshwar T.M.C. with special reference to health have been discussed. The opportunity is also availed here to present the medical services rendered by the Private hospitals in the Town Municipal area to obtain broad picture of position of public health services vis-a-vis private.

In the Third Chapter, how Water Supply Scheme, Gutters, Roads, Sanitary and other aspects relevant to health and sanitation in Sankeshwar T.M. area is performed by TMC have been explained.

The Fourth Chapter deals with implementation of National Health Programmes by the Municipality with the help of local Sugar Factory, Rotary Club, Mission and private Hospitals. Information about Family Welfare Schemes, Blood Donation Camps, Free Medical Checkup Camps for kids and women and Eye Operation Camps is also provided.

In the Fifth Chapter an attempt is made to study the budget of Municipality, with special reference to the budget sanctioned for the health activities. An attempt is made to study the amount spent annually by the Municipality for this purpose and analyse whether sanctioned amount is sufficient to carry out health and sanitation programme in T.M.C. area.

In the Second Part of this chapter, the findings of the opinion about the functions of Sankeshwar Municipality with special reference to health are given. Apart from 100 citizens of the town, Municipal Councillors, Officials, Doctors have been interviewed by the Researcher to obtain their opinion regarding the functioning of this municipality in health sector.

In the sixth and last chapter major findings and conclusions are drawn on the basis of data collected and analysed. Suitable recommendations have been made for improving efficiency of this Municipality in Health Sector.

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