

SOCIAL AWARENESS ABOUT HEALTH CARE AND SANITIZATION PROGRAM: A STUDY WITH REFERENCE TO SELECT PANCHAYAT SAMITIES OF NORTH 24 PARGANA DISTRICT, WEST BENGAL

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Abstract: *A number of hurdles and deficiencies are responsible for failure of rural development program. The present paper makes an attempt to examine the health care services and sanitation related schemes given by the panchayat samities in different areas of North 24 pargana district in West Bengal. This article also proves that the health care and cleaning system are the two mantras which build a strong community.*

KEYWORDS: *Health care, Sanitation, NRHM, CHCMI, TSC*

Introduction

India is a country with maximum number of rural population. Panchayati Raj Institution has influenced the rural life extensively. The Article- 243 (G) of 73rd Constitutional Amendment Act, 1992 encounter panchayats to conduct planning for social security and economic development. Panchayats to outflow many discretionary functions like developing infrastructural facility, alleviation of poverty, developing social awareness. The Central Government and State Governments provided various schemes to panchayats for giving social security, employment generation, different kinds of livelihood support etc. Resources play critical role in social awareness program. The resources are basically of two types i.e. human resources and financial resources. Between two resources, financial resources are the important aspects for development of panchayats areas. The financial resources of a panchayats could broadly shape the following sources of funds:

- 1) Central Government grants.
- 2) State Government grants.
- 3) Own sources of revenues of panchayats.

Literature Review

- 1) **Md. Rashid and Anjan Sen (2010)** highlighted the level of people's participation in panchayat activities and level of people's awareness about rural development programs. They also discussed the background of the Constitution (Seventy-Third Amendment) Act, 1992, and Bihar Panchayati Raj Act, 1993 and 2006, both of which aim to empower the rural people by strengthening the Gram Sabha. Gram Sabha happens to be the heart or the core of the panchayati raj system of local self-governance.
- 2) **P. Ananth (2014)** has sets out to trace in brief the origins of the concept of Panchayat systems and he also attempts to give an explanation as to why it should once again have assumed importance in the minds of administrators, politicians and NGOs.
- 3) **Geeta and Sanjay Mishra (2016)** they sought to analyze changes in the rural society and its impact on political participation, political mobilization and socio-economic transformation. In case of performing the role of PRIs there are number of factors responsible for created hurdles such factors are castism, factionalism and groupism. which resulting to bitter infightings, allegations and counter-allegations, mutual suspicions and rivalries etc.
- 4) **Palaniappan G., Ramanigopal C. S., and Subhashini S. (2018)** they observed that the Consumer Protection Act enacted in a unique and highly progressive piece of social welfare legislation can only give certain rights to the consumers, but it's functioning and implementation largely depends on the awareness and efforts of the consumers themselves. The problem is more acute in the rural areas. To reach the rural consumers, it is crucial to involve the Panchayati Raj institutions in not only educating consumers but also ensuring that fake and spurious products are not promoted in the rural markets.
- 5) **Rangaswamy. M. Rand and Basavaraja. G (2019)** they explained the modern panchayati raj system and its gram panchayats. After the formalization of panchayati raj system, a number of Indian committees have been formed to improve the system of decentralized administration. Local self-government has delivered several administrative functions to the local levels and also empowering the elected gram panchayats. They also discussed the significance difference between the system of formalized in India in 1992, which were the system formalized in India in 1992, the traditional panchayati raj system and the envisioned by Gandhi.

Research Gap

In case of above literature review different authors have discussed the different issues such as, Rashid and Sen discussed about rural development programs. Annath focused on administrative function of panchayats and others also focused about political participation or decentralized system of panchayat system. No one of them have discussed social awareness through health or sanitization programs. In our study we have mainly focused on health care as well as sanitization programs in several years of selected panchayat samities.

Objectives

- 1) To study the role of panchayat samities in the implementation of social awareness programs, such as health care and sanitizations.
- 2) To analyze the relationship between socio-economic conditions and social awareness programs between selected panchayat samities.

Research Methodology

For the present article, secondary data have been utilized. Secondary data were gathered from different government records and different sources. North 24 pargana district consist of 22 panchayat samities, out of those 22 panchayat samities we have been selected 3 panchayat samities (i.e. Barasat-I, Barasat-II and Rajarhat) have been considered on the basis of purposive sampling. The period of study is 9 years is starting from 2010-11 to 2018-19. Further, data analysis i.e. trend analysis and descriptive statistics also conducted with the help of Microsoft Excel. Trend analysis is used because data were time series in nature. In trend analysis we find out the R square value. R square is a statistical measure to show the closeness of the data which are fitted in regression line. The value of R square always lies between 0 and 100%, closer to 100% means the data are best fitted. In descriptive statistics, mainly we find out the value of standard deviation and co-efficient variation. Because here we have analyzed the amount of allocation in several years, and the SD and COV are well explained the allocation.

Ways of Social Awareness

“The village problem has to be solved by the villagers alone” – Mahatma Gandhi. Despite the implementation of panchayati Raj institutions amendment act, the rural people have not achieved much success in the rural development schemes. During the 73rd Amendment Act, it focuses that, there is need to make rural people as well as rural bodies more active and participatory in rural development program. Rural People are generally dissatisfied with the service delivery by the panchayats samities in case of health as well as sanitation sector.

Realizing the importance of health and cleaning, Government of India launched different types of health and cleaning program such as, National Rural Health Mission (NRHM), Community Health Care Management Initiative (CHCMI), Total Sanitation Campaign (TSC) or Total Sanitation Program (TSP) etc. Despite the launches of different kinds of health and sanitation schemes, the rural people has not much benefitted from those programs due to awareness as well as fund allocation on said program during the years, as a result the degree of efficiency in delivering health care services has varied state to states. The details fund situation about health and sanitation program has discussed in next point.

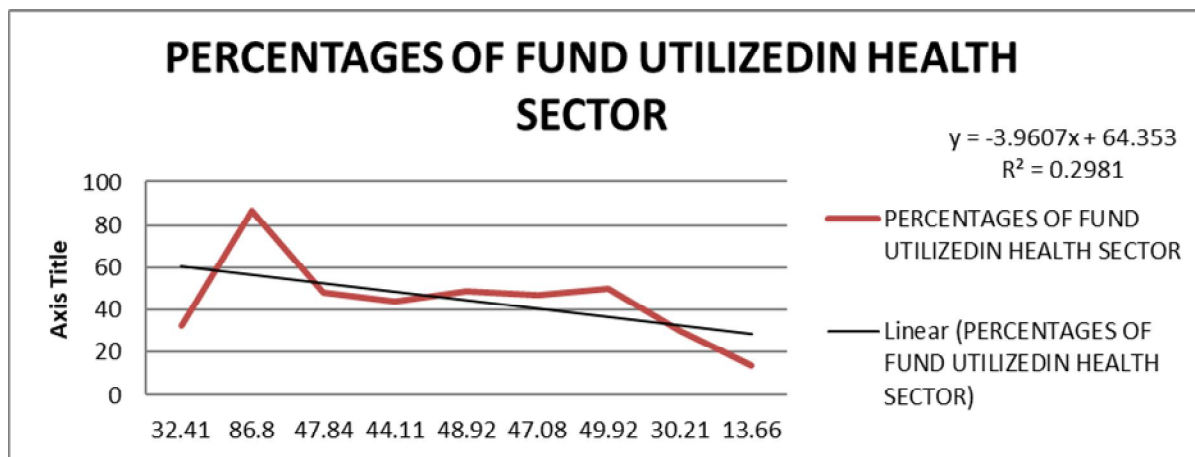
Data analysis

Table: 1 – Percentages of fund utilized in health sector and sanitation program by the Rajarhat Panchayat Samiti

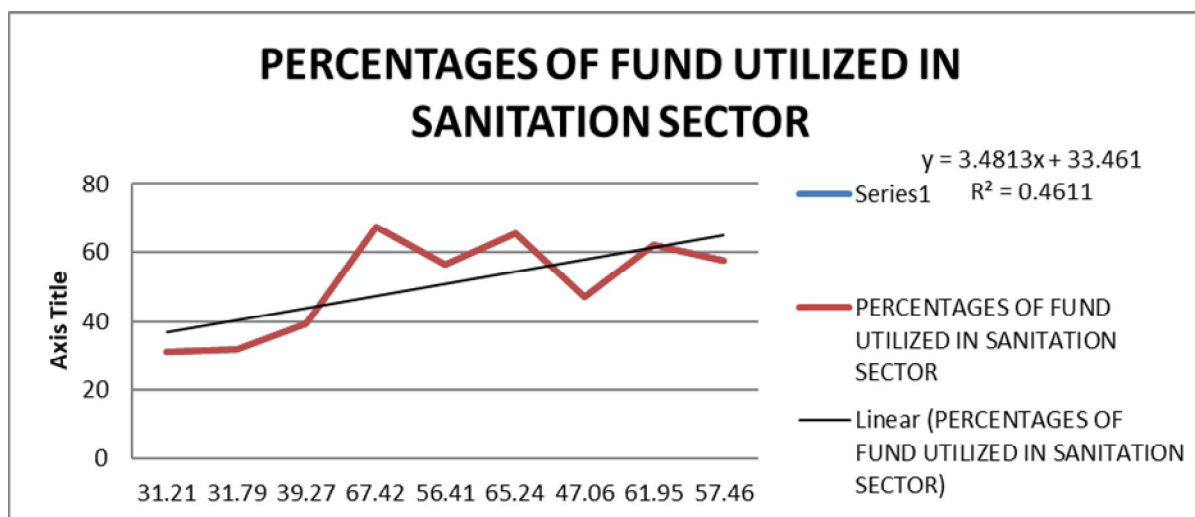
Year	Total Amount Incurred in Health Sector (Rs)	Percentages Of Fund Utilized in Health Sector	Total Amount Incurred in Sanitation Sector (Rs)	Percentages Of Fund Utilized in Sanitation Sector
2010-11	4904223	32.41	1864380	31.21
2011-12	6853812	86.8	8100510	31.79
2012-13	2423367	47.84	9937978	39.27
2013-14	6034194	44.11	4155680	67.42
2014-15	3367655	48.92	9349259	56.41
2015-16	1823692	47.08	7033368	65.24
2016-17	445852	49.92	1518226	47.06
2017-18	3973821	30.21	5141093	61.95
2018-19	2528442	13.66	1648448	57.46
MEAN	3595006.44	44.55	5416549.11	50.87
Standard Deviation	2062877.66	19.88	3343021.78	14.04
Coefficient Of Variation	57.38	44.60	61.72	27.60

Source: Data edited by the researchers from published reports.

From the above Table: 1, it is evident that in case of Rajarhat panchayat samiti, the allocated percentages in health services have been inconsistent over the period. The standard deviation (19.87) and high coefficient of variation (44.59) also indicates the inconsistency of fund allocation in health sector. In case of sanitation program, the percentages of variation have been less than compared to health program. The standard deviation (14.03) and coefficient of variation (27.60) indicates the overall picture.



Source: Graph edited by the researchers from Table: 1.



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Trend line has been described how the variable that measures changes over time. From the above picture it has been seen that, trend line shift away from all over the years. The R-Square value (in case of health care 0.298 and sanitation program 0.461) does not satisfy the trend line equation.

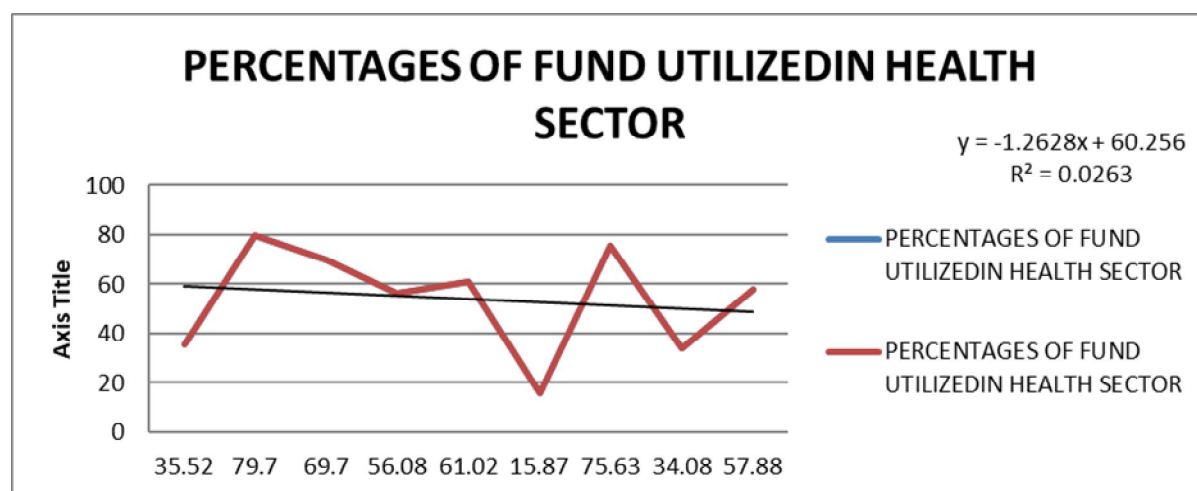
Table: 2 – Percentages of fund utilized in health sector and sanitation program by the Barasat-I Panchayat Samiti

YEAR	Total Amount Incurred in Health Sector (Rs)	Percentages Of Fund Utilized in Health Sector	Total Amount Incurred in Sanitation Sector (Rs)	Percentages Of Fund Utilized in Sanitation Sector
2010-11	4489030	35.52	1841880	65.66
2011-12	9310482	79.7	9654627	80.47
2012-13	9521831	69.7	16865697	99.44
2013-14	3711222	56.08	25993058	59.8
2014-15	1863154	61.02	88944066	95.67

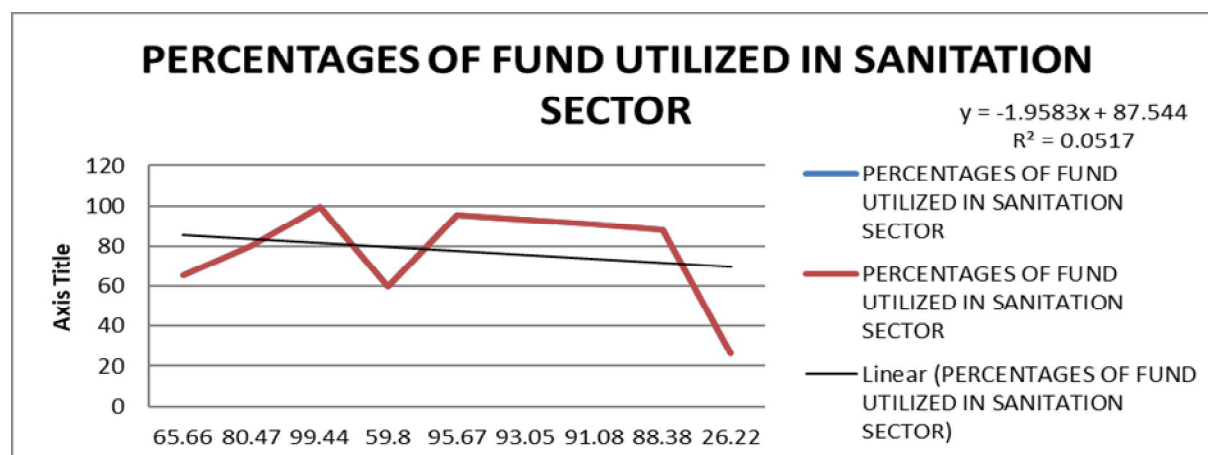
2015-16	623145	15.87	19378998	93.05
2016-17	242379	75.63	8135676	91.08
2017-18	1342584	34.08	3456059	88.38
2018-19	1463955	57.88	2334669	26.22
MEAN	3618642.44	53.94	19622747.78	77.75
Standard Deviation	3558227.04	21.32	27297897.72	23.58
Coefficient Of Variation	98.33	39.52	139.11	30.32

Source: Data edited by the researchers from published reports.

In case of Barasat-I panchayat samiti, it has been observed that, the allocated percentages in health services have been inconsistent over the period same as Rajarhat panchayats samiti. The standard deviation (21.31 in case of health sector and 23.57 in case of sanitation program) and high coefficient of variation (39.52 in case of health sector and 30.32 in case of sanitation program) also indicates the inconsistency of fund allocation in health sector as well as sanitation program.



Source: Graph edited by the researchers from Table: 2.



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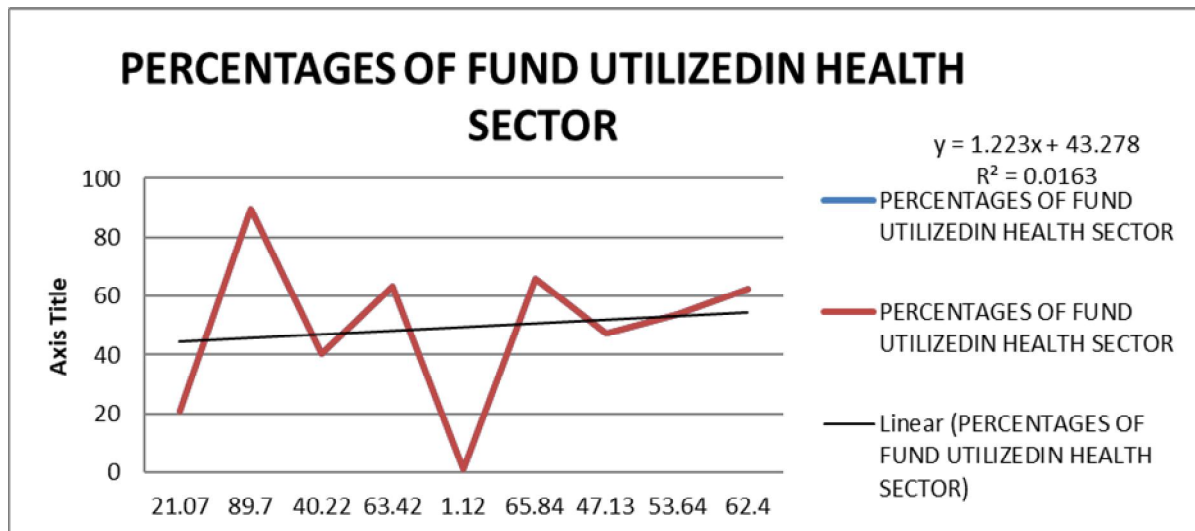
From the above picture it has been found that, trend line down away from last couple of years. The R-Square value (in case of health care 0.0263 and sanitation program 0.0517) does not satisfy the trend line equation.

Table: 3 – Percentages of fund utilized in health sector and sanitation program by the Barasat-II Panchayat Samiti.

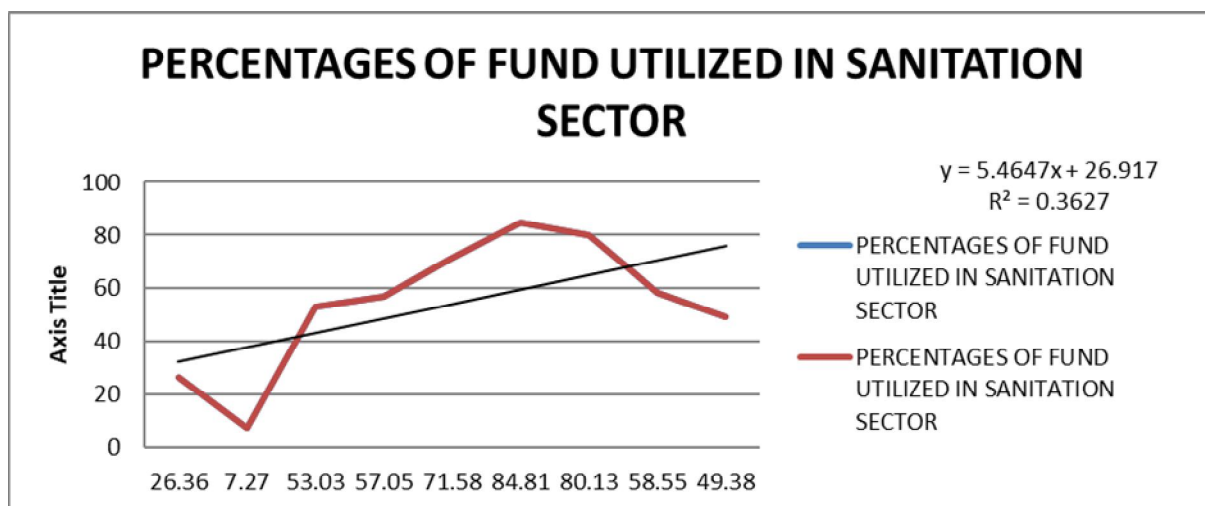
YEAR	Total Amount Incurred in Health Sector (Rs)	Percentages Of Fund Utilized in Health Sector	Total Amount Incurred in Sanitation Sector (Rs)	Percentages Of Fund Utilized in Sanitation Sector
2010-11	3042083	21.07	1361072	26.36
2011-12	2631845	89.7	9974061	7.27
2012-13	1965717	40.22	18949838	53.03
2013-14	791204	63.42	17783802	57.05
2014-15	622739	1.12	13311903	71.58
2015-16	715880	65.84	48668928	84.81
2016-17	532451	47.13	13407475	80.13
2017-18	2073526	53.64	4629034	58.55
2018-19	453415	62.4	3143307	49.38
MEAN	1425428.89	49.39	14581046.67	54.24
Standard Deviation	1004563.58	26.22	14231005.42	24.85
Coefficient Of Variation	70.47	53.09	97.60	45.82

Source: Data edited by the researchers from published reports.

From the above Table: 3, it has been observed that in case of Barasat-II panchayat samiti, the allocated percentages in health services have been inconsistent over the period. The high standard deviation (26.22) and high coefficient of variation (53.08) also indicates the inconsistency of fund allocation in health sector. In case of sanitation program, the percentages of variation have been less than compared to health program. The high standard deviation (24.85) and high coefficient of variation (45.81) indicates the overall picture.



Source: Graph edited by the researchers from Table: 3.



Source: Graph edited by researchers from Table: 3.

From the above picture it has been observed that, trend line has been inconsistent during the study period, middle of the year it has been reach to 80 percent, while end of the year it was 49.38 percent. The R-Square value (in case of health care 0.0163) is too bad and but in case of sanitation program R- Square value (0.3627) quite good compared to health scheme.

Conclusion

Panchayat samities have failed to develop, supervise and regulate delivery of healthcare services as well as sanitation services in most of the years during the study. Although healthcare delivery is the responsibility of the health department but panchayats samities have certain responsibilities at local level. It has been concluded from the above results that, in case of Barasat-II panchayat samiti the performance in allocation of fund in health as well as sanitation sector are not satisfactory compared to Rajarhat and Barasat-I panchayats samiti. Rajarhat panchayat samiti performs good performance in sanitation program during the study period. The coefficient of variation (27.60) is too small compared to Barasat-I and Barasat-II panchayat samities.

Further in order to strengthen the panchayati raj institutions all over the country, it is essential that panchayat samities play a leading role in respect of proper allocation of social awareness schemes to the real beneficiaries.

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