Panchayati Raj and Health Care

India had forms of local self government from ancient times; such decentralized government helped in caring for the needs of the people, including health care, Gandhiji had visualized the gram sabhas and village panchayats.

The Princely State of Mysore had introduced the Panchayats in 1926. After the formation of Karnataka, the Mysore (later named as Karnataka) Village Panchayats and local Boards Act, 1959 was passed. This Act was mainly based on the recommendations of the Belwantrai Mehta Report. It superseded the separate rural local self government Acts, which were in operation in the different parts of the state. A three tiered Panchayati Raj System came into operation.

VILLAGE PANCHAYATS

<table>
<thead>
<tr>
<th>Population Covered</th>
<th>1,500 – 10,000</th>
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</thead>
<tbody>
<tr>
<td>Members</td>
<td>11-19</td>
</tr>
<tr>
<td>Reservations</td>
<td>Scheduled castes and tribes, women</td>
</tr>
</tbody>
</table>

Larger Panchayats may be declared by Government as town Panchayats.

<table>
<thead>
<tr>
<th>Population covered</th>
<th>Not less than 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>Not less than Rs. 10,000</td>
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Obligatory functions included certain areas which have impact on the health of the people.

Supply of drinking water, sanitation and conservancy, construction and maintenance of drains and ponds and regulation of eating places.

Discretionary functions included dispensaries and maternity homes. Panchayats had the statutory powers to set up committees, including one for health.

The finances were totally inadequate. There was very little direct income raised by the panchayats, which depended on grants from Government.

The Gram Sabhas (assembly of the adult population of the village) were expected to play an important role, but did not do so, whether in policies, decisions or implementation.

1. TALUKA DEVELOPMENT BOARDS

At the Sub district level was the Taluka Board. Members: Elected, ex-officio and nominated elected representatives were 15-20. Reservations: Scheduled castes and tribes: Women.
Obligatory functions included running dispensaries, public health and sanitation.

The Board could set up committees including a public health committee.

There was perpetual shortage of funds and, therefore, the functioning was not satisfactory.

2. DISTRICT DEVELOPMENT COUNCIL

Members: Ex officio and nominated
- Presidents of Taluka development Boards and local legislators
- District Level Officers
- One Member each from scheduled caste/tribes and women

Chairperson: Deputy Commissioner
Function: Supervisory over Taluka boards and providing guidance.

3. PANCHAYATI RAJ AT WORK

The activities of the Panchayati Raj institutions were limited.

There were constraints of resources. Very little funds could be raised by the local institutions. They depended on grants from Government; these were always inadequate.

Quality of leadership was uneven. There were also insufficient people’s participation. The administration of Village Panchayats was not satisfactory.

A committee had suggested measures for revitalization of the institutions, but very little was done.

The autonomous structure and functioning of the Panchayat Raj Institutions envisaged in the 1959 Act self governing bodies but were controlled by the State bureaucracy.

4. THE NEW PANCHAYAT ACT, 1985

Based mainly on the report of Ashoka Mehta Committee (1978), the Karnataka Zilla Parishad, Taluk Panchayat Samities, Mandal Panchayats and Nyaya Panchayats Act came into being in 1985. Election were held in 1987.
Leadership for the decentralized democratic functioning was provided by Shri Nazier Saab, Minister supported by the Chief Minister, Shri Ramakrishna Hegde. At the end of the life span of the institutions, they were replaced by Administrators.

In the Panchayat Act, 1985, executive power was vested at two levels:

- The Zilla Parishad (district level); and
- The Mandal Panchayat, covering a cluster of villages with a population of 8,000 – 12,000/

Section 182 listed the various functions of the Zilla Parishad. Among them are the management of hospitals and dispensaries, excluding hospitals at the District Headquarters and institutions managed by Municipal Corporations or Councils; one of the standing committee of the Zilla Parishad was the Head Committee.

4.1 FUNDS

Though the funds were not adequate in absolute terms, about four-fifths of the health budget meant for rural areas were controlled by the Zilla Parishads. 

**Outcome:** The Panchayati Raj System of Karnataka had many good points:

- There was good devolution of power
- The Zilla Parishad had an elected Chairperson (Adhyaksha). The general administration was with the Deputy Commissioner.
- The Adhyaksha and Upadhyaksha of Zilla Parishad had the status of a Minister and Deputy Minister respectively
- There were reservations for women and weaker sections. At the 1987 elections, women formed 25% of the members; 21.68% were from the scheduled castes and scheduled tribes.
- A Finance Commission was to be appointed every five years to consider the financial needs of Panchayat Raj Institutions.

4.2. CONSTRAINTS

- Developmental functions are identified by the State Government and were expected to be carried out by the Panchayat Raj Institutions.
- The Development officials were servants of State Government (on deputation) and were not accountable to Panchayat Raj Institutions.
- Many amendments were introduced, curtailing powers of the institutions and withdrawing several of the functions originally earmarked for the institutions.
- Operation of the institutions were restricted to specific tasks, where centrally sponsored schemes had to be implemented at the village level.
4.3 REVIEW

The working of the Zilla Parishads and Mandal Panchayats was reviewed by an Evaluation Committee (1989). Referring to health administration, the committee reported:

“Likewise, there has been significant progress in the areas of medical and public health facilities. Besides a big improvement in the attendance of doctors and other medical personnel, steps have been taken to secure the supply of drugs and medicines more regularly and in accordance with the local requirements.

Personnel management has been a problem. Recruitment, transfers and disciplinary control have been sources of friction between the State Government and Zilla Parishads. Multiple lines of control of officials on deputation and their technical/professional control and supervision posed problems.

5. THE KARNATAKA PANCHAYAT RAJ ACT, 1993

Following the charges proposed in the 73rd Constitution (Amendment) Act, 1991, the Karnataka Panchayat Raj Act, 1993 came into being. It has a three tier system with elected bodies at Grama Taluka and District levels.

The Grama Panchayats are to replace the mandals panchayats. The Population covered will be reduced to 5,000-7,000 instead of 8,000-12,000. A member will represent about 400 persons.

The minimum reservation for women has been raised from 25% to 33%. The reservation for scheduled castes and scheduled tribes continues in proportion to their population with a minimum of 15% for scheduled castes and 3% for scheduled tribes. Each level institution has well defined health functions and responsibilities, given in the schedules. The Zilla Panchayat has an Education and Health Committee. This Committee is in charge of educational activities and health services, hospitals, water supply, family welfare and other allied matters.

The new legislation has reduced the powers conferred on the Panchayats, compared with the earlier Act.

The dichotomy of control between local government and the state functionaries works against genuine transfer of power to Panchayati Raj institutions and into people’s hands. Discretionary funds placed at the disposal of Membership of Parliament and demanded by the Members of the Legislative Assembly can increase the power of politicians over the Panchayati Raj Institutions.

The Role of self government is likely to remain advisory rather than operative, unless the people are enabled to participate in planning and implementation.
Decentralization is the means. The end is people based planning and implementation. There is need for extensive training programmes for all elected members of the Panchayati Raj Institutions to help them in planning and the functioning of the system. This would include matters relating to health. It is necessary to develop local leadership. Decentralization offers a great opportunity for developing people based Community Health. It can bring about an integrated approach to health care. Informal folk knowledge and health practices can develop relationship with the various systems of medicine, including modern medicine, Ayurveda, Unani, Sidda and others. There is need for capacity building of all the people and not merely the economically and socially powerful.

**BIBLIOGRAPHY**


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