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HEALTH DEPARTMENT ADMINISTRATIVE MANAGEMENT A COMPARATIVE ANALYSIS OF DAVANGERE AND SHIMOGGA DISTRICTS (KARNATAKA, INDIA)

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ABSTRACT

Fulfilling the concept "Health is Wealth" need to give basic health infrastructural facilities and management control over it. The present paper focuses on the health department administrative management in Davangere and Shimogga district of Karnataka State. The paper briefs the historical and political development in the field of health in selected district ad gives statistical figure on number of hospital, health institutions and above all administrative management over it.

KEYWORDS: *Administrative, Health, Health education, Service Infrastructure.*

1. Introduction

The World Health Organization (WHO) defines health as "the state of complete physical. mental, and social well-being and not merely the absence of disease or infirmity". This definition gives the meaning of health which is considered a fundamental human right and an important human development indicator. Before going in depth in health department administration management in Davangere and Shimoga District, will have basic information on the same district. The Princely State of Mysore was a pioneer in basic health care. In 1806, it was perhaps the first State in the country to take up a vaccination drive against small pox. The State administration set up a government hospital in Bangalore in 1846, the first public health unit in Mandya in 1929 and the world's first two birth control clinics in 1930. Karnataka is a state in south western region of India. It was formed on 1 November 1956, with the passage of the States Reorganisation Act. Originally known as the State of Mysore, it was renamed Karnataka in 1973.

A major part of Shimoga district lies in the Malnad region of the Western Ghats. Shivamogga city is its administrative centre. Jog Falls is a major tourist attraction. As of 2011 Shimoga district has a population of 1,755,512. There are seven taluks: Bhadravathi, Hosanagar, Sagar, Shimoga, Shikaripur, Sorab, Thirthalli. It also known as the 'Gateway to Malnad' or Malenaada Hebbagilu' in Kannada.

Davanagere District is an administrative district of Karnataka State in southern India. The city of Davanagere is the district headquarters. It had a population of 1,946,905 of which 32.31% was urban as of 2011. This district was carved out of Chitradurga district in 1997 by then Chief minister of Karnataka J.H. Patel with annexation of parts of Shimoga and Bellary districts.

2. Public and Private Healthcare

According to National Family Health Survey -3, the private medical sector remains the primary source of health care for 70% of households in urban areas and 63% of households in rural areas. Reliance on public and private health care sector varies significantly between states. Several reasons are cited for relying on private rather than public sector; the main reason at the national level is poor quality of care in the public sector, with more than 57% of households pointing to this as the reason for a preference for private health care. Most of the public healthcare caters to the rural areas; and the poor quality arises from the reluctance of experienced health care providers to visit the rural areas. Consequently the majority of the public healthcare system catering to the rural and remote areas relies on inexperienced and unmotivated interns who are mandated to spend time in public healthcare clinics are part of their curricular requirement. Other major reasons are distance of the public sector facility, long wait times, and inconvenient hours of operation. The study conducted by IMS Institute for Healthcare Informatics in 2013, across 12 states in over 14,000 households indicated a steady increase in the usage of private healthcare facilities over the last 25 years for both Outpatient and In Patient services, across rural and urban areas.

3. Related Studies

While going through the literature on a selected topic, a number of reviews were found in the form research paper, books, dissertation and theses and some of the core related are studied and presented.

Pawar V.A. (2008) in his research paper entitled 'A critical appraisal of rural public health services in Kolhapur District' found that the government has created a large size health infrastructure all over the district, which looks obviously good. However, we have failed miserably in fostering government health agencies. Mostly, PHCs and Sub-PHCs face the problem of uncleanliness, inadequate medical equipment and medicines, inadequate finance. Almost, all buildings of health centers were old; their roofs were leaking and needed change. Since many years the buildings are not painted. There is in adequate furniture and several cots in hospitals are rusted. The numbers of government health services agencies are less than its raio to population; hence, existing health agency has a problem of excess burden of Patients. Government's non-recruitment policy of staff causes the increased the workload for the existing staff.

Amit Virmani (2004) the book 'Hospital Management: Principle, Theory and practice' emphasized on practice, administration and management, finance in Hospitals especially of corporate sector. This book is of considerable value and benefit to practicing health administrators as well as to college and university students of medical education and hospital management.

Shikant V. Khandelwala (1997) published book titled 'Health Administration and Weaker Sections' in 1997. His book is an attempt to cover public health aspect in the metropolis of Delhi. He observed that, in the process of urbanization, the cities are selling due to population growth and migration. This has resulted in further deterioration of physical environment in these cities not backed by adequate expansion of civic amenities as well as health services. Though all the varieties of health facilities are available in city, not all sections of the society are benefited by these facilities.

Ramachandrudu G (1997) in his edited book on "Health Planning in India' which deals with two sections, the research papers in the first section deal with health planning and human resource development and the second section conceive the

demographic aspects of health planning.

Peter Berman (1996) in his book 'morbidity Differentials in rural Karnataka' elaborated the size and composition of health expenditure in India and offered some comments and questions about what this information had to offer for the future development of the health system. Health expenditure estimate varied from the figures compared by different researches.

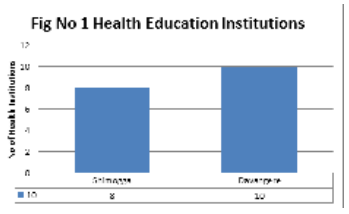
Reddy K.N. (1994) in his research paper entitled 'Health Care Expenditure in India: Is it low?', examined the level of health care expenditure in India in 1960 to 1990. He concludes that India has achieved considerable progress in health status in comparison to other countries. contribution to health, employer financed services, health and economic development, health policy, equity and social justice, finance of health sector, health manpower and organization.

4. Government and Private Health Education Institutions

Table No: 1. Government and Private Health Education Institutions.

Sl NO.	Institution	Karnataka State	Shimogga	%	Davangere	%
1	Medical	43	2	4.65	2	4.65
2	Dental	38	1	2.63	2	5.26
3	Ayurveda	52	2	3.85	1	1.92
4	Unani	5		0.00		0.00
5	Naturophathy & Yogic Sciences	4		0.00		0.00
6	Homeopathy	1		0.00		0.00
7	Pharmacy	60	1	1.67	2	3.33
8	Nursing	513	2	0.39	2	0.39
9	Physiotherapy	27		0.00		0.00
10	Affied Health Sciences	43		0.00	1	2.33
	Total	**786**	**8**	**1.02**	**10**	**1.27**

- Source: Rajiv Gandhi University of Health Sceiences Karnataka. http://www.rguhs.ac.in/index.html accessed on 11.01.2016.



The Table Number 1 gives statistical information on the number of government and private health educational institutions in Karnataka further in Shimogga and Davangere. It shows that, there are 786 number of health educational institutions which includes medical, dental, Ayurveda, unani, Naturopathy and yogic sciences, homeopathy, pharmacy, nursing, physiotherapy and allied health sciences. There are 8 health education institutes in Shimogga which includes 2 medical, I dental, 2 ayurvedic, I pharmacy and 2 nursing, There are 10 health education institutes in Davangere which includes 2 medical, 2 dental, I Ayurveda, 2 homeopathy, 2 pharmacy and I allied health sciences.

5. Pattern of the Public Health Service Infrastructure

The district hospitals will be the top in public health system by catering tertiary care to the entire district along with teaching hospitals. At the bottom level SCs and PHCs provide primary care to the people of rural areas and urban PHCs in urban area, Further following table no 2 shows the pattern of public health service infrastructure.

Table No: 2. Pattern of the Public Health Service Infrastructure

Category	Population Served	Location	Type of Care
District Hospitals	Entire district	District Health Quarers	Tertiary
CHCs/Taluk Hospitals	80000-120000	Block/Taluk	Secondary
Urban PHCs	Slum and Vulnerable Sections of the Society (50000)	Urban area	Primary
PHCs	20000-30000	Village	Primary
SCs	3000-500	Village	Primary

Shimoga has 14 number of hospitals and 2540 numbers of beds but only 48 doctors and in Davangere it is 12 number of Hospitals, 2396 number of beds but 213 doctors which were high compare to shimoga (Table 3), Table No 4 Shows that there are 66 private hospitals in shimoga having 106 doctors and in Davangere 57 private hospitals having 515 doctors.

Table No:3. Government Health Care Facilities

Sl NO.	Districts	Scs	PHCS		Urban PHCs		CHCs		TH		DH		Autonomous & teaching hospitals		Mobile Health Clinics	Total Government Hospital		
		No	No	Beds	No	Beds	No	Beds	No	Beds	No	Beds	No	Beds		No**	Beds*	Doctors
1	DAVANGERE	301	105	686			6	180	5	500	1	1030			4	12	2396	213
2	SHIMOGA	305	103	654	1	6	7	210	6	650			1	1000	4	14	2540	48

Note: * Total bed includes beds in other hospitals under Health and family Welfare, and Primary Health units with Maternity Annex. **includes CHC, TH, DH, Autonomous & teaching hospitals and family welfare hospitals. NA= Not Available, SC= Sub Centres, PHCS=Primary Health Centres, CHC= community Healh Centres, PHU= Primary Health Units, DH= District Hospital, TH= Taluk Hospital. Source: Karnataka Economic Survey 2013-14, p-115.

Table No:4. Private Health Care Facilities

Sl No.	District	Private Hospitals*		Clinics	Medical Shops	No of Doctors in			Doctors per 10000 Population	Hospitals per 10000 Population	Beds per 10000 Population	Population per Private Hospital beds
						Private NH/H	Clinics	Total				
1	Shimogga	No	Beds	NA	803	106	NA	106	0.49	0.30	NA	NA
2	Davangere			466	783	69	446	515	4.84	0.54	16.36	611

Note: NA= Not Available. *Registered Private Nursing Homes/ Hospitals/Charitable trust/Super specialist hospitals. **District at glance 2009-10. Source: District at Glance 2011-12.

Fig No: 2: Government and Private Hospitals

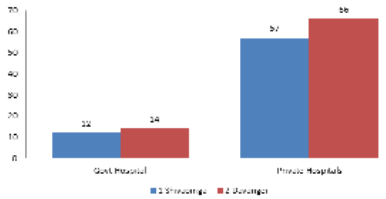


Table No 4 and Fig No 2 shows that, there are 12 government hospitals in Davangere and 14 in Shimoga were as 57 Registered Private Nursing Homes/Hospitals/Charitable trust/Super specialist hospitals in Davangere and 66 in Shimoga. Thus, in the both districts private hospitals are more in numbers and giving more infrastructural facilities and services compare to the government hospitals and its administrational management.

6. Conclusion

The situation of Davangere and Shimoga district of Karnataka is as same as whole country. The issues in regard to public and private health infrastructure are different and both of them need attention but in different ways. Rural public infrastructure must remain in mainstay for wider access to health care for all without imposing undue burden on them. Side by side the existing set of public hospitals at district and sub-district levels must be supported by good management and with adequate funding and user fees and out contracting services, all as part of a functioning referral net work. This demands better routines more accountable staff and attention to promote quality.

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