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Inclusive Growth and Health Care in Kodagu District of Karnataka

Economics

KEYWORDS :

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Background

Indian economy has been witnessing a higher rate of economic growth and it is expected to grow at a faster rate in the near future. Reforms undertaken in the early 1990s made India one of the world's fastest growing economies. The boom of the Information Technology Industry and improved agricultural production created an atmosphere of optimism, which led to the coining of phrases like 'Incredible India', 'India Shining' and India 2020 around the end of the millennium. In recent years, the focus of the government has shifted from promoting 'Incredible India' to building 'Inclusive India' (AIMA, 2005). Inclusive growth needs to be achieved in order to reduce poverty and other social and economic disparities and to sustain economic growth. The Planning Commission had made inclusive growth an explicit goal in the Eleventh Five Year Plan (2007-2012). The draft of the Twelfth Five Year Plan (2012-2017) lists twelve strategy challenges that continue the focus on inclusive growth. These include enhancing the capacity for growth, generation of employment, development of infrastructure, improved access to quality education, better healthcare, rural transformation and sustained agricultural growth and drinking water. Of these, the health is an important human development indicator and has a great significance for the overall development of the country. "Health and sustainable development are inter-linked" (Brundtland, 1988). Thus, the inclusive growth implies that healthcare resources are allocated equitably such that all segments of the society share the benefits. In this background, an attempt has been made to study the inclusive growth and health care in Kodagu district of Karnataka.

Inclusive growth presupposes inclusive health– good quality health care that is accessible to all. The role of health in ensuring inclusive growth is very critical. The inclusive nature of the growth itself will be conditioned by the progress that is made in the areas of health. Hence, the health needs special attention as an instrument of achieving as well as a constituent of inclusive

growth. The Planning Commission recognizes this and notes, "a strategy of inclusiveness and broad based participation in the development process calls for new emphasis on education, health and other basic public facilities" (p 45; emphasis added). Hence, the health is the most critical element in empowering people with knowledge and skills and giving them access to productive employment in the future.

2. Profile of Kodagu

Kodagu, also known as Coorg is the smallest district in the state of Karnataka. It is a picturesque, hilly district located in southwestern Karnataka, on the Western Ghats of India, and is considered as one of the most beautiful hill stations of Karnataka. It occupies an area of 4,102 square kilometers (1,584 sq. mi) in the Western Ghats and is surrounded by Dakshina Kannada district to the northwest, Hassan district to the north, Mysore district to the east, Kannur district of Kerala to the southwest, and Wayanad district of Kerala to the south. In 2011, Kodagu had population of 554,519 of which male and female were 274,608 and 279,911 respectively. About 85.39 percent population of Kodagu districts lives in rural areas of villages (Census, 2011). Hence, the large proportion of population depends upon the agriculture for their livelihood. The financial infrastructure includes all of the basic services, facilities and institutions needed for the economic growth and efficient functioning of the district economy. In this background, this study has undertaken to analyze the inclusive growth and health care infrastructures in Kodagu district of Karnataka.

Provision of good health care to the people is an essential component of the development strategy adopted by the Government of Karnataka to achieve overall socio-economic development in the state. Health and sustainable development are inter-related. The state has made substantial progress in building credible health infrastructure at different levels. The public expenditure on health is about 0.9 percent of Gross State Domestic Product (GSDP) during the 11th plan period (Economic Survey of Karnataka 2013-14). The healthcare industry in India promises to be one of the fast growing ones and is expected to be a USD 280 billion industry by 2020. The country has world-class hospitals, highly qualified medical personnel, and is gradually emerging as a preferred destination for medical tourism for citizens of the developed world (Hospital and Healthcare2011-12). However, the actual delivery of healthcare services is inadequate for a large section of the local population. India compares poorly to other developing countries on parameters, such as hospital bed density, physician density, number of doctors graduating every year from Indian universities and public expenditure on healthcare (Ministry of Health). The Government of Karnataka has given significant importance to the health sector during the last few years. Provision of good health care to the people is an essential constituent of the health strategy adopted by the state. In this background, the study has undertaken to examine the inclusive growth and health care in Kodagu district with the following specific objectives.

3. Objectives of the study

- The study is based on the following specific objectives
- To study the inclusive growth in the context of regional disparity in Karnataka
- To examine the health care status in the Kodagu district.
- To suggest the remedial measures to inclusive health care in the state

4. Methodology

The study is purely based on the secondary data and the secondary data required for the investigation has been collected from the articles published in research journals, news papers, reports of the state and central governments. To study the health care in Kodagu district, number of hospitals, availability of beds is taken for the analysis. The district is one of the smallest districts in Karnataka consists of three taluks viz. Madikeri, Sowmaverpet and Virajpet.

5. Results and Discussion

The results of the study are discussed and presented in the form of inclusive growth, regional disparity and health care service pattern in the following section.

5. 1: Inclusive Growth

Inclusive growth implies participation in the process of growth and sharing of benefit from growth. Thus inclusive growth is

both an outcome and a process. The right to live with dignity and self-respect as a human being leads to a continuous analysis of policies and services aimed at marginalized sections.

As the World Bank (2006) described it, inclusive growth is "the only sure means for correcting the deeply ingrained regional imbalances, inequities and for consolidating economic gains", as inclusive growth is the growth "with emphasis not only on the distribution of economic gains but also on the security, vulnerability, empowerment and sense of full participation that people may enjoy in social life". Inclusive growth is, however, not new, though it seems to be a new concept. The *Oxford Dictionary* defines inclusive growth as growth that "does not exclude any section of society." It is similar to the development strategies such as "growth with justice", "growth with equity", "growth with distribution", "growth with a human face", "pro-poor growth", etc, suggested by many starting with Dadabhai Naoroji in the beginning of the 20th century and attempted at one point of time or the other by many countries during the last 50 years. The new mantra is now at the heart of mainstream development economics [Ali 2007]. Inclusive growth is expected, like the abovementioned earlier development strategies to focus on the poor, the marginalized, the neglected, the disadvantaged and deprived sections of the society, and the backward regions of the country. An added dimension of the new development strategy also includes linking growth to the quality of basic services like education and healthcare.

5. 2: Regional Disparity in Karnataka

Karnataka has always demonstrated vibrant potential for growth. During the last five decades, the state has made efforts to achieve rapid growth through investments in agriculture, industry, infrastructure and other sectors. Nevertheless, this growth has not been inclusive with 25percent of the state's population living below poverty line with the sharp North-South divide existing in the state. The regional gap emerged in the state on the eve of the reorganization of states in 1956. The new areas that joined the state from Hyderabad State and Bombay State were relatively less developed than the Old Mysore State. This area formed the Northern part of the State. In the absence of focused efforts in the past, the development gap increased over a period leading to marginalization and exclusion of the region and its people from the mainstream development process. Efforts have been made over a period to reduce the development gap.

The High Powered Committee on Redressal of Regional Imbalances (HPCRRI), popularly known as Dr. Nanjundappa Committee, submitted its report in June 2002. The committee, based on 35 socioeconomic indicators, assessed the level of development of 175 taluks in the state. These indicators were spread over various sectors such as agriculture, industry, economic infrastructure, social infrastructure and financial and technical infrastructure. Table 1 indicates the extent of regional imbalances existing in the state that was identified by the Nanjundappa Committee. Out of the 39 most backward taluks in the state, 26 taluks are in North Karnataka, 21 in North Karnataka and out of the total 61 relatively developed taluks, 40 are in South Karnataka. The Committee has recommended a policy mix of resource transfer, fiscal incentives and special programmes for development of the 114 backward taluks in the state.

According to the HPCRRI (2002), the 175 taluks of the state have been broadly categorized as relatively developed, backward, more backward and most backward taluks. It is quite evident from the table 1 that the highest percentages of taluks were found in the category of the most backward taluks in North Karnataka (66.7%) compared to South Karnataka (33.3%) region. It is also found that 65.6 percent of taluks in South Karnataka are relatively developed taluks whereas 34.4 percent of taluks are relatively developed taluks in North Karnataka. However, the relatively higher percentage of backward and more backward taluks were found to be in the South Karnataka region than the North Karnataka region. The glaring feature of the results that the benefits of the economic growth are inequitably distributed between the north and south. Hence, it could be inferred that the South Karnataka region has ahead in the achievement of economic development compared to the North Karnataka region.

Table 1: Regional Development in Karnataka

Sl. No.	Particulars	Regions of the Karnataka state		
		North Karnataka	South Karnataka	Total
1	Relatively Developed Taluks	21(34.4)	40(65.6)	61(100.0)
2	Backward Taluks	16(45.7)	19(54.3)	35(100.0)
3	More Backward Taluks	17(42.5)	23(57.5)	40(100.0)
4	Most Backward Taluks	26(66.7)	13(33.3)	39(100.0)
	Total Taluks	80(47.1)	95(54.3)	175(100.0)

Source: Economic Survey of Karnataka 2013-14

5.3: Health Care Services

Human development represents the process of expanding people's choices to live long, healthy and creative lives. The Human Development Index (HDI) relies on a composite index of different dimensions of human life, with a focus on quantifiable elements such as longevity, knowledge and a decent living standard. Karnataka's HDI value has increased from 0.346 in 1981 to 0.478 in 2001. The HDI rank of Karnataka was 6th during 1981 and has slipped to 7th rank among major states during 1991 and 2001(National Human Development Report 2001).

In the health sector, construction and upgradation of primary health centers have been initiated for the purpose of health that is more inclusive. Action has also been taken up for improvement of health facilities by establishing Suvarna Aarogya Suraksha Trust. The Board has constructed 134 Health Institutions like PHCs and Sub Centers including Hospital in the region. Important works completed in Health Sector are 100-bedded Hospitals in North Karnataka. Further, to see that, health facilities reach the poor, it has donated ambulance van and X-ray unit to the district and other hospitals in 2011 (Karnataka at A Glance 2011).

The information related to the district hospitals, hospitals under health and family welfare, autonomous and teaching hospitals, taluk hospitals, CHC, PHCs, Urban PHCs, HC under IPP, PHC with Maternity, Mobil Health Clinics and Sub-Centers across the regions has been collected and summarized the results in the table 2. There are 11938 different public health services centers in the Karnataka. Of these, 7182 health service centers were found in the South Karnataka and remaining 4756 are in the North Karnataka region. In the disaggregate data, the district hospitals accounts 9 in the North Karnataka region whereas it was11 in case of the South Karnataka region. The highest number of hospital functioning under the department of family and welfare were found to be in the South Karnataka (11) region compared to the North Karnataka region (01). The autonomous and teaching hospitals are the hospitals providing medical and health facilities to the public along with the teaching of the students. In Karnataka 29 autonomous and teaching hospitals; 21 were found to be belonging to South Karnataka and remaining 8 were found to be in the North Karnataka region. The public hospital located at taluk head quarters is termed as taluk general hospital. Out of 146 taluk general hospital in the state, 80 taluk general hospitals are serving in the South Karnataka region whereas 66 hospitals are functioning in the North Karnataka region. Community Health Centers provide specialized medical care in

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the form of facilities of Surgeons, Obstetricians and Gynecologists, Physicians and Pediatricians. The state government establishes and maintains the Community Health Centers (CHCs) under the Minimum Needs Programme (MNP) and Basic Minimum Services (BMS). South Karnataka region accounts highest number of CHCs (99) than the North Karnataka region (107).

Primary Health Center (PHC) is the first contact point between village community and the Medical Officer. The PHCs were envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. In North and South Karnataka region, there are 873 and 1482 PHCs are functioning respectively. Urban PHCs, Health Centers under IPP and PHCs with maternity health care service centers were found to be more in South Karnataka region compared to the North Karnataka region. Mobile Clinics are the clinic that provides minimum health services to the doorsteps of the person suffering from communicable and non-communicable diseases. Higher numbers of Health Clinics are functioning in the North Karnataka region (66) than the South Karnataka region (64). It was inferred that the number of underweight children, increased in infant mortality pushed the government for increasing the mobile health clinics in the North Karnataka region.

Table 2: Infrastructure of Public Health Services of the State Government (December2013)

Sl. No.	Particulars	Region wise Distribution of Health Services		
		North Karnataka	South Karnataka	Total
1	District Hospitals	09(45.0)	11(55.0)	20(100.0)
2	Other Hospitals under Health and Family Welfare	01(8.3)	11(91.7)	12(100.0)
3	Autonomous and Teaching Hospitals	08(27.6)	21(72.4)	29(100.0)
4	Taluk General Hospitals	66(45.2)	80(54.2)	146(100.0)
5	Community Health Centers	99(48.1)	107(51.9)	206(100.0)
6	Primary Health Centers	873(37.1)	1482(62.9)	2355(100.0)
7	Urban Primary Health Centers	09(33.3)	18(66.7)	27(100.0)
8	Health Centers under IPP	34(31.5)	74(68.5)	108(100.0)
9	Primary Health Centers with Maternity Annex	08(23.5)	26(76.5)	34(100.0)
10	Mobile Health Clinics	66(50.8)	64(49.2)	130(100.0)
11	Sub-Centers	3583(40.4)	5288(59.6)	8871(100.0)
Total		4756(39.8)	7182(60.2)	11938(100.0)

Source: Economic Survey of Karnataka 2013-14.

Note: parentheses are percentage to total

Sub-Centre is the most peripheral and first contact point between the primary health care system and the community. The Sub-Centers are provided with basic drugs for minor ailments needed for taking care of essential health needs of men, women and children. It is evident from the table that the large numbers of sub-centers are found to be functioning in the South Karnataka region compared to the North Karnataka region. Hence, it could be inferred that the functioning of more number of public health care services are directly contributing to the better health of the people and indirectly contribute to the development of the South Karnataka region. It is also fact that the recent outbreaks of various diseases and reports of the death of several children and women in the North Karnataka region due to inadequate public health care facilities.

Karnataka has always demonstrated vibrant potential for growth. Despite the natural resource constraints and unfavorable conditions, the state could maintain above average performance in basic development indicators. Availability of beds in hospitals is an important health facility. The beds in government hospitals are of special significance particularly to the poor and the marginalized, who cannot afford treatment in private hospitals and nursing homes. The number of beds in government hospitals per 10,000 population as an indicator of health facility. There are 64629 beds in government hospitals in Karnataka, as against a population of 6,10,95,297. The State average comes to 10.6 beds per 10,000 population. Hence, the beds in hospital are one of the important components in health care services and the information related to the beds across the different hospitals collected and summarized the results in the table 3.

The overall category was pooled data of both North and South Karnataka region. Overall category accounts 64629 beds in different hospitals. Of these, 40662 beds were found to be in the hospitals of South Karnataka region and remaining 23967 beds were found to be in hospitals of the North Karnataka region. In the disaggregate data, the highest number of beds were found in the district hospitals of the South Karnataka region (4855) compared to the district hospitals in the North Karnataka region (3004). The beds in other hospitals under health and family welfare department were found to be more in the South Karnataka region (2180) than the beds found in the North Karnataka region (288).There are 5685 and 11323 beds in the North and the South Karnataka region with respect to the autonomous and teaching hospitals respectively. The slight difference was found in beds available both the North and South Karnataka regions with respect to the community health centers as well as urban primary health centers.

Beds available in the taluk hospitals were found to be more in the South Karnataka region (8520) than the North Karnataka region (6600). Primary health center are functioning in the rural areas where availability of beds in theses hospitals were found be more in the South Karnataka region(9978) compared to the North Karnataka region(5178). There is wide disperarity was visible with respect to availability of beds in primary health centers with maternity facility between the North and South Karnataka region. Only 90 beds are available in the primary health centers with maternity in the North Karnataka region whereas it was 336 beds in primary health centers with maternity hospitals of the South Karnataka region.

Table 3: Distribution of Beds in Public Health Centers of the State Government (2013)

Sl. No.	Particulars	Region wise Distribution of Beds in the Hospitals		
		North Karnataka	South Karnataka	Overall
1	Beds in the District Hospitals	3004(38.2)	4855(61.8)	7859(100.0)
2	Beds in Other Hospitals under Health and Family Welfare	288(11.7)	2180(88.3)	2468(100.0)
3	Beds in Autonomous and Teaching Hospitals	5685(33.4)	11323(66.6)	17008(100.0)
4	Beds in Taluk General Hospitals	6600(43.7)	8520(56.3)	15120(100.0)
5	Beds in Community Health Centers	3050(47.4)	3380(52.6)	6430(100.0)
6	Beds in Primary Health Centers	5178(34.2)	9978(65.8)	15156(100.0)
7	Beds in Urban Primary Health Centers	72(44.4)	90(55.6)	162(100.0)
8	Beds in Primary Health Centers with Maternity Annex	90(21.1)	336(78.9)	426(100.0)
Total		23967(37.1)	40662(62.9)	64629(100.0)

Source: Economic Survey of Karnataka 2013-14.

Note: parentheses are percentage to total

Although the health of the people depends upon the number of doctors available, it is evident from the discussion that the actual healthcare services centers are inadequate for a large section of the population in the North Karnataka region compared to the South Karnataka region. As is the case with any health facility, doctors are also not equitably distributed across the regions, divisions, districts and taluks of Karnataka. The study reveals that still health care services are acute shortage in the North Karnataka region compared to the South Karnataka region. South Karnataka region is relatively more developed than the development of the North Karnataka region. However, in terms of inclusive growth on the provision of improved rural sanitation, our achievement has been low.

5.4: Suggestions

In the health sector, construction and upgradation of primary health centers have been taken up in the North Karnataka. Action has also been initiated for improvement of health facilities by establishing Suvarna Aarogya Suraksha Trust. The following suggestions have given for the eliminating the regional imbalance in the state,

Rural areas of the North Karnataka are suffering from a long-standing healthcare problem. Developing capacities for preventive health care at all levels for promoting healthy life styles of the people particularly in underserved areas. State Government has to enhance its investments on programmes to improve the health care services centers by upgradation of PHCs, CHCs, and district and taluk level hospitals in the North Karnataka region.

Shortage of doctors is not only a problem and their unwillingness to work in the rural areas is another problem of health care services. Therefore, the strengthening existing Primary Health Centers (PHCs) and Community Health Centers (CHCs) and provision of 30 to 50 bedded CHC per lakh population in North Karnataka.

secondary health care infrastructure at the district hospitals and Urban hospitals is currently also taking care of the primary health care needs of the population in the city and town in which they are located. This inevitably leads to overcrowding and under utilisation of the specialized services. Therefore, the strengthening secondary health care service centers are an identified priority in the development programmes.

The coverage of rural population by PHCs has improved more in the South Karnataka. It is surprisingly shows that in North Karnataka districts the coverage of rural population by Sub Centers has actually deteriorated. Therefore, it is very urgent to extend the health care service centers in North Karnataka region.

Less than three percent of India's population has private health insurance. The situation in Karnataka is not different and hence it is necessary to cover the entire rural and urban poor under the health insurance in North Karnataka. Train and enhance capacity of Panchayati Raj Institutions (PRIs) to own, control and manage public health services.

6. Conclusion

The Government of Karnataka has vigorously implemented various programmes to address critical issues relating to health. The State's efforts to enhance the health of its citizens have been well recognized in the recent days. Over the last few decades, there has been a tremendous improvement in the quality of healthcare services in Karnataka. This was mentioned in the study that the significant improvement in number of healthcare service centers such as primary health centers, community health centers, sub-centers etc over the period. However, there is also a significant disparity in number of hospitals and hospital beds serving the population across the state. Evidently, the average population served per government hospital bed in the North Karnataka region is much higher when compared with the South Karnataka region. This indicates that the ease of availability of healthcare facilities to a person in South Karnataka region is much greater as compared to a person in the North Karnataka region. Hence, the state-run health care system in Karnataka is striving hard to overcome problems such as regional disparities and regain its former standards.

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