CHAPTER - I

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INTRODUCTION

The fundamental needs of an individual are food, water, shelter, clothing and air. In addition to this, health is also the most basic and primary need of an individual. It makes the nation progress in socio-economic, scientific, literary and cultural spheres. Health is an input and output also. It is linked with development. An adequate and equitable health-care system stimulates the development through improving human productivity. Investment in health is an investment in human capital. A healthy individual is an asset to a community while a sick person is a liability.

Physical and mental status of human resources are centres of all activities and also very much important to improve the quality of human life. The Government has realized that diseases which affect one may also infect others in course of time. This leads to ill-health which affects the human progress. These become the potent forces for Governments all over the world to counteract the diseases and preserve and protect the human race from all possible hazards of health. The efforts in this direction vary from country to country, depenending on their status (developed or developing) and on the magnitude of the problems to be tackled in the sphere of health.

Before 1940, the vital aspect of health did not receive proper care and attention as the British Rulers were more concerned with the expansion, consolidation and concentration of their rule. They never cared for alarming, awful and pressing insanitary, unhygienic and unhealthy conditions rampant in the country, as a whole. Negligence of these susceptible areas, absence of medical and health services, vicious circle of poverty and ignorance created such a condition that suits the breeding and spreading of all types of diseases among the Indian masses. Regaining health was the matter of chance rather than choice. The British Government recognized the importance of health in the development of nation, socio-economically, scientifically, just before the Independence. And launched the Health Survey and Development Committee (Bore Committee, 1943-46), which recommended to provide health-care; as much as possible, to vast rural population of the country. After Independence, the Indian Government gave much attention to the neglected and untouched areas of health through launching of Five-Year-Plans. In the beginning, most of the programmes were mostly limited to the urban sections. Later on, they also extended to the countryside.

The health standard of the rural people in India is unsatisfactory. But the position obtained by the Maharashtra State in this regard is better than that obtained by overall country. Birth rate of (1987-88) India is 31 while in Maharashtra,

it is 11. Death rate is 29 and 8 of India and Maharashtra, respectively (1987-88). Although the health-care for everyone and particularly for the weaker sections living in rural area is still a far cry. Many of the rural, hilly and weaker sections are far away from medical services. This is only because of scarcity in the communication facilities like transportation. The promotive and preventive aspects of the health-care have been neglected. By and large, the programmes relatiing to the health-care do not involve the active participation of the people.

Rural health-care is the major problem which requires the establishment of multiple referral hospitals throughout the country. Though the number of Primary Health Centres (PHCs), Rural Hospitals (RHs) and Civil Hospitals have been established, they do not render any proper account as they incur sizeable expenditure.

The Government of Maharashtra has achieved the target of establishment of Primary Health Centres, Rural Hospitals, Civil Hospitals and other health-care units, based on 1981 population. The Government has launched various programmes relating to the health through the Five-Year-Plans. It has achieved a fairly good amount of progress in the promotion of halth status of the population.

The State Government of Maharashtra is one of the leading Governments in India. It takes lead in the imple-

mentation of any national programme. Proving this, it has implemented the 'Integrated Health Programme', viz. Minimum Needs Programme, from the Fourth—Five-Year-Plan (1969-74). After this, the Central Government of India prepared "National Health Policy" (during the Sixth Five-Year-Plan) in 1983. That is why it would not be wrong to say that the Government of Maharashtra is ahead of even the Central Government of India by one decade. Hence, to assess the progress made in the promotion of "National Health Policy", the present study, "**Impact and Assessment of National Health Policy with special reference to Chandgad Taluka (Kolhapur District)**" has been undertaken.

1.1 SCOPE OF THE STUDY:

This is a case-study of Chandgad Taluka. The scope of the study covers the organization and working of Primary Health Centres and other health-care units operating at the village and taluka levels. It covers the whole taluka. The study has been confined to 200 respondents to collect the information.

1.2 OBJECTIVES OF THE STUDY:

(1) To study the existing set-up of health-care institutions in Chandgad taluka;

(2) To review the progress made over the last five years period.

1.3 METHODOLOGY:

For the purpose of the study, different sources have been used to collect the relevant information. Primary data has been collected by the researcher by visiting the Primary Health Centres, Sub-Centres, Tahsildar Office, Panchayat Samiti Office, Chandgad, District Training Team and District Health Office (DHO) at Kolhapur and Mantralaya at Bombay. The researcher has interviewed the beneficiaries with the help of a structured schedule, to assess the progress achieved by the Primary Health Centres in the sphere of health-care. The researcher also used the observation technique wherever necessary to collect the information. For the convenience of the study, the researcher has interviewed 200 respondents selected from seven areas (villages), details of which appear in the following Table.

Table 1.1

Details of areas (villages) and the respondents selected

Names of the areas (villages)	Number of respondents
1. Having Primary Health Centre (PHC)	
- Kowad	32
- Chandgad	30
- Adkur	31
2. Having Sub-Centre	
- Naganwadi	31
- Shivanage	30
- Amroli	25
3. Having neither PHC nor sub-centre	
Motanwadi	21
Total:	**200**

Out of the seven areas (villages), three areas have Primary Health Centres, 3 have sub-centres and 1 does not have either a Primary Health Centre or Sub-centre. Second column of Table 1.1 indicates the number of respondents selected from the respective areas.

For the analysis of the primary data, **'chi square'** technique is applied to know whether there is any significant difference between the areas (villages) and the services offered by the Primary Health Centres. Chi-square is calculated with the help of the following equation:

$$\chi^2_V = \sum \frac{(O - \varepsilon)^2}{\varepsilon}$$

where,

V = the degree of freedom given by (r-1) x (c-1), where 'r' indicates the number of rows in the Table and 'c', number of columns;

O = Observed frequency

ε = Expected frequency, calculated as:

$$\varepsilon = \frac{\text{Row total x Column total}}{\text{Grand total}}$$

The secondary data has been collected from various journals, periodicals, books, Annual Administrative Reports, files and documents relating to the health-care institutions.

For the purpose of collection of published information, the researcher has made use of the Library facilities of Chh.Shahu Central Institute of Business Education and Research, Kolhapur; Barrister Balasaheb Khardekar Library of

Shivaji University, Kolhapur; District Training Team Office Library, Kolhapur; Servants of India Society's Library of the Gokhale Institute of Politics and Economics (GIPE), at Pune.

1.4 LIMITATIONS OF THE STUDY:

Chandgad taluka contains 145 villages (147 as per record, of which one is uninhabited and another is transferred to Sindhudurg District), with a population of 1,34,936 and 23,605 households (1981 Census). For the convenience of the study, the present study is limited to seven villages selected by using Stratified Sampling Method. Two hundred individuals have been interviewed with the help of a structured schedule.

1.5 CHAPTER SCHEME:

The present study has been divided into Five Chapters. **Chapter I** gives the introduction of the subject and profile of the taluka. In **Chapter II**, an attempt has been made to throw light on the earlier research studies. Also, on the topic of National Health Policy, an attempt has been made to explain its main characteristics and the place of Health-Sector in the Five Year Plans. **Chapter III** describes the organizational set-up of health-care units. This includes the administrative units that are evolved at the Central,

State, Regional and the District levels. Chapter IV presents the analysis and interpretation of data and **Chapter V** deals with the summary, conclusions and suggestions.

PROFILE OF TALUKA

For the purpose of the study, the Chandgad taluka has been selected. It is located at a distance of 134 kms. from the district headquarters of Kolhapur. Ghataprabha and Tamraparni rivers originate and flow in the taluka. A large electricity generation project, viz. Tillari Hydroelectric Project, has been completed and is generating electricity. The historical places in the taluka are: Kalanandigarh, Pargard and Gandharvagarh. The taluka is situated at the north-eastern boundary of Goa and north-western boundary of Karnataka. The taluka does not have any urban city centre or even a town. All the taluka represents a rural area. The nearest city is Belgaum (in Karnataka). Weather in the taluka is cool in the winter and hot in the summer. Being located near the Konkan region, the taluka gains from heavy rains. It ranks second in Kolhapur District rainfall-wise, ranging from 1500 to 2000 mm every year.

Chandgad taluka has a population of 1,34,936, according to 1981 Census. Agriculture is the main occupation of the people in this taluka. Out of the total, about 88% labourers are agricultural labourers. Percentage of agricultural

labour to the total population of the taluka is 50. A number of primary schools in the taluka is 143, 34 highschools, 4 junior colleges and one senior college has been started recently (since 1989-90). The literacy rate of the people in the taluka is 30%.

The soil in the taluka is black and red. The principal crops grown are sugarcane, rice and Nachani. There is one sugar factory in the taluka.

1.6 MEDICAL AND HEALTH-CARE FACILITIES:

The health-care facilities in the taluka are very poor. Follwing Tables show the availability of the health-care facilities in the Taluka. Table 1.2 shows the number of health-care institutions and Table 1.3, the total number of medical personnel engaged in the sphere of health-care in the taluka.

Table 1.2

Availability of health-care institutions in the taluka

Particulars	Number of Units
(A) Government	
1. Rural Hospital (RH)	1
2. Primary Health Centres (PHCs)	6
(B) Private	
1. Hospitals/Clinics	3
2. Dispensaries	2
3. Nursing Homes	-
4. Maternity Homes	-
5. X-ray Plants	-
6. Medical Shops	7

Table 1.3

Availability of private doctors in the Taluka

Category	Total Number
MBBS Doctors	8
BAMS Doctors	6
DHMS Doctors	6
Registered Medical Practitioners	16
Traditional Doctors	4
Others	7

The Rural Hospital was at first sanctioned in the year 1981, but the political leaders of the taluka made it a prestige point about the location of the hospital. To settle this dispute, sanction was cancelled twice. After all the people jointly organized 'Morchas' and 'Bandhs', the location of the hospital was fixed at the taluka headquarters, at Chandgad. Until today, there is no separate building for the rural hospital and it is functioning in the premises of the Chandgad Primary Health Centre.

The foundation-stone of the proposed building of the rural hospital has been laid on 5th February 1991 at the hands of Shri.Digvijay Khanvilkar, a State Minister of Maharashtra for Social Welfare and Ex-Servicemen. Construction of the hospital building is nearing completion.

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