

A Study of Inclusiveness in Public Health Sector (A Case Study of Madhya Pradesh)

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Abstract – Health is indeed an important factor for the development of the economy thus the health sector of the economy is an important sector which cannot be neglected. The economy of MP is growing gradually over the years but is this growing economy catering the needs of the poor people? There has been high mortality infant rate In spite of the growth the poorest of the poor is striving for better health condition .The health care is not available & affordable to all. Our paper is trying to analysis the extent of inclusiveness in the Public Health Sector of Madhya Pradesh.

Growth implies participation in the process of growth and also sharing of benefit from growth. Inclusive state institutions are a necessary pre condition to fighting poverty in a sustainable way. But for state institutions to be inclusive, they first have to be effective, accountable, and representative. Thus inclusive growth is both an outcome and a process. On the one hand, it ensures that everyone can participate in the growth process, both in terms of decision making for organizing the growth progression as well as in participating in the growth itself. On the other hand, it makes sure that everyone shares equitably the benefits of growth. In fact, participation without benefit sharing will make growth unjust and sharing benefits without participation will make it a welfare outcome. The importance of inclusive growth is well acknowledged among the policy makers.

Key Words: Health Sector, Inclusive growth, MP economy, affordable health care.

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INTRODUCTION

Growth implies participation in the process of growth and also sharing of benefit from growth. Thus inclusive growth is both an outcome and a process. On the one hand, it ensures that everyone can participate in the growth process, both in terms of decision making for organizing the growth progression as well as in participating in the growth itself. On the other hand, it makes sure that everyone shares equitably the benefits of growth. In fact, participation without benefit sharing will make growth unjust and sharing benefits without participation will make it a welfare outcome. The importance of inclusive growth is well acknowledged among the policy makers. The approach paper of 11th Five Year Plan adopted in December 2006 describes the need for inclusive growth in its discussion. The approach plan points out that the growth oriented policies should be combined with policies ensuring broad based per capita income growth, benefiting all sections of the population, especially those who have thus far remained deprived.¹The need for inclusive healthcare is one of the key areas, where the lack of accessible, affordable and reliable product and service offerings has created

a big barrier in the social and economic development of the economically weaker segment living predominantly in rural areas across the world.

The economic growth is taking place at a mild pace but the major question is, is this growth bringing the poor sections of the society in the main stream are they really getting the benefit of the growth ?.The objectives of our paper are to examine the inclusiveness in health sector of Madhya Pradesh and to study about the loop holes which act as a barrier in promoting inclusiveness. Secondary data has been used for the study. Our paper has been divided into three sections the first section deals with the introduction, the section describes the economic & demographic condition of Madhya Pradesh. The third section presents the conclusion of the study.

MADHYA PRADESH SCENARIO

The state of Madhya Pradesh was formed on November 1, 1956 by merging the then states of Madhya Bharat, Vindhya Pradesh and the princely state of Bhopal on the recommendation of State Re-organisation Committee. Further, with the enactment

of Madhya Pradesh Re-organisation Act in the year 2000, it was bifurcated to carve out a new state Chhattisgarh. Before carving out Chhattisgarh, Madhya Pradesh was the state with the largest area in the country with natural beauty and abundant natural resources and economically useful minerals in large quantity namely, diamond (sole producer in the country), copper mining (80 per cent in the country), magnesium ore, limestone, coal and coalbed.

	Indicators	Unit	Madhya Pradesh	India
1	Geographical Area	Lakh Sq. Km	3.08	32.87
2	Population	Crore	7.26	121.02
3	Decadal Growth Rate	Percentage	20.3	17.64
4	Density of Population	Population/Sq. Km.	236	382
5	Urban to Total Population	Percentage	27.63	31.16
6	Sex Ratio	Females/1000 Males	930	940
7	Literacy Rate (LR)	Percentage	70.60	74.04

The economy of the state mainly depends on agriculture with more than 70% of the population involved in agricultural activities. The share of primary sector in the GDP of state has declined sharply from 32.5% in 2004-05 to 14.1% in 2011-12. During the year 2011-12, growth of primary sector in Madhya Pradesh is about 18% as compared to 3.08 % at all India level. 3

Table 1

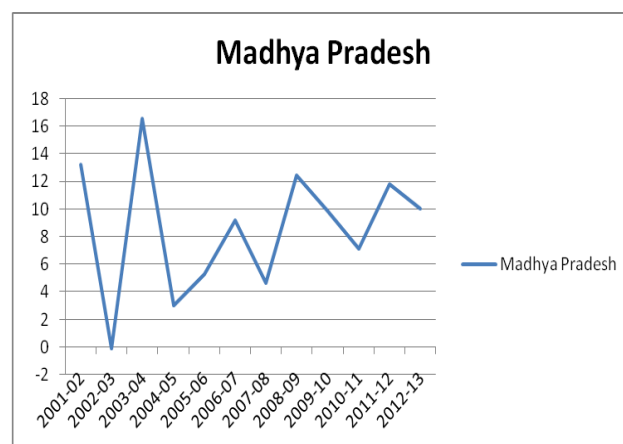
Growth Rate –GSDP % (Constant Prices) of Madhya Pradesh from

Year	Madhya Pradesh	All States
2001-02	13.20	5.81
2002-03	-0.06	3.84
2003-04	16.55	8.52
2004-05	3.08	7.47
2005-06	5.31	9.48
2006-07	9.23	9.57
2007-08	4.69	9.32
2008-09	12.47	6.72
2009-10	9.88	8.59
2010-11	7.13	9.32
2011-12	11.81	6.21
2012-13	10.02	4.96

Source: Study of state budgets, RBI, Data book, 2014

Figure 1

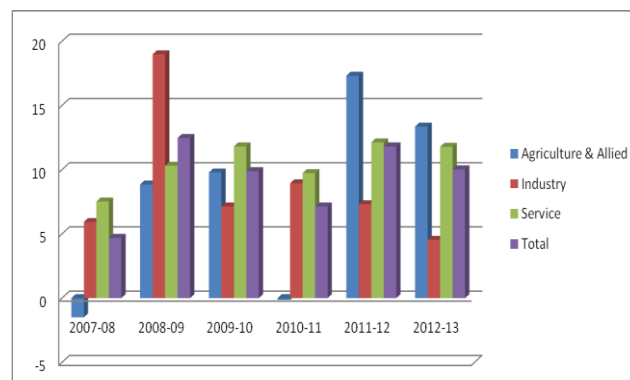
Trend in Growth Rate –GSDP % (Constant Prices) of Madhya Pradesh from



The growth rate of MP was 13.20 in 2001-02 but in 2002-03 a drastic fall took place the growth rate came down to -0.06 % but in the year 2003-04 the GSDP % increased by 16.55 %. Between 2004-05 & 2007-08 the growth rate of GSDP of MP has been lesser than the all states. In the year 2008-09 the GSDP percentage has been 12.47 % higher than the all states percentage. In the year 2011-12 the percentage of GSDP has been 11.81 which is quite higher than the all states but again in the year 2012-13 the growth rate has fallen to 10.02 %

Figure 2

Sectoral Real Growth Rate (%)



Source Brief for Annual Plan 2013-14, Planning Commission Financial Resource Division.

In the year 2007-08 the agriculture sector growth rate was negative but gradually by 2011-12 its growth rate increased and dropped a little by 2012-13. In the 2008-09 the Industrial sector showed tremendous growth rate it increased to 18.98 % but in the following years the rate has scaled down & by the year 2012-13 the rate has come down to 4.54

% Even the total sectoral growth rate has shown too many ups and downs, there is lack of consistency.

Table 2

Social Allocation Ratio

States	2007-08	2008-09	2009-10	2010-11	2011-12 RE	2012-13 BE
Bihar	43.8	43.9	41.8	38.2	41.8	4.30
Chhattisgarh	46.2	50.1	54.2	50.2	52.3	49.30
Jharkhand	43.5	47.8	44.2	46.4	46.2	45.4
MP	35.7	36.7	35.2	39.0	34.6	41.3
Odisha	35.9	41.6	41.0	42.3	43.3	38.9
Rajasthan	35.9	45.2	44.3	42.4	43.7	43.8
All States	35.3	37.6	38.7	39.0	39.8	40.0

source: A study of budgets RBI

The social allocation ratio has not shown a steady growth in the state whereas Jharkhand, Chhattisgarh, Rajasthan have shown quite a good growth. MP still has to improve a lot in the social sector allocation.

Table 3

Unemployment Rate by the major states 2009-10(per 1000)

Rural		Urban	
States lower than the all India	States higher than the all India	States lower than the all India	States higher than the all India
Rajasthan 4	Haryana 18	Gujarat 18	West Bengal 40
Karnataka 5	West Bengal 19	Rajasthan 22	Odisha 42
Maharashtra 6	Bihar 20	Haryana 25	Punjab 48
Madhya Pradesh 7	Punjab 26	Karnataka 27	Himanchal Pradesh 49
Gujarat 8	Odisha 30	UP 29	Assam 52
UP 10	Assam 39	Madhya Pradesh 29	Bihar 73
Andhra Pradesh 12	Kerala 75	Andhra Pradesh 31	Kerala 73
Tamil Nadu 15		Tamil Nadu 32	
Himanchal Pradesh 16		Maharashtra 32	
All India 16	All India 34	All India 16	All India 34

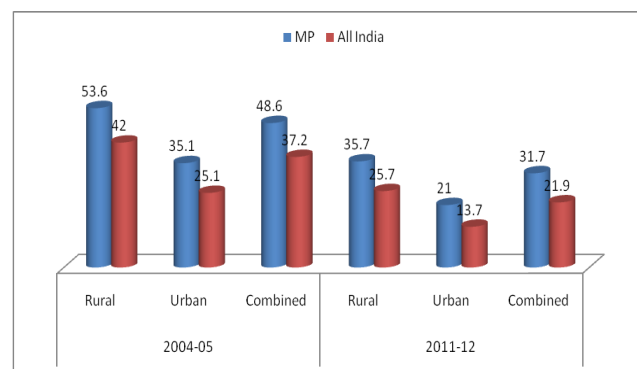
Source: Economic Survey 2012-13, Government of India.

As per the National Sample Survey 66th the Round, (2009-10 – the latest) the Unemployment Rate is defined as the number of persons unemployed per 1000 persons in labour force. According to the usual status of the Survey, the unemployment rate in rural areas at 16 per 1000 persons was lower than that of urban areas at 34 per 1000 persons at all India level. With regard to rural areas, the unemployment rate was lower in nine States as compared to all India. Among them, the lowest was in Rajasthan. According to the Economic Survey 2012-13, this may perhaps be due to high absorption under the Mahatma Gandhi National Rural Employment Guarantee Scheme. Tamil Nadu was one among the nine States having unemployment rate lesser than that of all India. The unemployment in rural Tamil Nadu at 15 ranked 8th place among the States. Only nine States had lower employment rate in urban areas as compared to that of all India. Among them, it was the lowest in Gujarat (18 per 1000 persons) and the State occupied the first place. Tamil Nadu with 32 per 1000 persons ranked 8th States having unemployment rate lower than the all India.

The rural & urban unemployment rate in Madhya Pradesh has decreased it is lower than the all India averages and it is due to the efforts of the Madhya Pradesh government.

Figure 3

Poverty Ratio by major states (Head Count Ratio – Tendulkar Methodology)



Source: Press Note on Poverty Estimates, 2009-10, Union Planning Commission, July 2012.2. Press Note on Poverty Estimates, 2011-12, Union Planning Commission, July 2013

Poverty ratio in MP has been always higher than the all India averages, in the year 2004-05 the rural poverty ratio in MP was 53.6 which declined to 35.7 by 2011-12 similarly the urban poverty ratio in 2004-05 was 35.1 which further declined to 21 by 2011-12, rural poverty has always been higher than the urban poverty.

Table 4**Estimates of Birth Rates & Death Rates 2013**

	Crude Birth Rate			Crude Death Rate		
	Total	Rural	Urban	Total	Rural	Urban
MP	26.3	28.2	19.6	8.0	8.5	6.1
All India	21.4	22.9	17.3	7.0	7.5	5.6

Source: Rural Health Statistics 2013.

The Crude Birth Rate is higher than the all India averages similarly the rural & urban crude birth rates are also high in MP. The Crude Death Rate is lower in all India as compared to MP. The rural & urban death rate in MP is higher than all India averages.

Table 5**Infant Mortality Rates.**

	Total	Rural	Urban
MP	54	57	37
All India	40	44	27

Source: Rural Health Statistics 2013

From the above table we can state that the Infant Mortality rates in MP is quite higher than the all India averages which is indeed a cause of concern.

Table 6**Average Rural Population covered by health facility (based on the rural population of 2011 population census)**

	Norm	States
Sub Centre(SC)	3000-5000	5426
Primary Health Centre (PHC)	20000-30000	32944
Community Health Centre(CHC)	80000-120000	154512

Source: Rural Health Statistics 2013.

Taking into consideration the above table the average rural population by a CHC in MP as on March 2015 is 118921- 170989. Average rural population covered by a PHC as in March 2015 is 32533-83808 and average rural population covered by a sub centre as on march

2015 is 4046-5801. Thus not a single health care centre is functioning as per the norms there is too much of pressure on the health care centers.

SECTION III

Like macroeconomic stability, inclusive growth should be considered an enabler of sustained growth and development. It should also be noted that creating the environment for inclusive growth is at least partially contained in some of the existing Millennium Development Goals (MDG) targets, for example, in the form of universal access to the income enhancing investments in education and health.³ The promotion of infrastructure especially, in rural areas can be a catalyst of inclusive growth through better delivery of social services to the common man. Financial institution should play a crucial role in infrastructure financing especially in rural areas is needed. We need to provide special health care facilities in the rural areas. There is a dire need for specialized doctors and other paramedical officers in the health care centers of the rural areas. The growth has to be inclusive which can be done with proper infrastructure development in the health & education sector. We need to take measures so that the pressure on the health centers such as PHCs, CHCs, SHCs can be reduced. The doctors need to be given special facilities so that they can render their facilities in the rural areas. The medical care has to be more affordable & available. The government health care has to be more specialized so that people need not have to go to the private health care centers which are quite expensive. There is a need for Public Private Partnership in the health care sector so that the health care is available to the remotest corner of the state.

Thus Inclusive growth cannot be obtained just within a day there has to be proper planning and implementation of the policies. The Panchayati Raj system has to play a crucial role so that the health care can be provided to all.

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