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**MORBIDTY STATUS, UTILISATION AND COST
OF TREATMENT:
A COMPARATIVE STUDY IN THE SELECTED
STATES**

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Section I

1. Introduction

Economic reforms implemented in 1991 in India have introduced significant policy changes in economic, social and other sectors. Shift in the policies included change in the government expenditure pattern, privatization, liberalization, etc., aiming at consolidating the fiscal position of the government, stimulating the stagnant economy in early 1990s. During the initial stages of the economic reforms many had commented that the axe of reduction in government expenditure would fall on the social sector, which would severely affect the human development in the nation. Health sector is one of the important social sectors requiring continuous and constant support from the government to provide health inputs (good health) for human development. Reduction in public spending, privatization of service delivery system, would jeopardize the social goal of providing health for all. In a country like India, where still more than 26 per cent of the population live below poverty line, malnutrition is a major problem, communicable diseases are still dominating the morbidity pattern, poor people depend

largely upon public health delivery system for treatment of their illness reduction in the government support for this sector is not called for.

Health, which is defined as the state of well being in terms of both physical and mental apart from absence of illness, is the product of various factors like income level of the people (affordability), availability of and access to health care facilities, cost of treatment, etc. All these factors are policy sensitive, and the negative effects of the policies would adversely affect the health seeking behaviour of people and health status, thus halving the human development. In this context it is necessary to study the pattern of morbidity, utilisation of health care facilities, cost of treatment, etc. during the reform period. Several studies have shown the impacts of economic reforms at macro level (Kadekodi and Kulkarni 2002; Annigeri and Kadekodi 2003). The macro level studies provide an overview at national level, but for an in-depth understanding of the above issues micro level studies are essential. Micro level studies are few and most of them have covered limited issues. Various questions like what is the morbidity pattern, whether communicable diseases are

still dominant; what is the proportion of out-patients and in-patients, and incidence and prevalence of diseases; which type of health care facilities are being used, is there any usage pattern across type of diseases, region-wise; what is the cost incurred for treatment of diseases of different nature, which sections of society are paying more for medical services, is there any discrimination in medical expenditure on women and children, working and non-working population; how do people are financing to meet their health care expenditures, what is the impact of these expenditures on their livelihood activities, need to be probed in detail at the household level. In order to find answers to these

questions a household level study has been conducted in three states of India. With this background later part of the Section I presents the details of selection of study area, sampling design and sample size; Section II illustrates the details of morbidity pattern; Section III provides the utilisation pattern of health care facilities; Section IV gives the medicare expenditure scenario; Section V depicts the sources of finance for health care expenditures and effects of these expenditures on the families; Section VI contains information related to sources of drinking water, sanitation facilities, etc., to the households; while the last Section presents an overall conclusion.

Morbidity Status, Utilisation And Cost Of Treatment: A Comparative Study In The Selected States

1.1. Selection of Study Area, Sampling Design and Sample Size

The field area is selected in four stages i.e., states, districts, taluks and villages (households). In the first stage three states were selected on the basis of income level of the state as categorized by the Eleventh Finance commission (GOI). The states chosen were Maharashtra from the High Income States, Karnataka among Middle Income States and Orissa from the Low Income States. These three states represent the categories of states of different level of development; i.e., developed, medium developed and less developed.

In the second stage districts were chosen considering the Agro-climatic zones following Agro-climatic Regional Planning Unit's (ARPU) classification and SC/ST population of each district in the selected states. Agro-climatic zones have been considered since health status of people is influenced to a larger extent by weather conditions prevailing in a region along with other factors like economic and social conditions. Further, in order to represent the vulnerable sections of the society proportion of SC and ST population in the districts has been considered. Based on these criteria one district representing each agro-climatic zone of the state has been selected. Thus, a total of 13 districts were chosen for the study and details about the nature of climate, districts

coming under different climatic zones, percent of SC/ST population in each district and name of the districts selected in each state are presented in Annexure Tables 1, 2 and 3 for Maharashtra, Karnataka and Orissa respectively. As shown Maharashtra has 5 types of agro-climatic zones. Hence, by allowing for SC/ST representation along with climatic type 5 districts viz., Gadchiroli, Dhule, Amaravati, Nasik and Thane are considered for household survey. Similarly, Karnataka also has 5 different agro-climatic zones where 5 districts namely Bidar, Dharwad, Chitradurga, Mysore and Chikkmagalur have been chosen. Orissa, another state for our in-depth study has 3 types of climates. Following the above mentioned criteria Balesore, Gajapathi and Malkhangiri districts have been selected in Orissa.

The third stage of sampling design included selection of taluks in the chosen districts. In each districts two taluks were selected following random sampling method. Selection of villages and households from the chosen taluks was done in the fourth stage. Two villages in each taluk were selected randomly. The information about the name of taluks, villages and number of households in the selected districts of Maharashtra, Karnataka, and Orissa are presented respectively in Annexure Tables 4, 5 and 6. The number of households for each district was in proportion to the percent of district population to the total population of the selected districts. The total number of households in each district was distributed

between the two selected taluks. At the taluk level again the households have been distributed among the chosen villages. In all the selected villages households were chosen randomly by adopting Circular Sampling Method. The households for interview purpose were selected with skipping interval, which would help to cover the entire village. In all the taluks alternative villages were provided in any eventuality of difficulty in finding the sample villages. The household survey was conducted simultaneously in the selected three states during July - August 2001.

The survey covered a total of 1500 households in each state including 1000 households from rural area and 500 households from urban area. Thus total number of households covered in the survey is 4500, of which 3000 are rural and 1500 are urban households. The survey covered a total of 23973 persons, out of which 8577 persons from Maharashtra, 8209 persons from Karnataka and 7187 persons from Orissa.

1.2 Method of Data Analysis

The present report attempted to give a comparative picture of morbidity states, utilization pattern of health care facilities and cost of treatment in the selected three states during the reference period i.e., 2001 by using mainly descriptive statistics. It is already mentioned that in all three states few districts have been selected for the study. But, it would be difficult to get a representative and comparative health

scenario of the states by selecting few districts. Hence, it is necessary to make the data as comparable, which has been done by using normal rainfall as weight. The study considered normal rainfall as a weight because the survey areas have been chosen on the basis of Agro-climatic zones in the selected states. It is a fact that to a larger extent the characteristics of Agro-climatic zones are influenced by rainfall in that area. Further, rainfall has significant impacts on health of people also. For instance, both drought and floods cause different types of diseases. Hence, taking into account the impacts, the study considered rainfall as a weight to make data comparable and tables presented in this report have been prepared by using normal rainfall as a weight.

It is to be mentioned that the morbidity status differs from person to person depending upon the type, nature, duration, etc., of diseases, which poses problems while obtaining an aggregative picture. In order to get an aggregative picture the morbidity status of people has been grouped on the basis of duration and type of illness. Diseases on the basis of duration or period of ill health have been classified as *incidence* and *prevalence*, where incidence refers to a person fell sick in the past 30 days of the survey period, while prevalence refers to a person with ill health for more than 30 days. Further, the diseases have been regrouped as communicable, non-communicable and accidents considering the nature of illness. While making this classification the advice and suggestions of

medical practitioners like doctors is accounted for a proper categorization. The various types of diseases reported by people and their classification as communicable, non-communicable and accidents is presented in Annexure Table 7. The above categorization of morbidity status has been analyzed considering the type of services received, i.e., outpatient and in-patient, by the morbid people.

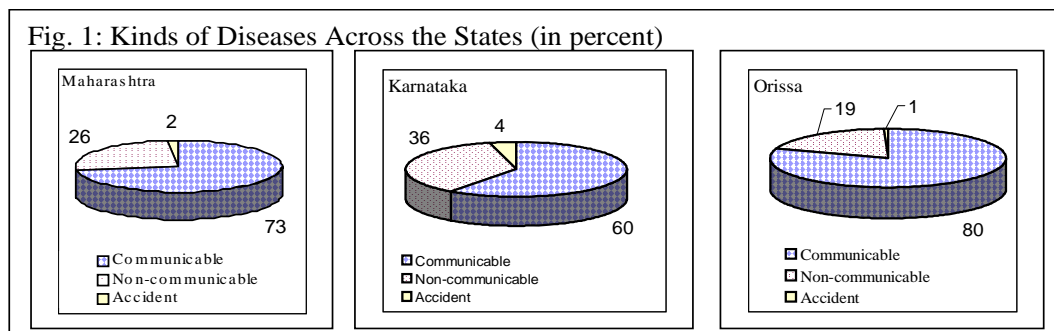
Section II

2. Morbidity Pattern in the Selected States

The survey in the three states showed a total of 5662 morbid persons during the reference period. The statewise number of patients presented in Annexure Table 8 depicts that in Maharashtra and Orissa over 27 per cent of the total population reported illness. The categorization of patients as *incidence* (occurrence of illness during the reference period i.e., past 30 days of the survey period) and *prevalence* (illness beyond 30 days of the survey period) showed more number of people reporting incidence of diseases (9 out of 10 patients) than

prevalence in all the three states. Among the states higher percent of prevalence cases (around 12 per cent) are observed only in Karnataka. It is important to note that among the social categories SC population in Karnataka have more number of patients in prevalence category compared to other social groups in all three states. However, the data (14.16 percent) reveal that the health status of more number of people is adversely affected by incidence i.e., short period illness as compared to long-term diseases.

The severity of illness depends upon duration and the type of disease i.e., communicable, non-communicable, etc. Due to their endemic nature communicable diseases incur more cost on society than non-communicable diseases. Considering the significance, a brief information on the number of patients by type of diseases is presented below and the details are given later in this section. In all the three states communicable diseases have been widely reported as shown in Fig.1 (details in Annexure Table 9). In Orissa about 80 per cent of patients have been adversely affected by communicable diseases, which indicate that this less developed state requires to



control communicable diseases. Further, it is also worth to observe Maharashtra, a high income state, reporting nearly 73 per cent of the patients as suffering from communicable diseases, whereas the backward state of Orissa reporting only marginally higher percentage of communicable. The composition of households in the survey area of Maharashtra is dominated by ST population, hence it is necessary to recognize the magnitude of communicable diseases in Maharashtra. Another state under the study i.e., Karnataka shows over 59 per cent of the patients suffering from communicable and over 36 per cent from non-communicable diseases. The above observation is similar to that of ICSSR/ICMR (1987), which showed higher percentage of communicable diseases. This unchanged scenario of communicable diseases dominating even after a decade, which are due to poverty and malnutrition, and environmental factors such as poor sanitation, lack of safe drinking water (FRCH and ICMR 1984), illustrates the necessity of strengthening measures against communicable diseases. It is important to note that Karnataka has more number of patients suffering from non-communicable

diseases as compared to other states, which might indicate the epidemiological transition in this medium developed state.

2.1. How many patients visited health care facilities?

It is a fact that illness affects both health and economic status of the concerned person and family and hence the diseased person should be treated immediately. Let us examine, how many patients have consulted medical facility for treatment of their illness across the states? The related information is presented in Annexure Table 10, which shows that in all three states more than 90 per cent of patients have visited health care facility. It is significant to observe that in Orissa relatively highest percent (91.03) of patients having consulted medical facility.

Generally people avail out-patient or in-patient services considering the severity of the disease. In majority of the cases patients obtain in-patient care when hospitalization is required for treating the

People obtain more of out-patient services than in-patient services

illness, otherwise avail the medical services as out-patients. Annexure Table 11 shows

that more number of patients (nearly 9 out of 10) received out-patient medical services. Since large number of out-patient services are reported by the respondents, it raises a doubt that some patients who required hospitalization might not have received due to various factors like non-availability of in-patient health care facilities in nearby areas, high cost of treatment for in-patient services, non-affordability, etc. These factors keep away patients even when in-patient services are required for the patient. A difference can be observed among the states with regard to number of in-patients, that is Orissa, a low income state shows less number of patients availing hospitalization services compared to other states. This might indicate that some patients who need in-patient health care services could have gone without them due to non-affordability or other reasons. The above analysis reveals that among the sample households in three states availed more outpatient services than in-patients, and in Orissa, which is a less developed state, comparatively less number of patients have received in-patient services.

2.2 Nature of Morbidity in Out-patient Category

The above analysis illustrated more

Socially vulnerable sections report more number of communicable diseases

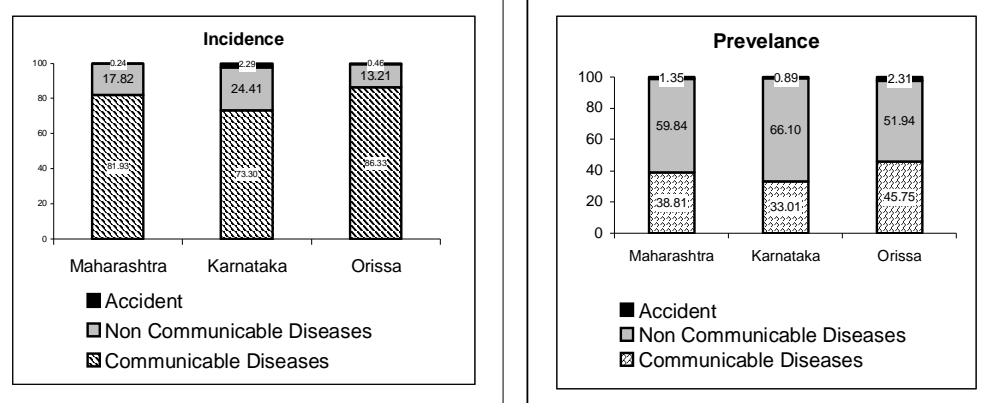
number of patients having availed out-patient services than in-patient services. This raises questions about the nature of diseases in both out-patient and in-patient category, i.e., the proportion of incidence and prevalence cases, and the type of diseases (communicable, non-communicable and accident). This would help in further understanding of the morbidity pattern. The related information for out-patients is presented in Fig. 2 (details in Annexure Table 12) illustrates that **in all the three states more percentage of patients are suffering from communicable diseases among incidence category and from non-communicable diseases in the prevalence category.** Around 82, 73 and over 86 per cent of incidence cases respectively in Maharashtra, Karnataka and Orissa are related to communicable diseases; and over 59, 66 and nearly 52 per cent of prevalence cases respectively in Maharashtra, Karnataka and Orissa are of non-communicable disease category. It should be noted that in Orissa among out-patient – prevalence category both communicable and non-communicable diseases are widespread as respectively over

45 and nearly 52 per cent of the patients belong to these diseases. The disease pattern across the social categories presents a striking picture. **The vulnerable sections, such as SC and ST, in all the three states have been suffered more by**

adversely affected by communicable diseases. This begs the question about the living condition, quality of life, etc., of these people since most of the communicable diseases are associated with such parameters. Another point that can be

g those suffering from communicable diseases, category in Maharashtra rest of the categories. non-communicable Others category might of these economically do people, as most of cable diseases are le of people.

Fig.2: Morbidity Pattern in Outpatient Category (in percent)



cent of incidence and 53 per cent of prevalence cases of SC category; more than 86 per cent of incidence and 59 per cent of prevalence patients of ST group are

The rural–urban distribution of patients (presented in Annexure Table 13) shows that the **percent of patients suffering from communicable and non-commu-**

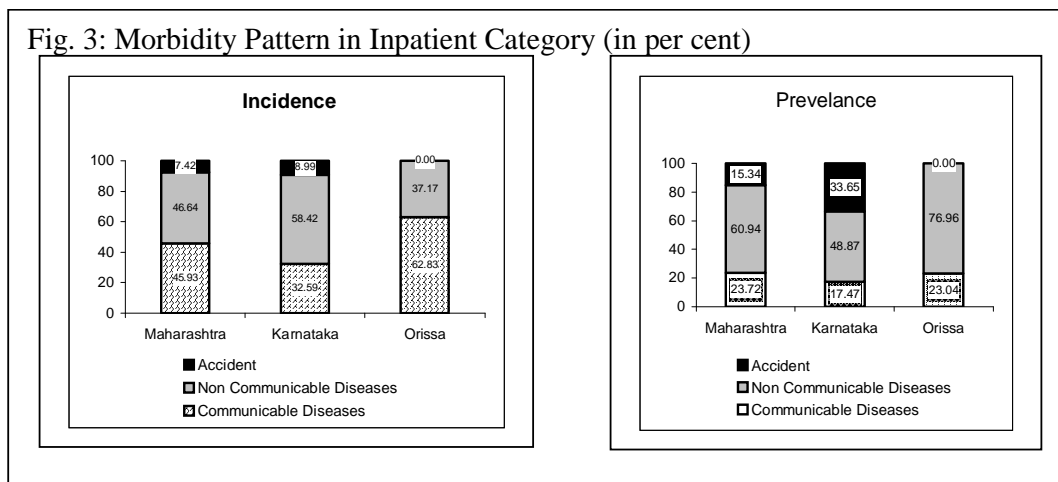
nicable diseases in incidence group is almost equal between rural and urban areas of Maharashtra and Orissa. But it differs in Karnataka where more number of urban people, (77.5 per cent) fell ill due to communicable diseases than rural people (71 per cent). In all the three states incidence of communicable diseases is more, which might be due to lack of safe drinking water, sanitation and other hygiene facilities. Across the social categories of rural areas Others category in Maharashtra and Orissa, and SCs and STs in Karnataka have shown relatively more number of patients in communicable disease category; while in urban area of both Maharashtra and Karnataka Minorities have reported higher number than other categories. It should be noted that **in all the states more than 80 per cent of SC and ST people having suffered from communicable diseases.** In the prevalence category across rural and urban areas in all the three states, excepting rural Orissa, the number of patients suffering from non-communicable diseases is more than that from communicable diseases. But, within the state Karnataka showed a higher per cent of patients (69 percent) in non-com-

municable diseases' category in rural area, while Maharashtra reported that in urban area (65 percent).

2.3 For which type of diseases people have availed in-patient services?

Information presented in Fig. 3 (Annexure Table 14) reveals interesting scenario among hospitalized patients across the states in incidence and prevalence categories. **In prevalence group large number of patients reported to have received in-patient services for non-communicable diseases in all the three states, but in the case of incidence the situation differs in Orissa and Maharashtra. The percentage of people availing in hospital services for communicable diseases is significantly high in Orissa, 63 per cent, whereas in Maharashtra the proportion is almost equal between communicable and non-communicable diseases in incidence group. It should be noted that communicable diseases are still dominant in Orissa adversely affecting the health status as revealed by higher number of patients in both out-patient as well as in-patient categories.**

Fig. 3: Morbidity Pattern in Inpatient Category (in per cent)



Distribution of in-patients across social categories indicates that more number of people in SC and ST category in Orissa and STs in Maharashtra and Karnataka are hospitalized for the treatment of communicable diseases than by non-communicable diseases. Among incidence cases the percent of patients suffered from communicable diseases varies from 33 for OBCs to 53 for ST category in Maharashtra; from 26 per cent for OBCs to 50 for STs in Karnataka. In the case of prevalence category the variation is high in Orissa, ranging from 12 per cent for OBCs to 68.8 per cent for SC. All this depicts that the most of the patients in socially backward communities are suffering from communicable diseases.

The information on percent of in-patients in incidence and prevalence categories across rural and urban areas, presented in Annexure Table 15 illustrates a varied picture. In rural Maharashtra communicable diseases and in urban

Among the inpatients-incidence category non-communicable diseases have affected the health status of more number of people in both rural and urban area of Karnataka, while it is communicable diseases in Orissa

Maharashtra non-communicable diseases in the incidence category have forced people to avail in-patient services. But, this scenario changes among other two states as **in Karnataka non-communicable diseases and in Orissa communicable diseases** have made more number of people to seek hospitalized services in both rural and urban areas. It should be noted that in Orissa the number of in-patients reported incidence of communicable diseases is high in both rural (65 per cent) and urban area (59 per cent), compared to other states. This clearly indicates that in Orissa communicable diseases are more widespread. Among the social categories in both rural and urban areas of all the study states, in the incidence category, communicable diseases have affected the health status of more number of

people in the socially vulnerable groups. It is observed that more than 83 and 74 per cent of STs respectively in rural and urban Orissa; around 52 per cent of SCs and STs in rural areas of Karnataka and Maharashtra, and more than 50 per cent of STs in urban Karnataka and Maharashtra reported communicable diseases, which is relatively higher than the percent of people in other social categories.

Section III

3. Utilization of Healthcare Facilities in the Selected States

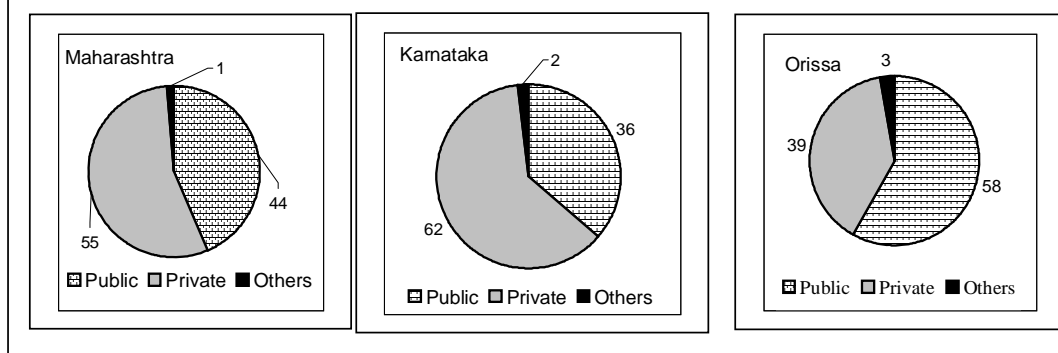
People use different sources of health care facilities like public, private for outpatient as well as in-patient services. Krishnan (1999) opines that more number of people use public health facility for in-patient services while private medical facility for outpatient services. In this content is useful to examine which type of healthcare facility is widely used, for what kind of services and what is the utilization scenario across rural and urban areas.

3.1 Which type of health care facility is used for out-patient care across states?

The utilization pattern for outpatient services across the states, shown in Fig.4

(details in Annexure Table 16) illustrates a varied picture of utilization of public and private health care facilities. People in a medium developed state have used private health sources to a larger extent as compared to that in a developed state. While in Karnataka nearly 62 percent of patients approached private facility, it is around 55 percent in Maharashtra. But, the situation differs in Orissa, where nearly 58 per cent of the patients have approached public facilities for out-patient services, which reveals that **in less developed states people depend upon public health facilities**. A similar observation was also

Fig. 4: Percent of People Approached Different Health Sources for Outpatient Services



found by Baru (1999) and Nayak (2003) while studying the NSSO 42nd round (1986-87) data. According to Baru over 70 per cent of the patients in majority of the states had approached private health care facilities for out-patient services, while it is public facilities particularly in Orissa. A comparison of the above two observations i.e., Baru (1999) and the present study, shows that utilization of public facilities has increased over the period in other states, why is it so? Whether an improvement in infrastructure, quality of health services made people to go for public health services? Or the cost of services in private facilities forced people to approach the existing public facilities? These questions need to be probed further. Across the social categories the utilization pattern of health facilities varies to a significant extent. For instance, use of public health care facilities, ranges from 25 per cent for Others category to 52 per cent for STs in Maharashtra, while in Karnataka from 24 per cent for Others to 57 per cent for SCs and in Orissa the proportion is between 39 for Minorities to 68 for SCs. But, it should be noted that more number of SCs in Maharashtra and STs in Karnataka have used private health centers for their out-patient services. Hence, it is difficult to arrive at a use pattern across type of sources and socially vulnerable sections in the study states. However, the data are very indicative that **the socially vulnerable sections depend more on public health care facilities for outpatient services.**

The utilization pattern of health care facilities across rural – urban areas of the

In both rural and urban area of a low-income state public health facilities and in medium income state private facilities are widely used

study states is presented in Annexure Table 17. **In rural Maharashtra the utilization of public and private health centers is almost equal, around 50 per cent, but in urban Maharashtra relatively more number of people have used private sources (66 per cent) for outpatient services. In Karnataka a clear preference for private health facilities can be observed as over 69 per cent of urban patients and 57 per cent of rural patients having approached them. But, in Orissa the scenario differs as in rural area public and in urban area private facilities have been used by more percent of patients.** It is significant to note that in rural areas across the states more number of people from Orissa reported to have used public health facilities, while in urban area it is from Karnataka. Utilization of private facilities to a larger extent by rural and urban population of Maharashtra and Karnataka for out-patient services was also found by 42nd round survey of NSSO (Nayak 2003). Among the social categories, the socially vulnerable sections of rural Orissa and Maharashtra reported to have used public facilities more than private facilities; while in urban areas, excepting STs in

Maharashtra and SCs and Others in Orissa, all other social categories use private facilities more than public facilities.

3.2 Do people use public health sources for out-patient treatment of prevalent diseases?

Information related to utilization pattern according to incidence and

prevalence categories is presented in Annexure Table 18. It can be observed that in **Maharashtra and Karnataka more number of people have used private health facilities for outpatient services for both incidence and prevalence type of illness. But, in Orissa the pattern changes as more number of people have approached public facilities for incidence cases, while for prevalence diseases both public and private facilities being equally used.** In Karnataka around 62 per cent of both incidence and prevalence cases and in Maharashtra more than 54 per cent of incidence and 59 per cent of prevalence patients have obtained out-patient medical services from private facilities.

Information on utilization pattern across social categories (Annexure Table 18) indicates that **in Orissa the socially vulnerable sections i.e., SC and ST use public facilities in large number**

compared to other categories for incidence related morbidity. This can also be observed in the case of SCs of Karnataka and STs of Maharashtra. It is important to note that in both Karnataka and Maharashtra more number of patients in socially advanced classes getting services from private sources, while in Orissa from public health facilities. The above analysis shows that in developed and medium developed states more number of people use private facilities for out-patient services for both incidence and prevalence types of diseases.

3.3 Which type of health care facility is widely used for in-patient services across the states?

Let us examine the type of medical facility approached by people for in-patient

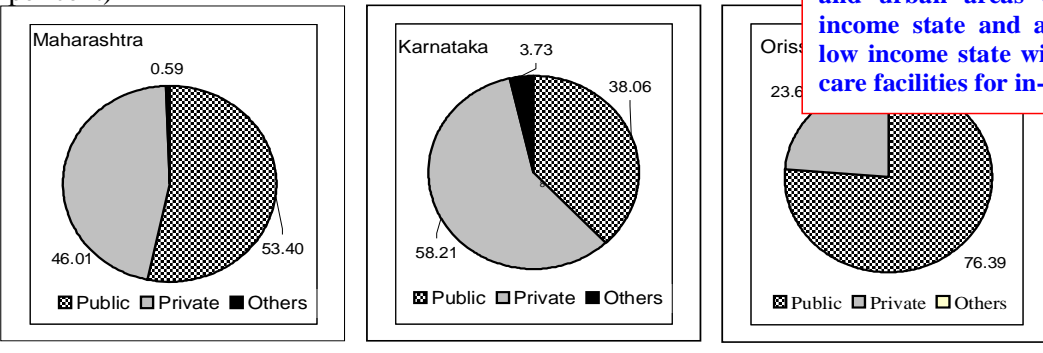
services in the three selected states. Usually in-patient services are expensive and therefore people tend to use public facilities, which are considered to be relatively less costly than private services in delivering medicare services. We can observe from Fig.5 (Annexure table 19) that **in Orissa more than 76 per cent of in-patients reported to have obtained medical services from public sources followed by Maharashtra, with over 53 per cent. This observation is comparable with that of Baru (1999), Krishnan (1999) and**

Nayak (2003) who found almost a similar utilization pattern of public hospitals for in-patients services in Maharashtra and Orissa, during 1986-87, i.e., NSSO, 42nd Survey. But, the utilization pattern has changed in Karnataka, where for in-patient services more number of people (over 58%) use private facilities. Here one can assume that people in Orissa have to depend upon public sources because of low income and less development of private health sector, while in Maharashtra it may be because of better health services in public health facilities owing to higher infrastructure creation as observed by Krishnan (1999) in his study of 42nd Round NSSO survey. But, in Karnataka a medium developed state, private health facilities have been relatively widely used compared to public facilities. This

The utilization pattern across the social categories illustrates that in Orissa public health care facilities have been used by more number of people in all social categories (the range varies from 71.24 per cent for OBCs to 87.47 per cent for STs). It is significant to note that nearly 72 per cent of STs in Maharashtra and over 68 per cent of SCs in Karnataka reported to have visited public facilities for in-patient services which shows that the **socially vulnerable sections use public facilities in large number for in-patient services also.**

Rural – urban utilization of different health care facilities for in-patient services Annexure Table 20 depicts a contrasting pattern in Karnataka and Orissa. **While private facilities have been used by more number of people in both rural and urban areas of Karnataka, in Orissa it is public**

Fig. 5: Utilisation Pattern of Different Healthcare Facilities for In-patients (in per cent)



Socially vulnerable sections in both rural and urban areas of high and medium income state and all social categories of low income state widely use public health care facilities for in-patient services.

health care facilities for in-patient services. It is significant to note that more than 75 per cent of in-patients in rural Orissa get hospitalized in public health centers, followed by patients in rural Maharashtra with more than 56 per cent. But, nearly 68 per cent of in-patients in rural Karnataka visited private health care facilities while 53 percent in Maharashtra. **Among the social categories in both rural and urban areas of Karnataka and Maharashtra the socially vulnerable sections, to a larger extent, have availed in-patient medical services from government hospitals. But, in Orissa people of all social groups have approached public health centers in both rural and urban area. This pattern indicates that although relatively more number of people use public facilities for in-patient services, it is in fact high by poor people.** This might be due to their inability to bear the expenditures in private hospitals for in-patient services.

3.4 Which type of health care facility is used for in-patient services of incidence and prevalence type of diseases?

With regard to approaching different health care facilities for in-patient services the duration of illness plays an important role if the disease is a persistent problem,

amounting to high cost of treatment, usually people use public health care facilities. The information presented in Annexure Table 21, reveals a varied utilization pattern of public and private facilities across the states for incidence-in-patient cases and a comparable scenario for in-patient-prevalence cases. More number of people have approached public facilities for in-patient services of incidence type in Orissa (nearly 77 per cent of incidence cases) followed by Maharashtra (nearly 53 per cent), while in Karnataka nearly 59 per cent have received treatment from private facilities. However, **in the prevalent cases this varied picture does not emerge, as in all the states relatively large number of patients have visited public facilities for in-patient services.** This might indicate that for the treatment of prevalent diseases public facilities are preferred by more number of people. Again it would be interesting to note that in Orissa more than 70 per cent of patients make use of public facilities for both incidence and prevalence cases for hospitalization services.

The utilization pattern across rural and urban area for in-patient services of incidence and prevalence type of diseases is presented in Annexure Table 22. **In Maharashtra rural people use public**

facilities in large number for both incidence and prevalence diseases, while urban population have approached private facilities. Karnataka reveals a different picture with higher percent of patients in both rural and urban area obtaining medical services from private facilities for incidence and from public health centers for prevalence type of diseases. But, in Orissa people of both rural and urban areas have used public health facilities in large number for in-patient services. Among the social categories the ST population in both rural and urban area of Maharashtra, the SC people of rural Karnataka, and all the socially vulnerable sections in Orissa are depending upon public medical services for in-patient care.

Section IV

3. Pattern of Treatment Cost

Health seeking behaviour of people i.e., decision on availing medical devices, kinds of treatment and sources of medical services-public or private, etc., depend to a larger extent on the cost of treatment along with severity of sickness, income level of the patient/family, etc. Usually the cost of treatment is more in private health facilities than that in public facilities (Krishnan 1999) and the cost varies depending upon nature,

severity and duration of the illness. An attempt has been made to examine the expenditure incurred by the sample population for availing medical services. The analysis is presented by type of health services received i.e., out-patient and in-patient, sources of services, diseases, etc. Before illustrating the expenditure pattern a point to be noted is that the total treatment cost includes expenditures incurred on different types of services received like medicine and injection, doctor's fee, pathological and radiological tests, etc. Information on these items of expenditure is necessary to understand the composition of the total treatment cost met by the person/household. But, sometimes the respondents are not able to inform the expenditure on all kinds of medical services received by them, instead furnish the total amount spent for availing services. Hence the number of respondents for each heads of cost varies and the sum of these does not add to the total expenditure reported by the respondents. In order to resolve this problem, wherever required, the medical expenses are shown in two tables, one having all heads of expenditures and another with only those number of patients who have given data on medicine and injection and doctor fee, hence while reading these tables a caution is required.

4.1. Treatment Cost of Out-patient Services

4.1.1 Is there any difference in out-patient treatment costs across states?

The average expenditure incurred by patients on different types of outpatient

services like medicine and injection, doctor's fee, radiological and pathological test, in the three study states is presented in Fig.6 (Annexure Table 23). The expenditure pattern shows that **people in a medium developed state i.e., Karnataka spend**

more compared to a highly-developed state Maharashtra. But, an important observation is that people in Orissa, a low income state, incur more expenditure for availing health services than that in a developed state. While patients from Karnataka reported Rs. 432 per patient, in Orissa and Maharashtra it is over Rs. 377 and Rs. 259 respectively. This reveals that

out-patient care services are costlier in poor states. It is interesting to note that in Orissa more number of people have visited public health facilities as compared to Maharashtra, and paid higher charges. This raises questions about the practice of delivering services by public health centers in Orissa, since most of the outpatient services from government service providers are free.

The expenditure details show that the amount spent per patient varies to a larger extent across the social categories in all the study states. For instance, the total cost raises from Rs. 137 per patient for STs to Rs. 351 per patient for OBCs in Maharashtra; from Rs. 344 for Minorities to Rs. 685 for STs in Karnataka. It is significant to note that among SC and STs, patients from Karnataka reported more expenditure compared to other states.

The information on the cost of different health services (in Annexure Table 23) illustrates that for obtaining medicine and injection services people in Orissa have incurred more expenditure (Rs. 274 per patient) followed by Karnataka and Maharashtra. This might be due to over prescription of medicine and injection or charging for all medicines and injections provided by health facilities or prescribing high cost medicine. The money spent on medicine and injection shows much disparity across social categories in Maharashtra (from Rs. 91 per patient for Minorities to Rs. 330 for Others) and Karnataka (from Rs. 79 to Rs. 853 respectively for others and STs). Similarly, a significant variation in

doctor's fee is also observed, i.e., from Rs. 40 per patient in Karnataka to Rs. 62 per patient in Maharashtra. It should be noted that doctors in Orissa have charged higher fee (Rs. 58 per patient) than their counterparts in Karnataka for providing services. Expenditure on pathological and radiological tests reveals people in Maharashtra spending more on pathological tests while in Orissa on radiological tests. With regard to these expenditures an interesting picture emerges across the states that is **expenditure on pathological test varies positively and on radiological test inversely with the income level of the states under our study**. This scenario might indicate that the radiological tests are too expensive in less developed states.

The rural – urban bifurcation of expenditure on different out-patient medical services, presented in Annexure Table 24, depicts that the total cost incurred in rural area is more in Karnataka (Rs. 395 per patient) followed by Orissa (nearly Rs. 355 per patient) and Maharashtra (nearly Rs. 324 per patient); while in urban area people from Maharashtra have spent more (Rs. 950 per patient), followed by Orissa (Rs. 428 per patient). Across the rural and urban areas of Maharashtra and Orissa, the expenditure incurred by urban people is more than that by rural people.

4.1.2 What is the proportion of medicine and injection and doctor's fee in the outpatient treatment cost?

The above section illustrated the per

patient expenditure incurred for different out-patient services, but did not provide a

Expenditure incurred on medicine and injection constitute highest share of outpatient total cost

comparative look of the share of different heads [for the reason stated earlier]. In order to examine the composition of expenditures like medicine and injection, doctor fee, etc., in the total out-patient medicare cost the relevant information is presented in Annexure Table 25. According to the table expenditure on medicine and injections constitutes a highest share in all the states, range varying from 68 per cent in Maharashtra to 81 per cent in Orissa. It should be noted that in Orissa, a poor state, the amount spent on medicine and injection is high as compared to that in other developed state.

4.1.3 Are public health care facilities are less expensive than private for outpatient care?

People visit different types of health service delivery systems i.e., public, private and others. But, access to these facilities depends to a larger extent on the cost of services across facilities. It is well hold opinion that health services in private sources are expensive than that in public and hence people, particularly poor, visit public health facilities. Therefore, the study attempted to examine the cost differences across the types of health service providers. Table 1 (details in Annexure Table 26) illustrates that in

Karnataka and Orissa the average expenditure for out-patient medical services is higher in public sources than that in private, while in Maharashtra it is the other way. A similar observation i.e., public health facilities being costlier than private, was revealed in the NSSO survey of 42nd Round during 1986-87 (Krishnan 1999). This might be one of the reasons for people in Karnataka to approach private facilities than public for treatment. Further, the cost difference across the types of facilities is wider in Maharashtra followed by Karnataka. In Maharashtra the

facilities, but in Karnataka the expenditure incurred by these groups is higher. In providing health services the private facilities have charged lesser fee for the socially vulnerable sections i.e., SC and STs in Maharashtra, compared to their counterparts in Karnataka and Orissa. In fact, the private medicare centers have charged higher price for SCs in Orissa and STs in Karnataka compared to Others' category. This may indicate that the private health delivery system may not help the poor people in curing their health problems.

The expenditure incurred at different

expenditure per patient in public health center is Rs. 111 and in private Rs. 402, while in Karnataka public facilities have charged Rs. 567 and private facilities costs Rs. 388. **But in Orissa the disparity in cost by sources is less.** This cost difference in Orissa and Maharashtra might indicate the reason for more number of patients receiving outpatient services from government health centres. Among the social categories (Annexure Table 26) **SCs and STs in Maharashtra and Orissa reported to have spent less compared to other social groups for getting medical services from public**

health care facilities by rural and urban people, presented in Table 2 (also in Annexure Table 27), shows that **in Maharashtra the private health care facilities have charged higher amount in both rural and urban areas compared to public facilities. But, in Orissa public health services are costly in both rural and urban areas.** The scenario is different in Karnataka where urban people have incurred more expenditure for public medical services and rural people for private services. It should be noted that the expenditure in public hospitals by both rural and urban

patients of Karnataka, respectively Rs. 409 and Rs. 579 per patient, is high compared to the amount spent by people of other states in public health centres.

4.1.4 How much do people spend on incidence and prevalence type of

illness is more in Karnataka, respectively Rs.2726 and Rs.863 per patient. But, it should be noted that **people in a less developed state i.e., Orissa incur more medical expenditure than by people in a**

developed state, Maharashtra, as the average cost on incidence cases is around

Rs.2726 in Orissa, while in Maharashtra it is Rs.863. Among the social categories, SCs are found to have spent more than other social groups on diseases and accidents. Similarly, for the prevalence cases SCs in Orissa and Maharashtra have incurred more

expenditure. Table 3 also contains the average expenditure incurred by people on incidence and prevalence of communicable, non-communicable diseases and accidents. The treatment cost of non-communicable diseases in both incidence and prevalence categories is more expensive

People spend more on prevalent cases and non communicable diseases in all the study states

Table 3: Source, Rural-Urban - Outpatients (Rs. / Patient)

	Public Facility	Other Facility	Total
Rural			
Maharashtra	113.46	268.20	19.53
Karnataka	409.81	439.71	217.01
Orissa	364.02	296.30	452.80
Urban			
Maharashtra	90.47	443.08	73.96
Karnataka	579.72	276.89	302.95
Orissa	508.68	399.04	51.96

Note: Expenditures are weighted averages

illustrates that people are spending more on prevalent diseases as compared to incidence in all the three states. The treatment cost of both prevalence and incidence cases of

than communicable diseases in all the three states. In the incidence category the average expenditure incurred by patients from Orissa is more for both communicable (Rs. 234) and non-communicable (Rs. 661) diseases compared to other states. But, in the case of prevalence group, Karnataka reports a high average expenditure, Rs. 1247 for communicable and Rs. 1379 for non-communicable diseases. Among the social categories (Annexure Table 28) the average expenditure for incidence-communicable diseases varies to a larger extent in Karnataka from Rs. 94 for Minorities to Rs. 412 for SCs; and much difference could not be observed in Orissa where the range is between Rs. 221 for STs and Rs. 258 for Others. Across the states SC patients in Karnataka reported to have incurred higher expenditure for incidence-communicable diseases while for incidence-non-communicable it is patients from OBC group in Orissa. Similarly, treatment cost of prevalence-communicable and non-communicable diseases is more respectively for ST and Others groups' patients in

Karnataka as compared to other states. The above presentation clearly indicates that the outpatient medical expenditure incurred by poorer sections of the society is more than other sections.

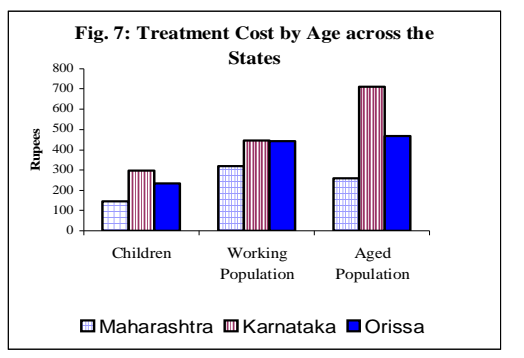
The expenditure incurred on prevalence diseases category is higher than that for incidence cases in both rural and urban areas of the study states as shown by Annexure Table 29. But in the rural area, people from Karnataka and in the urban area from Orissa reported to have spent higher amount on prevalence diseases. For instance, while rural Karnataka people have spent an average of Rs. 1306, the urban Orissa people have incurred Rs. 1283 per patient for prevalence diseases. However, for incidence category the treatment cost is high in urban areas in all the three states. It should be noted that the amount spent on non-communicable diseases is higher than that for communicable diseases in both rural and urban area of all three states and for both incidence and prevalence categories, excepting prevalence group in urban Karnataka.

4.1.5. Is there any discrimination in the out-patient treatment cost across age and sex?

The amount spent on people of different age group and sex is an important issue as there is an opinion that the aged and also the female sections might have been neglected in providing medical services. The 52nd NSSO Survey results had revealed this

Medical expenditure on children and aged is less in high income state. Socially vulnerable sections have spent less on children. Expenditure incurred on females of working and aged people categories is less in Maharashtra and Orissa

point for Maharashtra and Karnataka as observed by Nayak (2003), that the expenditure on female health services was



health services was for males. Considering variation in the cost of treatment across age and sex. The relevant data is presented in Fig.7 (details in

by age groups across the states. In Maharashtra the average expenditure incurred on working population (people between 15-59 years), Rs. 319 per patient, is more than that for children (Rs. 146 per patient) and aged (Rs. 259 per patient), while it is for aged population in Karnataka and Orissa. **It is interesting to note that in both Karnataka and Orissa the average expenditure varies positively with the age of people. The observation for Maharashtra holds with the view that children and aged might have been neglected in the case of health expenditure, but not true in the case of Karnataka and Orissa.** This varied picture across the states may be because the working population must have got more importance in Maharashtra since they are earning section. A difference can also be observed in the amount spent on the same age group of population across three study states. In Karnataka the expenditure incurred on the treatment of children (Rs. 298 per patient), working population (Rs. 445 per patient) and aged (Rs.711 per patient) is higher compared to that in Maharashtra and Orissa. The details presented in Annexure Table 30 shows the differences in the cost of treatment across social categories on children, working and aged people. **It is pertinent to note that the SC and ST people of Maharashtra and Orissa, ST people of Karnataka have spent less on children compared to other social groups.** This is a bothering issue as these children who are usually

Annexure Table 30) that presents a varied picture of average out-patient expenditure

malnourished due to poverty and receiving less medical attention would be affected in their physical and mental growth due to which they have to suffer in their remaining life also and this further causes for their poverty and associated problems. In the category of working population SC and ST patients from Maharashtra and Orissa reported to have spent less than other social groups in these two states. The less expenditure by the socially vulnerable section might be due to their inability to meet the expenditure owing to poverty.

Let us now examine the variation in the out-patient medical cost across sex in the three states. Related information has also been presented in Annexure Table 30, which seems to be **proving the opinion that females have received less attention in terms of medical care expenditure among both working people and aged categories of Maharashtra and Karnataka.** For instance, in Maharashtra the average expenditure incurred on working male is Rs. 605 and for female Rs. 508, similarly in Karnataka the expenditure is Rs. 572 for males and Rs. 342 for females. It is significant to note that the average expenditure incurred on females among children and working population groups is more in Orissa, which is a less developed state. The average expenditure incurred on females varies to a larger extent among the social categories also in all the three states. The expenditure reported on females of working and aged groups in SC and ST categories of Maharashtra and Karnataka

and ST category of Orissa is much lower than that for males of the same groups in all three states.

4.2 Expenditure on In-patient Services

4.2.1 What is the pattern of in-patient treatment cost across the states?

The expenditure incurred by sample population for in-patient services in the three study states is discussed below taking

In-patient medical services are costly in a medium income state followed by low income state

different components of cost, sources of health services and diseases. Here also the point about the variation in the number of respondents, which was faced while dealing with out-patients, needs to be considered. Now let us examine the in-patient medicare cost on different services, which is shown in Table 4 (details in Annexure Table 31). The total **hospitalisation cost is high in Karnataka** (Rs. 8274 per patient), followed by Orissa (Rs. 4169 per patient). Although the amount spent on medical services depends upon the nature and severity of the illness, it is important to note that **patients in Maharashtra reported to have spent less for in-patient services than that by patients in Orissa which indicates that in-patient services are costly in low income states.** Among the social categories SC and STs, except STs in Karnataka, reported less expenditure compared to other groups for in-patient services. But, among SCs and STs patients respectively from

Orissa and Karnataka have incurred more expenditure. The information presented on different items of expenditure depicts a varied picture across the states. For in-patient services of medicine and injection, patients from Orissa said to have incurred more expenditure which was also observed earlier in the case of out-patient services, while for doctors it is in Maharashtra and for radiological test in Karnataka. This informs that in Orissa health institutions have made

more than that by rural people, while in Orissa and Karnataka it is the rural patients spending higher amount for in-patient services.

4.2.2 What is the composition of in-patient treatment cost?

Information presented in Annexure Table 33 reveals that in all the three study states medicine and injection constitute a major share in total in-patient service cost.

Costs - Inpatients

(Rs. / patient)

	Medicine and Injection	Doctor Fees	Physiological Tests	Radiological Tests	Special Diet	Total Cost
Maharashtra	1494.69	994.93	383.66	242.71	485.44	4023.82
Karnataka	1845.96	603.98	99.44	457.70	378.50	8274.16
Orissa	2975.22	623.39	110.39	415.19	563.92	4169.27

Karnataka the percentage of medicine and injection is over 70, it is higher than Orissa. In-patients from Orissa incur Rs.4497 per patient for medicine and injection while that in

Karnataka is Rs. 1554. With regard to doctor fee it is high in Karnataka (29.21percent) followed by Maharashtra and Orissa. The above observation is similar to that noticed in the out-patient cases where the medicine and injection had larger share of the total cost of treatment in all states and Orissa reporting a higher cost.

expenditure in Karnataka is Rs. 8533 and Rs. 7922 per patient respectively for rural and urban patients. Within the states the urban people of Maharashtra have spent

4.2.3 Is there any cost difference across health care facilities for in-patients services?

The average expenditure incurred by patients for in-patient services at public,

private and others sources is shown in Fig.8

(details in Annexure Table 34). The cost of hospitalization differs across public and private health care facilities in the study states. **While the public health sources are more costly in Maharashtra, it is private facilities in Karnataka and Orissa for delivering in-patient services.** It is significant to observe that public facilities are more costly for in-patient services in Maharashtra charging Rs. 6700 per patient while their counterpart private facilities have billed at Rs. 1079 per patient. The cost varies from Rs. 3200 in public facilities to Rs. 11025 in private facilities in Karnataka

and from Rs. 3255 in public facilities to Rs. 7823 in private sources in Orissa. Across the social categories for in-patient services OBC patients in Maharashtra revealed to have incurred higher expenditure in both public (Rs. 10590 per patient) and private (Rs. 1674 per patient) facilities, while in Orissa the Minorities have spent more in public hospitals (Rs. 5860 per patient), OBCs have in private hospitals (Rs. 8718 per patient). Among the socially vulnerable sections across states SC patients of Orissa reported to have incurred more expenditure in both public and private medical centers while for ST patients the public health services are expensive in Maharashtra and private services are in Karnataka.

4.2.4 How much rural and urban people have spent for in-patient services at public and private facilities?

The details of expenditure incurred at different facilities on in-patient services by rural and urban people in the study states are presented in Annexure Table 35, which shows that **in-patient services are costly at public hospitals of both rural and urban Maharashtra, while it is in private health centers in Karnataka and Orissa.** In Maharashtra rural and urban people have spent respectively over Rs. 6000 and Rs. 6800 per patient in public health centres. Another point that can be observed from the table is that in Karnataka rural people have paid more for in-patient services than urban people at both public and at private facilities. This might be due to the severity of

the disease affecting rural people or the health facilities might have exploited the rural people by charging more.

4.2.5 In-patient Medicare Expenditure by Type of Disease

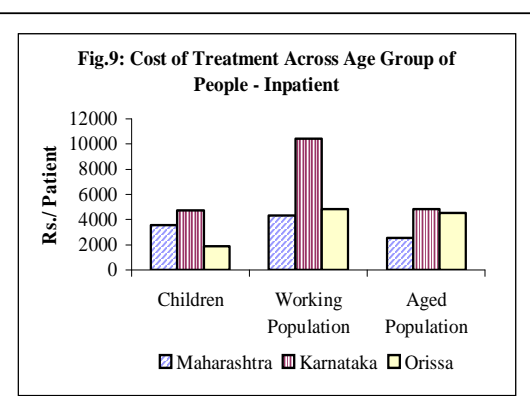
The in-patient expenditure pattern by incidence, prevalence categories and nature of disease i.e., communicable, non-communicable and accident is presented in Annexure Table 36. **The average amount spent for hospitalised treatment in prevalent categories is higher compared to that of incidence in all three states.** This observation is similar to that of out-patient services noticed earlier. Among the states highest average expenditure on prevalence cases has been reported from Maharashtra (Rs. 24500) while for incidence cases from Karnataka (Rs. 7670). The expenditure on incidence type diseases varies to a larger extent across the social categories in all states. For instance, in Maharashtra the SC patients have spent minimum amount, Rs.1500, while the maximum by Others Rs.6364. Similarly in Karnataka the average expenditure varies from Rs. 2665 for SC patients to about Rs. 15500 for ST patients. This indicates that the socially vulnerable sections in Karnataka are incurring more expenditure for in-patient services.

The information provided in Annexure Table 36 on communicable and non-communicable diseases depicts that **the in-patient treatment cost of non-communicable diseases is more than communicable diseases in the incidence**

category in all three states. Among the states Karnataka has reported highest expenditure on both types of diseases compared to other states. The average cost of treatment of communicable diseases is nearly Rs. 2646 and for non-communicable diseases it is Rs.7238 in Karnataka. Among the social categories the OBCs have reported more expenditure on both communicable and non-communicable diseases in Maharashtra and Orissa, while it is STs in Karnataka.

4.2.6 What is the expenditure pattern for in-patient services by age and sex across states?

Differences in the amount spent on patients of different age groups and sex for in-patient services are depicted in Fig. 9 (details in Annexure Table 37). **In all the three states a relative bias towards**



working population can be observed in in-patient medical expenditures. It is significant to note that **in both Karnataka and Orissa the average expenditure on children is much less than that compared**

to working population. For instance, in Karnataka the amount spent on a working person is Rs.10430 while it is Rs.4698 per child. In Orissa people have incurred Rs. 1892 and Rs. 4800 respectively for a child and working pattern. Among the social categories the total expenditure incurred on children for in-patient services differs in all

In high and medium income states the medical expenditure incurred on working population is higher than that on children and aged people

states. For instance, in Maharashtra while Minorities have spent about Rs. 240 per child, the OBCs spent over Rs. 5730. The range varies from Rs. 951 per child of Minority category to Rs. 6711 for a child of OBC in Karnataka, while from Rs. 1008 for a SC child to Rs. 2594 of a Minority in Orissa. Further, **it should be noted that among the SC and ST categories the average expenditure incurred by the SC people of Orissa on child health care is less.** The data reveals that to a larger extent the socially vulnerable sections have spent less for child health care compared to other social groups. The expenditure pattern across the social categories for working population also shows a great variation in the amount spent by different social groups. While the expenditure varied from Rs. 1466 per patient of ST to Rs. 7855 of Minorities in Maharashtra, it spreads between Rs. 2934

for SC and Rs. 19666 for STs in Karnataka; and from Rs. 1742 for STs to Rs.6367 for Others in Orissa. Almost a similar trend can be observed in the expenditure incurred on aged people across the social categories in all the study states.

Let us examine the in-patient cost differences across sex shown in Fig 9. (Annexure Table 37). It may be noted that **in all age groups i.e., children, working and aged, except working population in Orissa and aged in Maharashtra, the in-patient medical expenditure incurred on female section is comparatively less than that of male and also the cost difference is too wide.** For example, the amount spent on a male child is Rs. 4199 and for female Rs. 2086 in Maharashtra. Similarly, in Karnataka also the expenditure varied from Rs. 5331 and Rs. 4839 respectively for a male and female child. In the working population of Karnataka much variation can be observed between males and females i.e., from Rs. 13900 to Rs. 4490 respectively. This might indicate that the difference in the in-patient medical care expenditure, can affect the health status of female population severely. **It is significant to note that in working population of Orissa the in-patient medicare cost is almost equal between male and female. But, it is distressing to note that in all the states the medical expenditure on females in all age groups is lower than that for males.**

Section V

5.1 How do people finance for their medical care expenditure?

In the above sections we discussed about the expenditure pattern for out-patient and in-patient services across type of health facilities, categories of incidence and

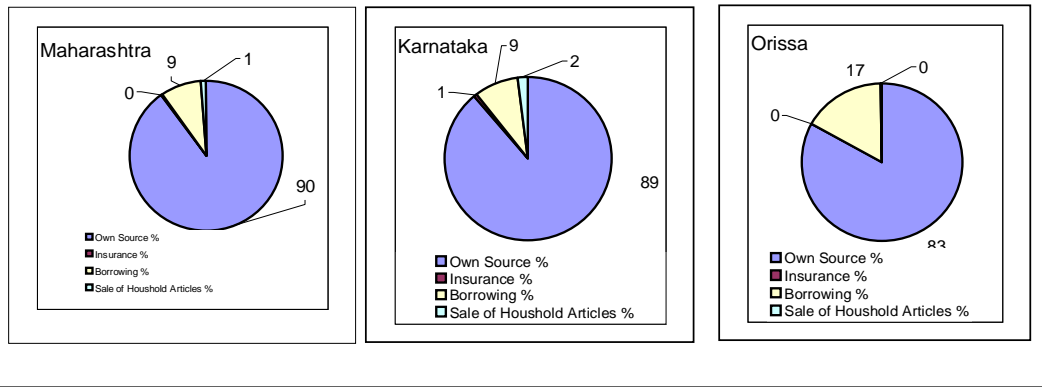
The medical care expenditures for out-patient services have been met from own sources of income by majority of people in the selected three states. A significant point that can be observed is that the percent of patients who met their health expenditure from own source declines with the income level of the state. While over 90 per cent of the out-patients in Maharashtra reported to have spent from own source, it is around 89 per cent in Karnataka and 83 per cent in Orissa. It should be noted that in Orissa the number of persons who borrowed money for meeting their medical care expenditure is high, 17 per cent, which is higher compared to other two states.

prevalent patients and nature of diseases, i.e., communicable, non-communicable and also across age and sex of the patients. Let us now examine the sources of finance for

Further, among those who borrowed money for health expenditure it is more in socially vulnerable sections in all the states. For instance,

over 22 per cent of , and over 16 and 11 ctively in Karnataka e met the expenditure

Fig.10: Sources of Finance for Out-patient treatment cost in selected states



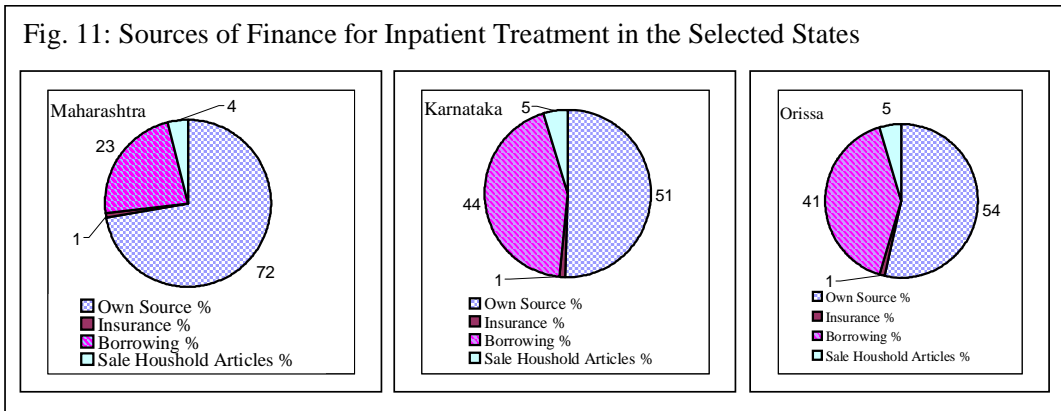
through borrowings. **The analysis indicates that in a low income state borrowing is still one of the major sources for people to meet their health expenditures.**

The sources of medical care expenditures for in-patient services shown in Fig.11 (details in Annexure Table 39),

number of persons borrowed money for in-patient services is comparatively higher than that for out-patient services, which might indicate that in-patient services are costly and some times compel people to enter into debt.

5.1 What is the impact of healthcare expenditure on households?

Fig. 11: Sources of Finance for Inpatient Treatment in the Selected States



reveals some important points. The percent of people who used their own money for obtaining in-patient medical services is relatively higher compared to other sources in all the states. But, there is a **drastic increase in the number of persons who borrowed money for meeting the in-patient medical expenses than that of out-patient, particularly in Karnataka and Orissa.** In Karnataka over 44 per cent and in Orissa 41 per cent of in-patients said to have gone for debt. It seems the **in-patient services are more expensive for socially vulnerable sections as around 50 per cent of them in Karnataka and over 53 per cent of ST in Orissa reported to have borrowed money.** The

The discussion revealed that the expenditure varies to a larger extent across the states and also among the social categories of all states. But, irrespective of the differ-

Due to medical care expenditures agricultural activities in developed state, house construction activities in a low incomes state have been adversely affected to a larger extent

ence in the amount spent for health services, it will certainly affect the economic condition of the concerned family. Studies have shown that the poor and other disadvantaged sections such as scheduled casts and tribes are forced to spend a higher proportion of

their income on health care than the better off. The burden of treatment is unduly large on them when seeking in-patient care (quoted in Gumber and Kulkarni. 2000). The adverse effects may be in terms of reduction in expenditures on some important requirements of the household or may be postponement of some activities due to paucity of funds as a result of medical care expenditure. Considering the above let us examine the adverse effects of treatment costs on the sample households. This has been discussed by considering the number of households reported to have reduced and postponed expenditure on some important needs like house construction, agriculture expenses, education, etc., owing to their health expenditure. The relevant information on the households reported to have reduced expenditure on various activities is presented in Annexure Table 40 and on households which have postponed the expenditure in Annexure Table 41.

As can be seen from Annexure Table 40 in all the three states the major casualties of health expenditure by the sample households are agricultural activities, purchase of major household articles, house construction and others, but this differs across the states. For instance, **in Maharashtra agricultural activities have been adversely affected to large number of households i.e., nearly 37 per cent. It is significant to note that in Orissa nearly 23 per cent of the households reported to have reduced expenditure on house construction, which is a seri-**

ous issue. Another important point that should be recognized that due to medical care expenditure **nearly 9 per cent of the households in Karnataka and Orissa have curtailed expenditure on education.** Education being an important social input, reduction in its expenditure is not a good sign. **The impact of the burden of healthcare expenditure is more on socially disadvantaged classes as in most of the study states more number of SC and ST categories people reported to have reduced expenditure on major activities like agriculture, purchase of household articles, house construction, etc.** In Orissa nearly 30 per cent of the respondents of SC and ST category have reduced money spent on house construction. Similarly, more than 28 per cent of STs and 18 per cent SCs in Karnataka curtailed expenditure on agricultural activities.

Further, let us examine the percentage of households which had to postpone some of their activities owing to medical care expenditure (details in Annexure Table 41). **While nearly 35 per cent of the households in Maharashtra said to have postponed expenditure on major household assets acquisition, almost the same percent of households in Orissa have deferred house construction activity. In Karnataka and Maharashtra over 30 per cent of the households have postponed agricultural expenditures. It is significant to note that over 18 and 15 per cent of the households in Karnataka had to delay their expenditures respec-**

tively on education and house construction activities.

The analysis presented above clearly shows the **burden of illness expenditure is more on the socially disadvantaged classes and is more in poor states.** But, it should be noted that **the medical care expenditure has adversely affected the basic livelihood activities like agriculture and house construction,** which is a cause to worry in all states irrespective of development status.

5.3 What do people think about health care facilities?

Utilization of any health care facility depends upon the quality of services delivered, cost of services, peoples' opinion about the services received for their illness, etc. Peoples' perception about services like availability of medicines, presence of doctor, etc., at the health care centres influences the utilization to a greater extent. As observed in earlier sections people have used different types of healthcare facilities i.e., public, private and others to obtain medical services for their ailment and also there is a wide cost difference across these sources.

Considering these points the study attempted to elicit perception of people about healthcare facilities covering availability of doctors, medicine, first aid and emergency services, etc.

Annexure Table 42 contains peoples' opinion on public, private and other health service sources nearby to their households in the study area. Among those who revealed their opinion on public health care facilities, around 32 per cent in Maharashtra, 35 per cent in Karnataka and 45 per cent in Orissa reported that these facilities are good in delivering health services. But, it is important to note that in Karnataka and Maharashtra relatively more percent, respectively 32 and 48 per cent told that the services are somewhat good, which might indicate that the services were not to the satisfaction level of customers. Among those who responded on private clinics more than 50 per cent in Maharashtra (54.5%) and Karnataka (58.5%) told that the services delivered were good. But, it is interesting to note that in Orissa over 80% of the respondents opined that private services were good.

Section VI

6. Health Related Risk Factors

As mentioned earlier health status of people depends upon many factors, and among these factors provision of safe drinking water, sanitation facilities, clean surroundings at residences, etc., also play a major role. It is already an established truth that unsafe drinking water and lack of sanitation services cause water borne diseases, which are the major concern of public health. Accounting for the significance of these parameters in determining the health condition of people let us examine the sources of drinking water, sanitary provision, etc., to the households in the three study states.

6.1 Which is the major source of drinking water across the states?

Provision of safe drinking water is one of the important issues in delivering and health. Drinking water

sources like ponds, open wells, etc., or where the quality of water is lower than desired level can adversely affect the health status. Information on different sources of drinking water used by households in the selected states is presented in Annexure Table 43. people have used different types of water sources like lakes, ponds, open and tube wells, taps etc., to collect drinking wa-

ter. It can be observed that the number of households depending upon these sources varies to a larger extent in the study states. For instance, **in Maharashtra more number of households depend upon open wells for drinking water (39 per cent), while in Karnataka and Orissa respectively tap in house (nearly 44 per cent of the households) and tube well (nearly 67 per cent of the households) have served as the major sources of drinking water.** Water supply through tap in house, which is considered to be more safer source of water i.e., is adopted by more percent of households in Karnataka, while in Orissa it is very less, around 9 per cent of the households. It is an important point to observe that in Orissa the number of households using water from public tap and tap in house is relatively less and the number depending upon tube wells is high.

The same Annexure Table 43 also shows the contrasting picture of sources of drinking water across the social categories. Among the **social categories in Maharashtra nearly 61 per cent of ST households depend upon open well for drinking water**, while more than 40 per cent of households in both Minorities and Others group have tap connection in house. This indicates that in Maharashtra the ST population still needs to be provided with safe drinking water supply. In Karnataka a higher percent of households in all social categories collect water from either public tap or tap in house. While more number of households in Orissa depends upon tube well for drinking water, their distribution across the

social categories varies from 47 per cent of households in Others to 86 per cent of households in ST category. Among those who have tap connection in house in Orissa the percent of ST households is very negligible and that of SCs is around 10 per cent. This shows that in Orissa also the situation is not of good one as far as drinking water sources are concerned.

The rural – urban information on sources of drinking water presented in Annexure Table 44 illustrates that in rural Maharashtra open wells and in rural Orissa tube wells are the major sources of drinking water. It is significant to note that nearly 50 per cent of households in Maharashtra, and nearly 80 per cent of households in Orissa have used respectively open well and tube well as the major source of drinking water. But in Karnataka between 31 to 35 per cent of rural households have received drinking water from public tap or tap in house. The urban scenario presented in the same table depicts that **in Maharashtra and Karnataka majority of households are obtaining drinking water from public taps and tap in house. But, in Orissa even in urban area also tube wells are the major sources of drinking water**, as nearly 45 per cent of urban households are depending upon tube wells.

Do households treat water before using?

In addition to the type of source of drinking water, it is also important to know whether water is treated or not before using it for drinking purpose. The relevant information is illustrated in Annexure Table 45. The **number of households using water without treating it at domestic level is**

very large in both Orissa and Karnataka. While in Orissa, 73 per cent of the house-

holds have reported that no treatment was carried out for drinking water, it is more than 60 per cent in Karnataka.

6.2 What is the extent of household sanitation facilities?

Information related to sanitation facilities i.e., latrines/toilet facility at households is illustrated in Annexure Table 46. In all states **a larger number of households do not have household latrine system, and all these households use open fields for defecation. The percent of households not having toilet facility vary from nearly 62 in Karnataka to 85 in Maharashtra.** It is important to note that **in Maharashtra, which is considered to be a developed state, still nearly 85 per cent of the households do not have toilet facility.**

The rural – urban scenario presented in Annexure Table 47 shows that rural area of all the states lack an important sanitation system i.e., latrines services. It should be noted that more than 95 per cent of rural households in Maharashtra, 88 per cent in Orissa and over 79 per cent in Karnataka use open place for defecation purpose. In urban area also the problem is persistent as in both Maharashtra and Orissa respectively 61 and 47 per cent of urban households do not have latrine facilities.

Section VII

7. Conclusion

Our attempt to understand the pattern of morbidity, utilisation of health facilities, cost of treatment, effects of health care expenditure on the families, sources of finance, and others, has revealed significant points. Communicable diseases are still dominant and adversely affecting the health status of people, particularly that of socially vulnerable sections. All the three study states, irrespective of the level of income, reported high proportion of communicable diseases. While in Orissa about 80 per cent of patients have suffered from communicable diseases, the percentage is 73 for Maharashtra. This paradox i.e., high income state also showing more number of communicable diseases, which is almost equal to that of a low income state, merits for immediate attention. Another point observed is the continued domination of communicable diseases. Since most of the communicable diseases are due to poverty, malnutrition and under nutrition, inadequate provision of basic requirements like safe drinking water, sanitation facilities, housing, etc., the problem needs to be attended immediately.

Analysis of the utilisation of health care facilities for the treatment of illness illustrated a varied picture for out-patient and in-patient services. Among those who availed out-patient services, relatively large number of people have approached private health care facilities in Karnataka and Maharashtra, while it is public health facilities in Orissa. The results also revealed that the

SC and ST people are largely using the government facilities in all the three states. An interesting observation made was that in low and high income states large number of people have approached public facilities for in-patient services. The percent varies from 53 in Maharashtra to 76 in Orissa. But, in Karnataka for both outpatient and in-patient services private facilities are largely used. Further, in all the states more number of people have approached public health care facilities to avail in-patient treatment for prevalent type of diseases. This depicted that poor people depend upon public health delivery system, and also people use these facilities for curing illness of prevalent type, for which government's continued support is required.

Cost of medicare services is one of the important determinants of access to and availing of health services, particularly by the poor. The pattern of treatment cost across states showed that in Karnataka people reported to have spent more for availing medical services. But, the significant point that emerged in the analysis is that in a low income state the cost of treatment is high for both out-patient and in-patient services. The cost difference across public and private facilities revealed that public health authorities are charging more for their services of out-patient treatment in Karnataka and Orissa, but it is the other way in Maharashtra. The cost difference in Karnataka has made more number of people to visit private health care facilities for outpatient treatment, but in Orissa people required to use public sources

due to the less growth of private health delivery system. Another point observed was the significant variation in the cost of treatment across public and private sources in Maharashtra and Karnataka. In Maharashtra public and private health centres have charged respectively Rs. 111 and Rs. 402 per patient; while in Karnataka it is Rs. 567 and Rs. 388 per patient respectively in public and private health delivery system for the out-patient services. Discrimination in the medical expenditure incurred across age and sex is another issue discussed, which revealed that in both Karnataka and Orissa the average expenditure varies positively with age of people. But, in Maharashtra the medical expenditure incurred by the families on children and aged people is less than that compared to working group of people. Further, there is significant difference in the amount spent on the same age group of people across the three states. A bothering issue in terms of expenditure across age groups is that of socially vulnerable sections spending less on the health care of children. These children who are usually malnourished due to poverty and receiving less medical attention would be affected in their physical and mental growth, which can affect their productivity in the future. The results also illustrated the disparity in the medical expenditure across sex, where the female section has received less attention in both Karnataka and Maharashtra.

The scenario of cost of treatment depicted that in medium and low income

states the in-patient services are expensive compared to a developed state. In Karnataka people have spent Rs. 8274 per patient, while in Orissa it is Rs. 4169 per patient. It should be noted that in Orissa the hospitalization costs are relatively more than that in Maharashtra, which again shows that in poor states the health costs are high. The pattern of hospitalization cost varies across the public and private health delivery systems and across the states. Public health sources are costlier in Maharashtra, while it is private sources in Karnataka and Orissa in delivering in-patient services. Further, there is a significant difference in the cost across type of sources in all the states. In all the three states a relative bias towards working population was observed. Particularly in Karnataka and Orissa the average expenditure incurred on children is much less than that on working population. Another important point revealed by the analysis is the difference in the inpatient expenditure incurred across sex in all the age group of people in the study states, except working population in Orissa and aged in Maharashtra. This reveals that the weaker and vulnerable sections of the society require more attention from households as well as by the government to protect and improve their health status.

Our attempt to examine the sources of financing for health care expenditures by the households and its effects on household activities illustrated important points. The sources of finance vary depending on the nature of treatment received, i.e., out-patient

and in-patient services. Large number of people have met the expenditures for out-patient services from their own sources in all the states. But, in Orissa compared to other states large number of people have borrowed money to meet the cost of out-patient services. The analysis for the sources of finance for in-patient services showed that the number of people who borrowed money increased drastically against that of out-patient services, particularly in Karnataka and Orissa. The in-patient services are more expensive to the socially vulnerable group of people as around 50 per cent of them have approached borrowers. All this indicates that for poor people still borrowing is one of the major sources to meet their health expenditures. The impact of medical expenditures on households is severe as the major casualties of health expenditures are agricultural activities, purchase of major household articles, house construction, etc. While in Maharashtra agricultural activities have been adversely affected, in Orissa it is house construction. It was also revealed that the burden of illness expenditure is more on socially vulnerable sections. The health expenditures have adversely affected the

livelihood security of the people, which needs to be addressed immediately.

It was observed that communicable diseases are still dominant in the study states. Most of the communicable diseases are caused by lack of safe drinking water, sanitation facilities, clean surrounding, etc. The results of the survey showed that open wells are the major source of drinking water in developed state, while tube well in less developed state. Water supply through taps, which is considered to be safe, is relatively less in all the states. Similarly, the provision of toilet facility in the house is also very less in all the states.

The above illustration suggests that health sector, which is one of the important social sectors, requires continued support of the government. Large scale reporting of communicable diseases, people depending upon public health delivery system, high cost of treatment, adverse effects of health care expenditures on the livelihood activities of the people, inadequate provision of safe drinking water and sanitation facilities all call to protect the poor and vulnerable sections of the society.

Summary of the Findings

Majority of the patients reported to be suffering from communicable diseases in all the three states.

For out-patient treatment relatively more number of people have used public health care facilities in Orissa, while private facilities in Karnataka and Maharashtra.

Public health facilities are the major sources for in-patient services in Orissa, and Maharashtra, whereas in Karnataka more number of people are using private facilities.

By and large the socially vulnerable sections use public facilities in large number for in-patient services.

For in-patient services of prevalence type of diseases large number of patients have visited public facilities.

In a less developed state of Orissa people incur more expenditure for availing health services than that in a developed state of Maharashtra. However, even in a medium developed state such as Karnataka, the cost of treatment is higher.

For out-patient services public facilities are expensive in Karnataka and Orissa.

Public health facilities are more expensive in Maharashtra for providing inpatient services.

People from socially vulnerable sections have spent less on children than other social categories.

Females have received less attention in terms of medical care expenditure in both working and aged categories of people in Maharashtra and Karnataka.

Generally it is found that the medical expenses have been met through own sources of income by majority of households. However, in Orissa the number of households which, borrowed money for meeting medical care expenditure is high.

Among those who borrowed money for financing their health expenditure the socially vulnerable sections dominate in all the states.

People borrow money to meet in-patient medical expenses more often than for out-patient expenses, particularly in Karnataka and Orissa.

Due to medical care expenditure activities related to agriculture, house construction have been adversely affected.

Significantly, people opined that health services at public health care centres are less satisfactory

Majority of the households depend upon open well/tube well for collection of drinking water

In all the states a larger number of households do not have household latrine facility.

ANNEXURE TABLES:

Annexure Table 1 : Selection Of Districts Based On Agro Climatic Regions and

Type Of Climate	Regions	Districts	% Of SC/ST	District Selected
Dry sub-humid	Eastern Vidharbha region	Satara	10.25	
		Wardha	29.64	
		Nanded	29.99	
Semi-arid to Dry sub-humid	Central Vidharbha	Bhandara	31.57	
		Yawatmal	32.38	
		Nagpur	32.76	
		Chandrapur	36.61	
		Gadchiroli	50.89	Gadchiroli
Semi-arid	Scarcity region	Sangli	13.05	
		Sholapur	16.91	
		Ahmadnagar	19.53	
		Dhule	46.17	Dhule
Semi-arid	Central Plateau	Bid	14.53	
		Jalna	15.01	
		Parbhani	16.29	
		Buldana	16.54	
		Aurangabad	17.56	
		Osmanabad	18.1	
		Akol	18.98	
		Jalgaon	19.09	
		Latur	21.3	
		Amaravati	31.86	Amaravati
Semi-arid	Western Hills and Plains Region	Satara	10.25	
		Kolhapur	13.24	
		Pune	15.32	
		Nasik	32.66	Nasik
Humid to per-humid	Konkan Region	Ratnagiri	2.74	
		Sindhurg	5.57	

Annexure Table - 2 : Selection of Districts Based on Agro Climatic Regions and

Type of Climate	Regions	Districts	% Of SC/ST Population	District Selected
Arid to Semi -arid	Northern Dry region	Bijapur Raichur Gulbarga Bellary Bidar	18.76 25.03 27.79 28.14 29.01	Bidar
Semi-arid	Malnad Region	Belgaum Dharwad	13.67 14.72	Dharwad
Semi-arid	Central region	Bangalore Tumkur Kolar Chitradurga	15.82 24.99 32.63 34.44	Chitradurga
Semi-arid	Southern region	Mandya Hassan Mysore	14.51 18.47 22.12	Mysore
Semi-arid to per-humid	Hills and Coastal region	Uttara Kannada Dakshina Kannada Kodagu Shimoga Chickmagalur	8.37 10.46 20.33 21.58 21.86	Chickmagalur

Annexure Table 3 : Selection of Districts Based on Agro Climatic Regions and Proportion of SC/ST Population in Orissa

Type of Climate	Regions	Districts	% Of SC/ST Population	District Selected
Dry sub-humid	Inland region	Dhenkanal	28.71	Gajapati
Dry sub-humid	Ganjam region	Angul	28.5	
		Ganjam	20.84	
		Gajapati	56.65	
		Bolangir	37.45	
		Sonepur	31.61	
		Sambalpur	52.15	
		Jharsuguda	49.03	
		Deogarh	47.91	
		Baragarh	38	
		Moist to dry sub-humid	Northern plateau	Kalahandi
Moist to dry sub-humid	And Hills region	Nuapad	49.04	
		Keonjhar	56.01	
		Phulbani	32.56	
		Kandhmal	69.7	
		Sundargad	59.52	
		Mayurbhanj	64.86	
		Koraput	64.08	
		Malkangiri	78.32	
		Nabarangpur	70.36	
		Rayagad	70.32	
Moist sub-humid	Coastal region	Puri	18.83	Balesore
		Nayagarh	19.74	
		Khurda	18.76	
		Cuttack	21.68	
		Jajapur	30.27	
		Kendrapara	20.23	
		Jagatisinghpur	22.33	
		Balesore	29.14	
		Bhadrak	23.4	

Annexure Table - 4 : Selection of Talukas and Villages in the Selected Districts of Maharashtra

Districts	Rural						Urban	
	% of District Population in Total Population of Five Districts	Proportion of HHs for Each District	TALUKS	No. of HHs per Taluk	Villages	No. of HHs Surveyed	TALUKS	No. of HHs Surveyed
Dhule	17.34	173	Sindhkheda	86	Karle Patan	43 43	Sindhkheda	50
			Shirpur	87	Asali Budki	43 44	Shirpur	50
Amaravati	15.04	151	Achalapura	75	Kakda Bordi	38 37	Achalapura	50
			Chickhalda	76	Churni Hatru	38 38	Chickhalda	50
Gadchiroli	5.38	54	Sironcha	27	Nagram Kottamal	14 13	Sironcha	50
			Aheri	27	Krishnapur Basapur	13 14	Aheri	50
Nashik	26.33	263	Igatpuri	131	Adharwad Borli	66 65	Igatpuri	50
			Malegaon	132	Galne Hatane	66 66	Malegaon	50
Thane	35.89	359	Shahapur	180	Aghai Khaire	90 90	Shahapur	50
			Mokhada	179	Adishi Chas	89 90	Mokhada	50
Total Households for the state						1000		500

Note: HHs=Households

Annexure Table 5 : Selection of Talukas and Villages in the selected Districts of Karnataka

Districts	Rural						Urban	
	% of District Population in Total Population of Five Districts	Proportion of HHs for each District	Name of Taluka Selected	No. of HHs Per Taluk	Name of Village Selected	No. of HHs Surveyed in Rural Area	Urban Area	No. of HHs Surveyed in Urban Area
Mysore	28.45	285	Hunsur	143	Abbur	72	Hunsur	50
			Nanjangud	142	Dharmapura	71	Nanjangud	50
					Hura	71		
					Alathur	70		
Chitradurga	19.6	196	Hosdurga	98	Bagur	49	Hosdurga	50
			Holalkere	98	Giriyapura	49	Holalkere	50
					Dummi	49		
					Kengunte	49		
Bidar	11.29	113	Humnabad	56	Sedol	28	Humnabad	50
			Aurad	57	Mangalgi	28	Aurad	50
					Jambgi	28		
					Bachepalli	29		
Chickmagalur	9.14	92	Sringeri	46	Menase	23	Sringeri	50
			Kadur	46	Kigga	23	Kadur	50
					Hirenallur	23		
					Macheri	23		
Dharwad	31.4	314	Kalghatgi	157	Ganjigatti	78	Kalghatgi	50
			Navalgund	157	Dastikop	79	Navalgund	50
					Karlwad	78		
					Tirlapur	80		
Total Households for the state						1000		500

Note: HHs=Households

Annexure Table 6 : Selection of Talukas and Villages in the selected Districts of Orissa

Districts	Rural						Urban	
	% of District Population in Total Population of Five Districts	Proportion of HHs for Each District	Name of Taluka Selected	No. of HHs Per Taluk	Name of Village Selected	No. of HHs Surveyed in Rural Area	Urban Area	No. of HHs Surveyed in Urban Area
Balesore	32.9	329	Remula	168	Srikrishnapur Sergarh Podasol Banksol	82 86 85 76	Remula	100
Gajapati	33.6	336	Rayagad	167	Narayanpur Daradsingh Anakandgud Andersingh	85 82 85 84	Rayagad	75
Malkangiri	33.5	335	Mathili Malkangiri	169 166	Kotameta Pangam Bhalugud Pandripani	84 85 86 80	Mathili Malkangiri	75 75
Total Households for the state						1000		500

Note: HHs=Households

Annexure Table 7 : Diseases Observed in the Survey Areas of the Study States

Sl. No.	Communicable Diseases	Sl. No.	Non Communicable Diseases	Sl. No.	Accident / Injury
1	Cough/Cold/Fever	1	Eye Problem	1	Accident
2	Skin Diseases	2	Mental Shock	2	Wound
3	Malaria	3	Asthma	3	Snake Bite
4	Typhoid	4	Body Pain / Stomach Pain	4	Dog Bite
5	Diarrhea	5	Ulcer	5	Fracture
6	Tuberculosis	6	Cancer	6	Leg Fracture
7	Hepatitis	7	Heart Problem	7	Head Injury
8	Cholera	8	Blood Pressure	8	Monkey Bite
9	Chicken pox	9	Diabetes	9	Burning
10	Filaria	10	Tooth Pain / Mouth Pain	10	Poison
11	Leprosy	11	Gynaec related problems		
12	Jaundice	12	Urinary Trac		
13	Measles	13	Paralysis		
14	Brain Fever	14	Throat Problem		
15	Worm	15	Kidney Problem		
16	Amebeasis	16	Piles		
17	Diphtheria	17	Fits		
18	Pneumonia	18	Weakness		
		19	Nerve Problem		
		20	Ear Problem		
		21	Anemia		
		22	Liver Problem		
		23	Gastric Problem		
		24	Blood Omitting		
		25	Giddines		
		26	Breathing Problem		
		27	Back Bone problem		
		28	Lungs Problem		
		29	Body Swelling		
		30	Nose Problem		
		31	Apendicytis		
		32	Rheumatism		
		33	Digestion Problem		
		34	Faintness		
		35	Bronchitis		
		36	Tumer in Stomach		
		37	Vomiting		
		38	Acidity		
		39	Spondilytis		
		40	Blood Flow		
		41	Blood blocked in arteries		
		42	Goitre		
		43	Hernia		
		44	Sinuses		
		45	Wart		
		46	Brain Problem		
		47	Emisis		

Annexure Table 8 : Number of Morbid People in the Selected States

States	Social Groups	Total No. of Persons	No. of Patients	Percent of Patients	Percent of Incidence* Cases	Percent of Prevalance** Cases
Maharashtra	SC	860	214	25.16	90.44	9.56
	ST	3512	965	29.02	91.92	8.08
	OBC	2034	530	27.22	90.97	9.03
	Minorities	325	73	22.8	95.27	4.73
	Others	1846	516	27.71	93.8	6.2
	Total	8577	2298	27.88	92.02	7.98
Karnataka	SC	1324	258	20.68	85.84	14.16
	ST	946	129	15.76	89.51	10.49
	OBC	3651	586	17.93	88.31	11.69
	Minorities	596	113	19.88	91.77	8.23
	Others	1692	306	19.7	87.52	12.48
	Total	8209	1392	18.58	88.1	11.9
Orissa	SC	949	277	28.84	91.87	8.13
	ST	2131	541	25.1	90.88	9.12
	OBC	1846	500	27.13	90.02	9.98
	Minorities	470	151	32.07	89.54	10.46
	Others	1791	503	27.84	87.8	12.2
	Total	7187	1972	27.22	89.9	10.1

Note:

* Incidence: <30 days

** Prevalance: >30 days

Annexure Table 9 : Number of Patients by Type of Disease

	Communicable		Non-communicable		Accident		Total
Maharashtra	1674	-72.85	586	-25.5	38	-1.65	2298
Karnataka	834	-59.91	502	-36.06	56	-4.02	1392
Orissa	1577	-79.96	384	-19.47	11	-0.55	1972

Note: Figures in parenthesis are percentages to total

Annexure Table 10 : Percent of Patients Who Visited Healthcare Facility for Treatment in Selected States

State	Social Groups	Percent of Patients Who Visited Medical Facility	Percent of Patients Who Did Not Visit Medical Facility	Total
Maharashtra	SC	92.58	7.42	100
	ST	90.04	9.96	100
	OBC	88.04	11.96	100
	Minorities	89.61	10.39	100
	Others	91.98	8.02	100
	Total	90.11	9.89	100
Karnataka	SC	92.65	7.35	100
	ST	93.44	6.56	100
	OBC	89.66	10.34	100
	Minorities	91.05	8.95	100
	Others	90.3	9.7	100
	Total	90.8	9.2	100
Orissa	SC	88.88	11.12	100
	ST	90.46	9.54	100
	OBC	91.88	8.12	100
	Minorities	95.32	4.68	100
	Others	90.77	9.23	100
	Total	91.03	8.97	100

Note: Percent = weighted percent to total

Annexure Table 11 : Distribution of Outpatients and Inpatients in Selected States

States	Social Groups	Percent of Outpatients	Percent of Inpatients	Total
Maharashtra	SC	86.29	13.71	100
	ST	86.06	13.94	100
	OBC	83.07	16.93	100
	Minorities	80.31	19.69	100
	Others	81.97	18.03	100
	Total	84.59	15.41	100
Karnataka	SC	84.79	15.21	100
	ST	82.19	17.81	100
	OBC	79.92	20.08	100
	Minorities	81.33	18.67	100
	Others	82.08	17.92	100
	Total	81.55	18.45	100
Orissa	SC	87.98	12.02	100
	ST	92.05	7.95	100
	OBC	87.21	12.79	100
	Minorities	90.48	9.52	100
	Others	90.06	9.94	100
	Total	89.6	10.4	100

Note: Percent = weighted percent to row total

Annexure Table 12 : Outpatient Morbidity by Incidence and Prevalence and Type of Diseases (in percent)

States	Social Groups	Incidence				Prevalence			
		Communicable Diseases	Non - Communicable Diseases	Accidents	Total	Communicable Diseases	Non - Communicable Diseases	Accidents	Total
Maharashtra	SC	78.88	20.55	0.56	100	24.94	70.54	4.52	100
	ST	82.85	17.1	0.05	100	47.04	52.4	0.56	100
	OBC	79.81	19.75	0.44	100	39.16	58.18	2.67	100
	Minorities	85.2	13.25	1.55	100	21.27	78.73	0	100
	Others	82.52	17.23	0.25	100	19.48	80.52	0	100
	Total	81.93	17.82	0.24	100	38.81	59.84	1.35	100
Karnataka	SC	82.87	14.48	2.65	100	51.09	47.13	1.77	100
	ST	79.8	17.26	2.94	100	15.68	84.32	0	100
	OBC	69.25	29.35	1.4	100	32.49	67.51	0	100
	Minorities	82.72	17.28	0	100	40.11	59.89	0	100
	Others	67.34	28.45	4.21	100	21.1	76.57	2.32	100
	Total	73.3	24.41	2.29	100	33.01	66.1	0.89	100
Ottisa	SC	88.04	11.96	0	100	53.2	46.8	0	100
	ST	86.38	12.92	0.7	100	59.5	40.5	0	100
	OBC	84.93	14.27	0.8	100	23.56	69.17	7.28	100
	Minorities	85.91	13.31	0.78	100	35.19	64.81	0	100
	Others	86.89	13.11	0	100	51.68	46.69	1.63	100
	Total	86.33	13.21	0.46	100	45.75	51.94	2.31	100

Note: Percent = weighted percent to row total

Annexure Table 13 : Nature of Outpatient Morbidity in Rural and Urban Areas

(in percent)

States	Social Groups	Incidence				Prevalence			
		Communicable Diseases	Non - Communicable Diseases	Accidents	Total	Communicable Diseases	Non - Communicable Diseases	Accidents	Total
Rural									
Maharashtra	SC	81.25	17.92	0.82	100	22.09	77.91	0	100
	ST	82.1	17.84	0.06	100	47.35	52.04	0.62	100
	OBC	79.7	19.62	0.69	100	46.72	53.28	0	100
	Minorities	80.38	16.46	3.16	100	0	0	0	0
	Others	82.66	17.34	0	100	18.81	81.19	0	100
	Total	81.65	18.07	0.27	100	41.55	58.06	0.38	100
Karnataka	SC	84.53	13.94	1.53	100	55.8	41.68	2.53	100
	ST	81.67	14.69	3.64	100	0	100	0	100
	OBC	66.99	31.35	1.65	100	20.53	79.47	0	100
	Minorities	77.48	22.52	0	100	22.25	77.75	0	100
	Others	60.97	33.1	5.93	100	29.42	67.34	3.24	100
	Total	70.74	26.55	2.72	100	29.58	69.03	1.38	100
Orissa	SC	87.67	12.33	0	100	55.45	44.55	0	100
	ST	85.48	13.99	0.53	100	59.43	40.57	0	100
	OBC	86.67	13.33	0	100	27.08	63.81	9.12	100
	Minorities	87	12.02	0.98	100	38.46	61.54	0	100
	Others	87.86	12.14	0	100	55.24	44.76	0	100
	Total	86.62	13.09	0.28	100	49.46	48.71	1.83	100
Urban									
Maharashtra	SC	73.75	26.25	0	100	35.62	42.92	21.46	100
	ST	87.41	12.59	0	100	44.33	55.67	0	100
	OBC	80.02	19.98	0	100	31.15	63.36	5.49	100
	Minorities	89.86	10.14	0	100	21.27	78.73	0	100
	Others	82.34	17.1	0.56	100	20.43	79.57	0	100
	Total	82.74	17.1	0.16	100	31.07	64.86	4.07	100
Karnataka	SC	79.98	15.41	4.61	100	40	60	0	100
	ST	77.27	20.76	1.98	100	34.72	65.28	0	100
	OBC	73.18	25.86	0.96	100	52.22	47.78	0	100
	Minorities	87.07	12.93	0	100	53.57	46.43	0	100
	Others	79.02	19.92	1.06	100	0	100	0	100
	Total	77.45	20.96	1.59	100	39.2	60.8	0	100
Orissa	SC	88.94	11.06	0	100	48.13	51.87	0	100
	ST	92.55	5.63	1.82	100	60	40	0	100
	OBC	83.04	15.3	1.66	100	19.55	75.26	5.19	100
	Minorities	81.71	18.29	0	100	0	100	0	100
	Others	85.96	14.04	0	100	48.14	48.61	3.25	100
	Total	85.78	13.43	0.79	100	38.52	58.22	3.25	100

Note: Percent = weighted percent to row total

Annexure Table 14 : Nature of Inpatient Morbidity in the Selected States (in percent)

States	Social Groups	Incidence				Prevalence			
		Communicable Diseases	Non - Communicable Diseases	Accidents	Total	Communicable Diseases	Non - Communicable Diseases	Accidents	Total
Maharashtra	SC	48.83	42.79	8.38	100	0	0	0	0
	ST	53.46	40.35	6.19	100	36.68	55.02	8.3	100
	OBC	32.92	54.33	12.75	100	0	84.63	15.37	100
	Minorities	40.19	42.72	17.09	100	0	0	0	0
	Others	43.86	54.03	2.11	100	0	0	100	100
Total		45.93	46.64	7.42	100	23.72	60.94	15.34	100
Karnataka	SC	41.66	51.39	6.95	100	0	0	0	0
	ST	50.53	46.91	2.56	100	38.47	61.53	0	100
	OBC	26.26	66.94	6.79	100	19.9	19.9	60.21	100
	Minorities	44.23	43.73	12.03	100	0	0	0	0
	Others	28.41	54.23	17.36	100	0	75.43	24.57	100
Total		32.59	58.42	8.99	100	17.47	48.87	33.65	100
Orissa	SC	63.88	36.12	0	100	68.85	31.15	0	100
	ST	82.38	17.62	0	100	50	50	0	100
	OBC	57.54	42.46	0	100	12.42	87.58	0	100
	Minorities	56.62	43.38	0	100	0	100	0	100
	Others	52.29	47.71	0	100	15.03	84.97	0	100
Total		62.83	37.17	0	100	23.04	76.96	0	100

Note: Percent = weighted percent to row total

Annexure Table 15 : Nature of Inpatient Morbidity in Rural and Urban Areas

(in percent)

States	Social Groups	Incidence				Prevalence			
		Communicable Diseases	Non - Communicable Diseases	Accidents	Total	Communicable Diseases	Non - Communicable Diseases	Accidents	Total
Rural									
Maharashtra	SC	52.55	36.29	11.16	100	0	0	0	0
	ST	54.19	38.24	7.57	100	36.68	55.02	8.3	100
	OBC	31.93	54.75	13.32	100	0	50	50	100
	Minorities	28.25	29.22	42.54	100	0	0	0	0
	Others	45.6	52.69	1.7	100	0	0	100	100
	Total	47.48	44.05	8.47	100	29.93	50.71	19.36	100
Karnataka	SC	38.23	58.33	3.44	100	0	0	0	0
	ST	50.02	46.62	3.36	100	38.47	61.53	0	100
	OBC	17.52	75.42	7.05	100	24.92	24.92	50.16	100
	Minorities	30.97	69.03	0	100	0	0	0	0
	Others	28.08	54.58	17.35	100	0	75.43	24.57	100
	Total	27.44	64.22	8.34	100	19.09	53.38	27.54	100
Orissa	SC	72.16	27.84	0	100	0	0	0	0
	ST	83.26	16.74	0	100	50	50	0	100
	OBC	45.47	54.53	0	100	0	100	0	100
	Minorities	75	25	0	100	0	100	0	100
	Others	46.01	53.99	0	100	33.33	66.67	0	100
	Total	65.48	34.52	0	100	17.72	82.28	0	100
Urban									
Maharashtra	SC	43.99	51.23	4.78	100	0	0	0	0
	ST	50.18	49.82	0	100	0	0	0	0
	OBC	34.57	53.64	11.79	100	0	100	0	100
	Minorities	45.54	48.77	5.69	100	0	0	0	0
	Others	41.04	56.2	2.76	100	0	0	0	0
	Total	42.37	52.6	5.03	100	0	100	0	100
Karnataka	SC	50	34.52	15.48	100	0	0	0	0
	ST	52.17	47.83	0	100	0	0	0	0
	OBC	40.48	53.15	6.37	100	0	0	100	100
	Minorities	53.4	26.25	20.35	100	0	0	0	0
	Others	29.84	52.73	17.43	100	0	0	0	0
	Total	43	46.68	10.32	100	0	0	100	100
Orissa	SC	50.95	49.05	0	100	68.85	31.15	0	100
	ST	74.81	25.19	0	100	0	0	0	0
	OBC	68.14	31.86	0	100	45.24	54.76	0	100
	Minorities	25.57	74.43	0	100	0	100	0	100
	Others	55.65	44.35	0	100	0	100	0	100
	Total	59.33	40.67	0	100	29.05	70.95	0	100

Note: Percent = weighted percent to row total

Annexure Table 16 : Utilisation Pattern of Health Care Facilities for Outpatient Care

States	Social Groups	Percent of Public Facility	Percent of Private Facility	Percent of Other Facility	Total
Maharashtra	SC	38.99	58.12	2.89	100
	ST	51.88	47.36	0.76	100
	OBC	39.98	58.09	1.93	100
	Minorities	38.63	59.69	1.68	100
	Others	25.54	72.78	1.68	100
	Total	43.7	54.96	1.34	100
Karnataka	SC	57.03	42.97	0	100
	ST	29.3	66.6	4.1	100
	OBC	35.77	61.81	2.42	100
	Minorities	34.46	62.55	3	100
	Others	24.54	74.4	1.05	100
	Total	36.42	61.67	1.91	100
Orissa	SC	67.99	29.17	2.84	100
	ST	66.03	31.89	2.08	100
	OBC	49.65	48.11	2.25	100
	Minorities	38.84	52.99	8.16	100
	Others	57.81	39.92	2.27	100
	Total	57.92	39.35	2.73	100

Note: Percent = weighted percent to row total

Annexure Table 17 : Utilisation Pattern of Health Care Facilities for Outpatient Services across Rural and Urban Areas (in percent)

States	Social Groups	Public Facility	Private Facility	Other Facility	Total
Rural					
Maharashtra	SC	40.04	55.76	4.2	100
	ST	54.68	44.69	0.63	100
	OBC	46.5	52.74	0.76	100
	Minorities	37.61	58.73	3.66	100
	Others	23.62	76.38	0	100
	Total	48.01	51.12	0.88	100
Karnataka	SC	66.93	33.07	0	100
	ST	21.86	70.66	7.48	100
	OBC	41.85	55.04	3.11	100
	Minorities	22.87	72.32	4.81	100
	Others	27.19	71.3	1.51	100
	Total	40.18	57.18	2.64	100
Orissa	SC	69.42	26.52	4.06	100
	ST	70.85	27.06	2.09	100
	OBC	59.95	37.03	3.02	100
	Minorities	41.7	48.16	10.15	100
	Others	61.95	33.71	4.34	100
	Total	64.08	32.19	3.72	100
Urban					
Maharashtra	SC	36.64	63.36	0	100
	ST	33.3	65.1	1.6	100
	OBC	29.95	66.34	3.71	100
	Minorities	39.49	60.51	0	100
	Others	28.04	68.09	3.87	100
	Total	31.43	65.92	2.65	100
Karnataka	SC	38.56	61.44	0	100
	ST	38.33	61.67	0	100
	OBC	25.61	73.13	1.27	100
	Minorities	44.11	54.41	1.49	100
	Others	18.45	81.55	0	100
	Total	30.17	69.14	0.69	100
Orissa	SC	64.67	35.33	0	100
	ST	31.23	66.79	1.98	100
	OBC	38.92	59.64	1.44	100
	Minorities	27.06	72.94	0	100
	Others	54.23	45.29	0.48	100
	Total	46.54	52.56	0.89	100

Note: Percent = weighted percent to row total

Annexure Table 18 : Percent of Patients who Approached Different Health Care Facilities for Outpatient Treatment of Incidence and Prevalence Type of illness

States	Social Groups	Incidence				Prevalence			
		Public Facility	Private Facility	Other Facility	Total	Public Facility	Private Facility	Other Facility	Total
Maharashtra	SC	40.83	57.25	1.91	100	25.58	64.43	9.99	100
	ST	52.12	47.05	0.83	100	49.49	50.51	0	100
	OBC	40.85	57.34	1.81	100	32.76	64.39	2.86	100
	Minorities	41.43	56.77	1.8	100	0	100	0	100
	Others	25.79	72.63	1.58	100	22.24	74.74	3.02	100
	Total	44.21	54.52	1.26	100	38.69	59.24	2.07	100
Karnataka	SC	54.83	45.17	0	100	68.8	31.2	0	100
	ST	32.04	63.34	4.62	100	7.36	92.64	0	100
	OBC	35.2	61.97	2.83	100	39.11	60.89	0	100
	Minorities	34.65	62.01	3.34	100	32.8	67.2	0	100
	Others	25.9	73.31	0.79	100	16.09	81.2	2.71	100
	Total	36.3	61.58	2.12	100	37.21	62.2	0.58	100
Orissa	SC	69.92	26.98	3.09	100	46.8	53.2	0	100
	ST	66.64	31.3	2.06	100	60.8	36.95	2.25	100
	OBC	50.93	47.1	1.97	100	38.91	56.54	4.54	100
	Minorities	37.61	54.09	8.3	100	49.26	43.7	7.04	100
	Others	59.61	37.78	2.61	100	45.91	54.09	0	100
	Total	59.08	38.13	2.79	100	48.49	49.26	2.25	100

Note: Percent = weighted percent to row total

Annexure Table 19 : Utilization Pattern of Health Care Facilities for Inpatient Services (in percent)

States	Social Groups	Public Facility	Private Facility	Other Facility	Total
Maharashtra	SC	44.26	49.44	6.31	100
	ST	71.81	28.19	0	100
	OBC	41.76	58.24	0	100
	Minorities	30.95	63.93	5.11	100
	Others	30.82	69.18	0	100
	Total	53.4	46.01	0.59	100
Karnataka	SC	68.15	31.85	0	100
	ST	39.86	52.31	7.83	100
	OBC	32.47	65.91	1.63	100
	Minorities	51.87	48.13	0	100
	Others	25.05	64.59	10.35	100
	Total	38.06	58.21	3.73	100
Orissa	SC	76.95	23.05	0	100
	ST	86.85	13.15	0	100
	OBC	70.77	29.23	0	100
	Minorities	71.83	28.17	0	100
	Others	75.7	24.3	0	100
	Total	76.39	23.61	0	100

Note: Percent = weighted percent to respective row total

Annexure Table 20 : Utilization Pattern of Health Care Facilities -
Rural/Urban - Inpatients

States	Social Groups	Percent of Public Facility	Percent of Private Facility	Percent of Other Facility	Total
Rural					
Maharashtra	SC	37.72	51.12	11.16	100
	ST	70.94	29.06	0	100
	OBC	43.9	56.1	0	100
	Minorities	40.94	59.06	0	100
	Others	31.76	68.24	0	100
	Total	56.29	43.12	0.59	100
Karnataka	SC	77.07	22.93	0	100
	ST	46.45	43.56	9.98	100
	OBC	38.02	61.98	0	100
	Minorities	42.29	57.71	0	100
	Others	26.53	60.89	12.59	100
	Total	41.95	53.69	4.36	100
Orissa	SC	85.17	14.83	0	100
	ST	85.4	14.6	0	100
	OBC	67.67	32.33	0	100
	Minorities	66.67	33.33	0	100
	Others	60.26	39.74	0	100
	Total	75.08	24.92	0	100
Urban					
Maharashtra	SC	52.76	47.24	0	100
	ST	75.99	24.01	0	100
	OBC	38.41	61.59	0	100
	Minorities	26.47	66.12	7.41	100
	Others	29.26	70.74	0	100
	Total	46.64	52.76	0.59	100
Karnataka	SC	46.43	53.57	0	100
	ST	15.94	84.06	0	100
	OBC	23.2	72.46	4.34	100
	Minorities	58.49	41.51	0	100
	Others	18.23	81.77	0	100
	Total	29.86	67.73	2.41	100
Orissa	SC	66.67	33.33	0	100
	ST	100	0	0	100
	OBC	73.82	26.18	0	100
	Minorities	79.64	20.36	0	100
	Others	84.48	15.52	0	100
	Total	78.09	21.91	0	100

Note: Percent = weighted percent to respective row t

Annexure Table 21 : Type of Health Care Facility used for Incidence and Prevalence Cases – Inpatients (in percent)

States	Social Groups	Incidence				Prevalence			
		Public Facility	Private Facility	Other Facility	Total	Public Facility	Private Facility	Other Facility	Total
Maharashtra	SC	44.26	49.44	6.31	100	0	0	0	0
	ST	71.73	28.27	0	100	73.36	26.64	0	100
	OBC	42.2	57.8	0	100	33.27	66.73	0	100
	Minorities	30.95	63.93	5.11	100	0	0	0	0
	Others	31.14	68.86	0	100	0	100	0	100
	Total	53.24	46.15	0.61	100	57.41	42.59	0	100
Karnataka	SC	68.15	31.85	0	100	0	0	0	0
	ST	37.73	53.67	8.6	100	61.53	38.47	0	100
	OBC	32.2	66.12	1.68	100	40.31	59.69	0	100
	Minorities	51.87	48.13	0	100	0	0	0	0
	Others	21.92	67.06	11.02	100	73.39	26.61	0	100
	Total	37.33	58.79	3.88	100	56.72	43.28	0	100
Orissa	SC	77.74	22.26	0	100	68.85	31.15	0	100
	ST	88.44	11.56	0	100	50	50	0	100
	OBC	72.38	27.62	0	100	57.52	42.48	0	100
	Minorities	66.94	33.06	0	100	100	0	0	100
	Others	74.16	25.84	0	100	84.97	15.03	0	100
	Total	76.91	23.09	0	100	71.81	28.19	0	100

Note: Percent = weighted percent to row total

Annexure Table 22 : Utilisation Pattern of Health Care Facilities and Duration of Diseases - Rural/Urban - Inpa

States	Social Groups	Incidence				Prevalence			
		Percent of Public Facility	Percent of Private Facility	Percent of Other Facility	Total	Percent of Public Facility	Percent of Private Facility	Percent of Other Facility	Total
Rural									
Maharashtra	SC	37.72	51.12	11.16	100	0	0	0	0
	ST	70.77	29.23	0	100	73.36	26.64	0	100
	OBC	43.74	56.26	0	100	50	50	0	100
	Minorities	40.94	59.06	0	100	0	0	0	0
	Others	32.3	67.7	0	100	0	100	0	100
	Total	55.86	43.52	0.62	100	65.68	34.32	0	100
Karnataka	SC	77.07	22.93	0	100	0	0	0	0
	ST	44.51	44.22	11.27	100	61.53	38.47	0	100
	OBC	38.58	61.42	0	100	25.24	74.76	0	100
	Minorities	42.29	57.71	0	100	0	0	0	0
	Others	22.78	63.62	13.6	100	73.39	26.61	0	100
	Total	41.38	54.03	4.59	100	52.73	47.27	0	100
Orissa	SC	85.17	14.83	0	100	0	0	0	0
	ST	87.1	12.9	0	100	50	50	0	100
	OBC	69.39	30.61	0	100	58.56	41.44	0	100
	Minorities	62.5	37.5	0	100	100	0	0	100
	Others	58.88	41.12	0	100	66.67	33.33	0	100
	Total	76.38	23.62	0	100	62.87	37.13	0	100
Urban									
Maharashtra	SC	52.76	47.24	0	100	0	0	0	0
	ST	75.99	24.01	0	100	0	0	0	0
	OBC	39.61	60.39	0	100	25.84	74.16	0	100
	Minorities	26.47	66.12	7.41	100	0	0	0	0
	Others	29.26	70.74	0	100	0	0	0	0
	Total	47.21	52.18	0.61	100	25.84	74.16	0	100
Karnataka	SC	46.43	53.57	0	100	0	0	0	0
	ST	15.94	84.06	0	100	0	0	0	0
	OBC	21.82	73.76	4.42	100	100	0	0	100
	Minorities	58.49	41.51	0	100	0	0	0	0
	Others	18.23	81.77	0	100	0	0	0	0
	Total	29.17	68.4	2.43	100	100	0	0	100
Orissa	SC	66.12	33.88	0	100	68.85	31.15	0	100
	ST	100	0	0	100	0	0	0	0
	OBC	75.01	24.99	0	100	54.76	45.24	0	100
	Minorities	74.43	25.57	0	100	100	0	0	100
	Others	82.31	17.69	0	100	100	0	0	100
	Total	77.62	22.38	0	100	81.91	18.09	0	100

Note: Percent = weighted percent to row total

Annexure Table 23 : Cost of Treatment of Different Services – Out-patients
(Rs. / Patient)

States	Social Groups	Medicine & Injection	Doctor's Fees	Pathological Tests	Radiological Tests	Special Diet	Transportation Cost	Total Cost
Maharashtra	SC	118.47	43.6	7.9	23.69	273.96	130.8	186.61
	ST	112	28.51	137.51	31.78	42.32	44.48	137.03
	OBC	204.53	69.2	51.37	41.15	172.96	83.78	351.76
	Minorities	91.33	62.11	34.43	19.4	0	130.84	156.48
	Others	330.74	107.76	112.38	73.12	20.61	89.34	318.22
	Total	193.54	62.1	137.63	81.79	381.28	80.85	258.89
Karnataka	SC	267.26	46.23	35.73	0	37.51	44.49	478.75
	ST	853.02	23.03	75.7	51.76	46.79	39.66	685.56
	OBC	164.08	40.19	71.36	79.47	28.25	47.65	379.77
	Minorities	86.17	29.52	13.83	37.01	14.79	30.34	344.49
	Others	79.63	32.46	12.1	92.16	0.88	46.42	355.81
	Total	205.37	39.94	67.55	130.75	27.78	44.41	431.9
Orissa	SC	246.38	53.98	57.66	369.1	89.62	31.25	378.93
	ST	188.22	71.19	51	201.21	85.43	21.3	285.93
	OBC	363.36	57.84	44.64	170.27	96.56	33.96	455.77
	Minorities	242.28	38.26	35.8	38.79	99.5	19.62	335.56
	Others	289.78	52.42	56.34	127.62	87.3	36.87	401.63
	Total	274.66	58.26	50.97	176.39	88.21	31.4	376.87

Note: Expenditures are weighted averages

Annexure Table 24 : Medical Care Expenditure by Type of Services - Rural / Urban - Outpatients
(Rs. / Patient)

States	Social Groups	Medicine & Injection	Doctor's Fees	Pathological Tests	Radiological Tests	Special Diet	Transportation Cost	Total Cost
Rural								
Maharashtra	SC	127.89	50.66	9.48	23.69	31.14	141.35	339.22
	ST	101.92	29.68	15.26	13.57	17.17	45.7	223.48
	OBC	125.22	51.6	0	32.28	98.09	37.08	332.39
	Minorities	76.8	28.53	34.43	0	0	9.13	94.48
	Others	168.66	58.37	95.31	73.12	2.77	38.63	379.52
	Total	125.95	46.77	109.77	75.15	89.03	64.12	324.06
Karnataka	SC	141.02	46.61	0	0	37.51	27.79	620.4
	ST	841.39	22.45	51.76	51.76	46.79	38.24	526.75
	OBC	127.96	40.36	34.14	64.31	12.07	45.14	363.84
	Minorities	52.95	23.05	0	0	0	19.67	222.8
	Others	105.36	30.21	12.1	37.15	9.52	43.09	179.93
	Total	212.64	47.64	47.54	73.04	26.92	40.34	395.25
Orissa	SC	196.45	28.41	53.83	43.37	91.13	32.82	265.9
	ST	189.63	85.28	56.93	209.25	90.57	23.37	291.47
	OBC	290.99	66.49	33.88	92.99	77.21	36.82	372.56
	Minorities	153.99	23.06	12.06	28.06	56.8	13.08	219.11
	Others	269.04	37.98	53.37	96.48	63.58	37.71	373.69
	Total	258.25	74.5	53.7	156.59	80.14	33.06	355.42
Urban								
Maharashtra	SC	74.63	24.68	4.74	0	242.82	18.03	335.06
	ST	196.29	21.32	122.25	56.49	62.78	30.78	542.05
	OBC	271.36	73.75	51.37	8.87	74.87	128.9	1147.3
	Minorities	72.7	230.51	0	19.4	0	139.33	582.51
	Others	303.69	88.69	21.92	0	17.84	69.95	271.96
	Total	235.19	78.78	158.41	84.76	365.48	114.99	951.19
Karnataka	SC	325.67	27.07	11.79	0	0	102.85	719.19
	ST	63.13	9.31	0	0	0	3.57	525.77
	OBC	162.91	42.05	60.99	39.91	58.48	57.8	356.37
	Minorities	140.55	13.41	13.83	37.01	5.85	16.01	219.26
	Others	34.31	24.06	23.94	55.01	1.17	43.44	173.55
	Total	149.18	32.43	85.01	131.93	22.61	58.1	394.61
Orissa	SC	371.56	67.48	61.35	325.73	89.91	41.24	528.89
	ST	127.15	22.63	21.55	25.03	47.05	16.09	181.95
	OBC	410.54	52.2	46.9	119.95	108.32	30.53	531.4
	Minorities	190.67	27.3	23.73	10.73	81.67	13.39	330.16
	Others	301.13	60.1	56.79	63.32	101.77	44.68	399.67
	Total	314.66	53.89	52.04	197.54	99.33	38.56	428.23

Note: Expenditures are weighted averages

Annexure Table 25 : Composition of Total Medical Care Expenditure – Out-patient

(Rs. / Patients)

States	Social Groups	Medicine & Injection	%	Doctor's Fees	%	Transportation Cost	%	Total Cost
Maharashtra	SC	107.33	51.11	42.18	20.09	60.48	28.8	209.99
	ST	103.45	68.2	30.05	19.81	18.18	11.99	151.68
	OBC	190.67	68.38	69.12	24.79	19.05	6.83	278.84
	Minorities	99.46	53.88	46.44	25.16	38.7	20.96	184.6
	Others	444.4	74.46	112.16	18.79	40.24	6.74	596.8
	Total	209.66	68.58	63.12	20.65	32.94	10.77	305.72
Karnataka	SC	121.24	62.29	50.34	25.87	23.06	11.85	194.63
	ST	89.91	58.52	30.49	19.85	33.23	21.63	153.64
	OBC	365	75.91	69.42	14.44	46.44	9.66	480.86
	Minorities	95.3	64.26	33.17	22.36	19.84	13.38	148.31
	Others	107.41	65.62	32.56	19.89	23.72	14.49	163.68
	Total	268.3	72.59	67.24	18.19	34.07	9.22	369.61
Orissa	SC	577.43	84.89	63.7	9.36	39.08	5.75	680.2
	ST	273.92	59.59	164.22	35.73	21.51	4.68	459.65
	OBC	415.91	82.27	58.63	11.6	31	6.13	505.54
	Minorities	317.95	84.07	42.16	11.15	18.09	4.78	378.2
	Others	416.72	81.78	54.33	10.66	38.51	7.56	509.57
	Total	430.96	80.87	69.08	12.96	32.87	6.17	532.91

Note: % = percent to row total

Annexure Table 26 : Cost of Treatment Across Health Care Facilities – Out-patients (Rs. / Patient)

States	Social Groups	Public Facility	Private Facility	Other Facility	Total
Maharashtra	SC	76.77	281.84	1.78	188.88
	ST	80.09	198.58	18.54	138.18
	OBC	235.16	494.92	77.95	372.28
	Minorities	41.58	199.73	0	167.1
	Others	125.48	519.27	12.17	343.11
	Total	111.69	402.26	63.68	270.87
Karnataka	SC	773.23	395.81	0	499.78
	ST	913.54	406.51	0.8	706.93
	OBC	505.65	375.49	87.44	403.26
	Minorities	135.22	511.75	95.72	348.62
	Others	495.07	362.1	121.69	383.15
	Total	566.89	387.8	225.16	459.55
Orissa	SC	344.41	423.93	24.16	332.66
	ST	315.72	158.26	1094.35	280.86
	OBC	381.48	755.51	83.83	498.02
	Minorities	515.18	345.79	50.96	381.06
	Others	527.5	249.17	58.4	406.7
	Total	395.6	370.4	424.7	380.49

Note: Expenditures are weighted averages

Annexure Table 27 : Cost of Treatment by Type of Source in Rural and Urban Areas – Out-patients (Rs. / Patient)

States	Social Groups	Public Facility	Private Facility	Other Facility	Total
Rural					
Maharashtra	SC	117.19	244.12	1.78	198.01
	ST	74.61	198.34	15.07	139.29
	OBC	321.9	261.46	7.13	237.4
	Minorities	19.19	109.97	0	90.88
	Others	150.98	290.67	0	231.45
	Total	113.46	268.2	19.53	204.94
Karnataka	SC	277.37	174.52	0	232.8
	ST	809.04	181.67	0.8	499.77
	OBC	337.24	442.43	14.5	334.5
	Minorities	44.53	878.75	94.55	865.85
	Others	375.3	361.78	121.69	415.18
	Total	409.81	439.71	217.01	388.64
Orissa	SC	268.96	482.47	24.16	257.29
	ST	316.66	131.65	1085.41	296.15
	OBC	369.92	327.24	130.65	373.05
	Minorities	121.11	259.17	50.96	188.11
	Others	485.01	228.69	59.78	389.6
	Total	364.02	296.3	452.8	360.9
Urban					
Maharashtra	SC	37.61	149.28	0	139.54
	ST	91.09	122	3.46	116.53
	OBC	127.23	504.75	70.82	354.62
	Minorities	91.89	286.52	0	291.4
	Others	32.31	431.14	12.17	260.89
	Total	90.47	443.08	73.96	279.64
Karnataka	SC	1376.58	553.32	0	784.67
	ST	465.14	771.1	0	525.77
	OBC	554.44	211.6	302.95	388.38
	Minorities	335.33	144.69	1.17	219.97
	Others	310.16	200.06	0	201.95
	Total	579.72	276.89	302.95	433.15
Orissa	SC	603.85	416.56	0	527.22
	ST	218.68	162.58	8.94	182.09
	OBC	422.47	709.24	54.96	590.56
	Minorities	602.68	246.12	0	318.57
	Others	524.76	259.97	10.41	400.47
	Total	508.68	399.04	51.96	435.09

Note: Expenditures are weighted averages

Annexure Table 28 : Medical Care Expenditure by Type of Morbidity – Out-patient (Rs. / patients)

States	Social Groups	Incidence				Prevalence			
		Communicable Diseases	Non Communicable Diseases	Accident	Total	Communicable Diseases	Non Communicable Diseases	Accident	Total
Maharashtra	SC	153.48	195.89	129.12	162.3	76.09	490.75	8.07	477.37
	ST	90.11	201.68	0	105.58	110.49	548.13	15.97	313.66
	OBC	174.35	209.52	0	184.61	1224.91	1089.38	0	1250.05
	Minorities	155.55	74.69	16.14	149.6	6.93	191.49	0	189.76
	Others	139.31	1333	0	299.13	118.1	768.86	0	676.6
	Total	137.19	409.96	72.63	186.89	587.69	981.4	24.04	853.15
Karnataka	SC	412.1	287.1	16.36	715.56	958.56	495.29	5.85	1459.7
	ST	274.48	102.28	43.04	419.79	3143.5	2454.18	0	5597.67
	OBC	211.59	564.05	320.19	1095.84	635.76	837.79	0	1473.55
	Minorities	94.43	121	0	215.43	288.24	1727.65	0	2015.9
	Others	105.07	237.06	242.94	585.07	215	2662.12	94.55	2971.68
	Total	231.16	401.01	231.29	863.46	1246.69	1378.68	100.4	2725.78
Orissa	SC	231.87	288.73	0	240.25	999.48	2563.69	0	1439.39
	ST	221.19	288.63	910.83	237.96	444.09	880.57	0	719.94
	OBC	229.35	1404.92	116.22	386.18	1347.16	782.09	245.56	997.63
	Minorities	230.96	586.96	295.41	315.63	43.33	1262.39	0	1173.66
	Others	258.45	722.24	0	321.52	787.79	1375.68	197.92	1076.53
	Total	234.37	661.12	1322.46	296.52	805.23	1275.89	443.48	1075.92

Note: Expenditures are weighted averages

Annexure Table 29 : Out-patient Medical Care Expenditure by Type of Morbidity across Rural-Urban Areas

States	Social Groups	Incidence				Prevalence			
		Communicable Diseases	Non Communicable Diseases	Accident	Total	Communicable Diseases	Non Communicable Diseases	Accident	Total
Rural									
Maharashtra	SC	146.27	193.44	129.12	163.04	75.33	464.18	0	460.13
	ST	86.3	208.22	0	106.2	107.52	549.39	15.97	309.21
	OBC	139.48	218.71	0	154.36	851	766.02	0	818.45
	Minorities	92.35	62.31	16.14	89.7	0	0	0	0
	Others	144.71	388.62	0	191.1	138.91	802.76	0	726.26
	Total	129.44	244.63	72.63	151.29	326.46	885.4	15.97	673.83
Karnataka	SC	117.3	292.31	0.8	142.65	762.09	161.3	5.85	568.31
	ST	266.62	39.54	11.05	260.11	0	1199.53	0	1199.53
	OBC	182.56	334.37	272.49	229.29	258.46	856.69	0	749.36
	Minorities	77.17	87.53	0	91.99	0	1650.54	0	1650.54
	Others	118.9	272.79	250.03	178.62	215	3436.21	94.55	1701.95
	Total	175.24	291.04	242.71	209.16	690.49	1453.17	100.4	1306.45
Orissa	SC	203.61	297.3	0	218.7	743.71	736.04	0	774.62
	ST	227.05	292.87	910.83	244.74	252.77	1051.14	0	806.4
	OBC	197.99	656.42	0	260.55	951.68	998.11	278.93	919.46
	Minorities	239.07	202.08	295.41	201.17	43.33	250.36	0	161.63
	Others	232.62	864.07	0	333.94	200.82	1422.45	0	714.36
	Total	222.2	575.53	1206.24	276.78	549.93	1291.72	278.93	966.49
Urban									
Maharashtra	SC	153.59	60.61	0	135.3	11.8	113.23	8.07	64.37
	ST	100.98	43.72	0	100.59	15.64	273.47	0	178.65
	OBC	163.27	252.21	0	182.14	959.09	797.14	0	928.38
	Minorities	325.45	97.12	0	260.52	6.93	191.49	0	189.76
	Others	93.99	1171.56	0	237.71	39.6	139.6	0	110.12
	Total	132.6	590.66	0	191.34	675	832.72	8.07	783.51
Karnataka	SC	773.36	63.87	31.92	725.97	196.47	785.87	0	491.17
	ST	235.42	98.97	31.99	212.83	3143.5	2435.43	0	2828.36
	OBC	161.56	595.84	47.7	284.47	656.91	665.95	0	875.72
	Minorities	161.41	50.58	0	155.2	288.24	77.11	0	365.36
	Others	81.73	86.19	4.73	78.91	0	565.83	0	565.83
	Total	263.53	388.38	91.7	285.34	1607.54	923.55	0	1210.96
Orissa	SC	279.51	254.08	0	275.94	831.57	4066.93	0	2297.43
	ST	155.36	74.5	0	157.11	436.28	167.18	0	256.88
	OBC	269.06	1903.17	116.22	498.44	1939.3	268.39	178.8	683.59
	Minorities	165.92	542.53	0	256.58	0	1012.03	0	1012.03
	Others	276.75	354.84	0	288.03	1132.8	1336.76	197.92	1240.4
	Total	258.29	873.73	116.22	336.19	1239.74	1373.98	376.73	1283.79

Note: Expenditures are weighted averages

Annexure Table 30: Out-patient Medical Care Expenditure by Sex and Age (Rs. / patient)

States	Social Groups	Children			Working Population			Aged Population			
		Male	Female	Total	Male	Female	Total	Male	Female	Total	
Maharashtra	SC	87.79	62.76	95.4	360.05	281.71	197.12	389.14	12.39	384.15	
	ST	90.28	87.98	88.77	324.98	271.08	170.58	152.78	179.77	165.7	
	OBC	149.14	248.68	224.59	499.73	730.67	422.42	277.44	278.3	282.53	
	Minorities	206.76	65.38	168.35	250.79	377.31	153.05	8.71	113.64	113.69	
	Others	140.93	110.89	127.81	986.48	334.07	398.25	326.62	81.2	163.3	
	Total	116.28	177.58	146.09	605.37	508.52	318.91	292.51	214.63	258.89	
	SC	350.89	176.43	277.75	704.77	361.61	582.32	92.93	88.17	128.59	
	ST	166.51	83.59	113.69	1101.22	190.31	745.12	2459.64	1700.29	1993.79	
	OBC	156.74	238.8	183.18	338.93	462.14	423.22	1396.28	341.45	772.1	
	Minorities	124.08	104.98	135.99	140.84	61.95	129.59	107.13	868.93	611.54	
Karnataka	Others	635.74	104.81	414.96	648.66	169.12	350.68	220.41	229.53	269.09	
	Total	440.18	162.02	298.74	572.34	342.1	445.21	889.82	606.62	711.61	
	SC	217.29	214.99	210.36	341.59	403.73	389.56	355.83	402.47	442.3	
	ST	196.18	166.22	178.13	453.46	233.15	320.74	688.19	311.83	515.59	
	OBC	216.02	218.68	224.35	276.41	962.66	648.91	656.3	291.44	417.82	
	Minorities	349.28	205.92	333.71	286.07	471.1	477.93	246.81	42.1	223.37	
	Others	198.34	352.27	291.29	339.68	429.34	397.2	1186.98	277.76	736.55	
	Total	208.04	249.02	232.13	386.87	475.82	441.43	644.25	304.44	468.32	
	Orissa										

Note: Children (< 14 yrs) Working Population (15 to 59 yrs) Aged (> 60 yrs)

Expenditures are weighted averages

Annexure Table 31: Cost of Treatment by Type of Services for In-patient Services

(Rs. / patient)

States	Social Groups	Medicine & Injection	Doctor's Fees	Pathological Tests	Radiological Tests	Special Diet	Total Cost
Maharashtra	SC	537.99	766.21	36.72	129.72	31.93	1500.94
	ST	596.49	543.23	124.43	359.39	116.52	1882.73
	OBC	3585.4	621.16	541.63	229.48	127.58	7053.82
	Minorities	439.7	446.13	62.35	28.43	290.54	4875.14
	Others	1290.41	1981.25	309.69	94.4	80.8	4019.94
	Total	1494.69	994.93	383.66	242.71	485.44	4023.82
Karnataka	SC	1692.05	229.77	43.48	41.23	114.35	2664.99
	ST	47.48	6.3	45	35.09	0	13720.73
	OBC	1073.15	172.35	83.66	170.16	146.27	8837.16
	Minorities	717.89	270.12	0	58.48	69.7	5411.98
	Others	1937.02	1270.37	75.8	644.31	262.31	6657.7
	Total	1845.96	603.98	99.44	457.7	378.5	8274.16
Orissa	SC	2928.64	283.08	92.24	389.56	657.95	3565.22
	ST	1397.23	263.65	60.29	203.56	259.65	1631.13
	OBC	3067.44	409.98	96.77	333.01	656.89	4871.77
	Minorities	2260.15	362.3	47.58	107.28	184.7	3977.42
	Others	4580.03	1250.65	138.3	365.65	742.12	5209.83
	Total	2975.22	623.39	110.39	415.19	563.92	4169.27

Note: Expenditures are weighted averages

Annexure Table 32 : In-patient Services Cost by Type of Services across Rural/Urban Areas

(Rs. / patient)

States	Social Groups	Medicine & Injection	Doctor's Fees	Pathological Tests	Radiological Tests	Special Diet	Total Cost
Rural							
Maharashtra	SC	380	764.97	4.16	69.19	31.93	1113.45
	ST	542.35	416.12	103.13	197.18	90.07	1968.01
	OBC	501.73	713.83	546.77	82.46	217.64	7977.18
	Minorities	0	1.18	0	0	0	14213.13
	Others	369.72	234.89	17.04	3.19	40.35	2307.62
	Total	700.04	599.99	240.17	246.64	343.43	3407.88
Karnataka	SC	1705.35	855.58	43.48	41.23	114.35	2843.69
	ST	47.48	488.5	45	35.09	0	8858.44
	OBC	722.53	639.08	87.85	170.16	146.27	12038.95
	Minorities	0	0	0	0	0	1560.37
	Others	2217.1	714.1	77.53	406.82	236.37	6722.89
	Total	2428	138.67	102.82	221.02	372.01	8533.34
Orissa	SC	1774.01	175.72	93.03	125.16	359.86	2325.05
	ST	1484.89	319.73	60.46	185.68	247.42	1705.07
	OBC	3420.98	510.85	138.5	234.09	307.47	5211.71
	Minorities	574.2	219.78	11.82	0	111.83	1247.28
	Others	8092.09	1683.86	171.96	247.75	839.03	8037.18
	Total	3052.42	878.77	126.42	365.78	442.35	4440.12
Urban							
Maharashtra	SC	485.26	6.93	69.28	0	0	2235.01
	ST	359.68	782.82	36.04	53.51	169.43	530.09
	OBC	4106.18	320.04	63.51	492.62	27.71	6077.76
	Minorities	439.7	469.23	62.35	28.43	290.54	1645.55
	Others	1608.87	1860.33	342.63	91.2	40.45	4445.15
	Total	2389.35	1315.2	334.98	566.85	412.2	4534.88
Karnataka	SC	31.92	204.33	0	0	0	1034.1
	ST	0	419.58	0	0	0	10009.69
	OBC	1021.84	138.51	5.85	0	0	5690.59
	Minorities	717.89	0	0	58.48	69.7	5419.17
	Others	345.78	43.04	13.83	249.59	25.93	7367.36
	Total	1140.28	363.58	19.68	308.08	95.63	7922.26
Orissa	SC	4105.05	274.85	92.88	505.78	924.77	5151.12
	ST	316.54	33.44	17.35	17.88	233.09	601.02
	OBC	3104.64	206.13	58.02	431.93	820.81	4606.26
	Minorities	1685.95	142.51	35.76	107.28	72.87	2730.14
	Others	2932.61	527.94	132.65	198.39	290.13	3399.89
	Total	2902.83	304.96	94.37	375.73	729.09	3851.6

Note: Expenditures are weighted averages

Annexure Table 33 : Composition of Medical Care Expenditures – In-patients

(Rs. / patient)

States	Social	Medicine	%	Doctor's	%	Total Cost
Maharashtra	SC	594.9	50.21	590.02	49.79	1184.92
	ST	586.03	50.94	564.34	49.06	1150.37
	OBC	5261.7	86.64	811.08	13.36	6072.78
	Minorities	508.97	52.03	469.23	47.97	978.2
	Others	406.06	60.14	269.18	39.86	675.23
	Total	3161.79	80.75	753.86	19.25	3915.66
Karnataka	SC	853.96	78.8	229.77	21.2	1083.73
	ST	31.52	83.33	6.3	16.67	37.82
	OBC	1062.68	79.21	279	20.79	1341.68
	Minorities	936.8	77.62	270.12	22.38	1206.92
	Others	1914.25	61.83	1181.96	38.17	3096.2
	Total	1554.52	70.79	641.58	29.21	2196.1
Orissa	SC	5257.25	94.89	283.08	5.11	5540.34
	ST	2914.22	91.7	263.65	8.3	3177.87
	OBC	3861.53	90.4	409.98	9.6	4271.5
	Minorities	2643.28	87.95	362.3	12.05	3005.57
	Others	5939.47	82.61	1250.65	17.39	7190.13
	Total	4497.31	87.83	623.39	12.17	5120.7

Note: % = percent to row total

Expenditures are weighted averages

Annexure Table 34 : Difference in In-patient Treatment Cost across Sources of Services - (Rs. / patient)

States	Social	Public	Private	Other	Total
Maharashtra	SC	2654.27	92.5	161.4	1500.94
	ST	3906.07	943.3	0	1882.73
	OBC	10590.32	1674.33	0	7053.82
	Minorities	8355.13	1387.42	13.86	4875.14
	Others	5846.2	854.75	0	4019.94
	Total	6702.89	1079.55	175.26	4023.82
Karnataka	SC	2431.62	2131.41	0	2545.03
	ST	1587.16	19982.24	2554.09	13720.73
	OBC	2585.01	11309.1	353.64	8837.16
	Minorities	1547.89	8604.56	0	5411.98
	Others	4681.15	7397.31	1043.71	6657.7
	Total	3200.19	11025.81	1647.85	8238.63
Orissa	SC	2893.66	4911.33	0	3565.22
	ST	1144.69	3345.3	0	1631.13
	OBC	4197.77	8718.59	0	4871.77
	Minorities	5859.96	1773.5	0	3977.42
	Others	4778.19	6609.97	0	5209.83
	Total	3255.81	7823.53	0	4169.27

Note: Expenditures are weighted averages

Annexure Table 35 : Cost of Inpatient Treatment by Sources in Rural and Urban Areas - (Rs. / patient)

States	Social Groups	Public Facility	Private Facility	Other Facility	Total
Rural					
Maharashtra	SC	2411.84	21.07	161.4	1113.45
	ST	4117.99	979.15	0	1968.01
	OBC	10929.91	729.13	0	7977.18
	Minorities	14211.94	1.18	0	14213.13
	Others	2694.75	964.01	0	2307.62
	Total	6068.84	1013.1	161.4	3407.88
Karnataka	SC	2920.47	1190.43	0	2843.69
	ST	1518	13310.17	2554.09	8858.44
	OBC	2591.59	15890.19	0	12038.95
	Minorities	1519.71	1527.05	0	1560.37
	Others	3573.78	7293.3	1043.71	6722.89
	Total	3542.99	12037.29	1813.21	8533.34
Orissa	SC	2251.33	943.34	0	2325.05
	ST	1204.15	3345.3	0	1705.07
	OBC	3761.35	7402.58	0	5211.71
	Minorities	1270.25	1201.33	0	1247.28
	Others	8113.11	7666.77	0	8037.18
	Total	2797.92	9705.34	0	4440.12
Urban					
Maharashtra	SC	3024.43	123.85	0	2235.01
	ST	1213.2	81.57	0	530.09
	OBC	8751.1	3542.44	0	6077.76
	Minorities	1772.57	1386.24	13.86	1645.55
	Others	6085.51	280.29	0	4445.15
	Total	6824.32	1296.24	13.86	4534.88
Karnataka	SC	470.89	1374.63	0	1034.1
	ST	69.16	13061.24	0	10009.69
	OBC	3664.24	6744.96	353.64	5690.59
	Minorities	1180.79	9824.15	0	5419.17
	Others	1107.38	8012.25	0	7367.36
	Total	2331.21	10776.04	353.64	7922.26
Orissa	SC	5160.97	5131.41	0	5151.12
	ST	601.02	0	0	601.02
	OBC	4850.25	5187.96	0	4606.26
	Minorities	4589.71	572.17	0	2730.14
	Others	3226.13	3570.72	0	3399.89
	Total	3823.7	4709.96	0	3851.6

Note: Expenditures are weighted averages

Annexure Table 36 : Cost of Treatment by Type of Disease – In-patients

States	Social Groups	Incidence				Prevalence				(Rs. / patient)
		Communicable Diseases	Non Communicable Diseases	Accident	Total	Communicable Diseases	Non Communicable Diseases	Accident	Total	
Maharashtra	SC	792.04	2234.58	1225.86	1500.94	0	0	0	0	0
	ST	1240.56	1981.38	827.17	1562	1961.86	8525.17	161.4	6061.25	6061.25
	OBC	2318.05	6862.74	7295.84	6364.08	0	20034.86	2771.05	21177.92	21177.92
	Minorities	327.51	5707.37	596.2	4875.14	0	0	0	0	0
	Others	1114.91	5128.95	1614.05	3945.93	0	0	4035.12	4035.12	4035.12
Total	1226.18	4705.71	7044.85	3451.35	1961.86	23753.48	4869.31	24510.03	24510.03	
Karnataka	SC	1204.39	3161	2114.92	2664.99	0	0	0	0	0
	ST	2863.89	16409.73	5848.13	15491.86	2593.39	5724.43	0	8317.82	8317.82
	OBC	2439.14	5834.33	44864.78	8256.25	2363.75	11030.82	7201.67	8514.87	8514.87
	Minorities	750.5	4390.08	12374.57	5411.98	0	0	0	0	0
	Others	2804.09	6886.74	5003.25	5536.55	0	11041.85	4788.73	12478.46	12478.46
Total	2645.93	7238.16	33409.69	7669.51	4957.13	16959.79	7973.19	13629.45	13629.45	
Orissa	SC	1781.97	3455.15	0	2659.56	7585.18	3175.64	0	9054.84	9054.84
	ST	995.16	5532.02	0	1543.47	590.82	2112.17	0	1351.49	1351.49
	OBC	2729.67	7022.56	0	4495.24	856.68	7747.51	0	6403.41	6403.41
	Minorities	1987.67	1369.26	0	2199.92	0	4882.12	0	4882.12	4882.12
	Others	2444.48	5789.42	0	3689.31	28608.69	2529.88	0	8061.73	8061.73
Total	2137.22	5665.38	0	3542.64	18540.05	5007.62	0	7007	7007	

Note: expenditures are weighted averages

Annexure Table 37: Medical Care Expenditure by Sex and Age of patients – In-patients

States	Social Groups	Children			Working Population			Aged Population		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
		(Rs. / patient)								
Maharashtra	SC	404.53	9.01	408.68	731.92	1801.97	1466.65	1064.45	0	1064.45
	ST	1358.18	1391.19	1752.72	2440.37	1210.49	1931.37	1214.73	106.09	660.41
	OBC	8776.78	207.36	5730.61	8358.41	6378.02	7381.1	473.62	2643.8	2241.85
	Minorities	239.5	0	239.5	14673.15	796.73	7855.25	699.69	0	699.69
	Others	1315.16	1823.16	1482.57	3845.41	5459.51	4570.16	1981.59	1113.85	2162.34
	Total	4199.89	2086.08	3576.78	5372.83	3307.23	4292.57	1769.58	2308.12	2509.07
Karnataka	SC	736.25	518.68	1254.93	2095.16	3254.09	2934.44	606.14	0	566.24
	ST	1694.53	4128.19	4066.85	21716.81	2009.93	19666.29	5662.73	372.44	4927.21
	OBC	8731.09	1328.23	6711.67	19914.8	3482.24	10915.67	3154.76	4123.42	4576.28
	Minorities	326.99	624.49	951.48	12488.7	3645.64	6559.08	1383.14	3126.45	2780.67
	Others	3536.44	2596.02	4207.06	7346.8	6234.08	7576.45	4561.89	1180.96	4547.41
	Total	5331.82	4839.27	4698.55	13900.53	4490.83	10429.97	5148.48	3686.74	4810.57
Orissa	SC	750.75	1047.69	1008.73	3285.55	2579.62	3112.81	4318.12	0	4318.12
	ST	1650.92	464.22	1325.6	1997.27	1218.97	1742.22	321.85	236.33	558.17
	OBC	1821.15	2094.89	1932.18	5674.46	4883.32	5198.89	10432.02	4291.3	10743.14
	Minorities	2594.01	0	2594.01	2250.49	660.8	2390.63	738.52	5214.45	5122.14
	Others	2332.93	839.85	2257	3330.97	7095.86	6367.32	3447.65	1675.13	2197.44
	Total	2012.22	1498.46	1892.62	4662.87	4849.22	4803.38	5453.47	3208.47	4510.21

Note: Expenditures are weighted averages

Annexure Table 38 : Sources of Financing Medical Care Expenditure by Households - Out-patients

(in percent)

States	Social Groups	Own Source	Insurance	Borrowing	Sale of Household Articles	Total
Maharashtra	SC	90.75	0	7.41	1.85	100
	ST	88.56	0	11.11	0.33	100
	OBC	92.73	0.46	6.6	0.21	100
	Minorities	100	0	0	0	100
	Others	91.01	0	7.85	1.14	100
	Total	90.04	0.11	8.8	1.05	100
Karnataka	SC	80.74	1.68	14.56	3.02	100
	ST	83.42	0	16.58	0	100
	OBC	87.11	0.64	10.68	1.56	100
	Minorities	81.15	0	15.83	3.02	100
	Others	91.57	0	5.29	3.14	100
	Total	88.96	0.58	8.59	1.87	100
Orissa	SC	81.16	0	18.84	0	100
	ST	79.08	0	20.37	0.55	100
	OBC	81.75	0.3	17.34	0.6	100
	Minorities	77.48	0	22.52	0	100
	Others	90.48	0	9.52	0	100
	Total	82.94	0.08	16.64	0.33	100

Note: percent = weighted percent to row total

Annexure Table 39 : Sources of Financing Medical Expenditure – In-patients

(In percent)

States	Social Groups	Own Source	Insurance	Borrowing	Sale of Household Articles	Total
Maharashtra	SC	78.07	0	21.93	0	100
	ST	71.98	1.15	20.52	6.35	100
	OBC	68.73	0.95	27.39	2.93	100
	Minorities	91.06	0	8.94	0	100
	Others	73.05	0	26.07	0.88	100
	Total	72.26	0.77	23.11	3.85	100
Karnataka	SC	44.13	0	49.68	6.19	100
	ST	34.52	0	57.49	7.99	100
	OBC	51.84	1.2	41.76	5.2	100
	Minorities	53.18	3.18	40.16	3.49	100
	Others	57.08	0.92	40.13	1.86	100
	Total	50.53	1	43.79	4.67	100
Orissa	SC	52.02	2.25	40.16	5.57	100
	ST	46.84	0	53.16	0	100
	OBC	48.16	1.09	43.11	7.65	100
	Minorities	62.86	0	37.14	0	100
	Others	66.6	1.5	27.91	3.99	100
	Total	53.68	1.13	40.6	4.59	100

Note: percent = weighted percent to row total

Annexure Table 40: Percent of Households Reduced Expenditures due to Medical Care Expenditure

States	Social Groups	Reduction in House Construction	Reduction in Agriculture Expenses	Reduction in Marriage Expenditure	Reduction in Purchase of Major Household	Reduction in expenditure in Education	Reduction in Other Expenditures
Maharashtra	SC	0	12.46	0	46.92	0	40.62
	ST	2.13	44.65	3.28	19.23	4.77	25.94
	OBC	0	28.66	3.85	41.96	3.85	21.68
	Minorities	0	0	0	36.81	31.6	31.6
	Others	0	31.85	0	41.48	0	26.67
	Total	1.12	36.29	2.58	30.24	3.69	26.1
Karnataka	SC	3.25	18.86	0	24.28	0	53.61
	ST	0	28.61	6.84	21.77	6.31	36.47
	OBC	1.91	7.88	0	20.64	13.31	56.27
	Minorities	0	0	0	12.96	43.52	43.52
	Others	0	12.31	0	32.54	0	55.15
	Total	1.68	13.65	0.92	22.78	8.8	52.17
Orissa	SC	29.67	7.96	0	22.41	12.75	27.2
	ST	29.9	8.63	1.47	19.32	4.01	36.68
	OBC	21.63	12.47	7.78	17.02	13.65	27.44
	Minorities	23.7	0	0	21.8	10.9	43.6
	Others	11.61	4.93	0	30.11	4.83	48.53
	Total	22.7	8.77	3.07	21.46	8.94	35.06

Note : percent = weighted percent to row total

Annexure Table 41 : Percent of Households Postponed Expenditures due to Medical Care Expenditure

States	Social Groups	Postponed House Construction	Postponed Agriculture Expenses	Postponed Marriage Expenditure	Postponed Purchase of Major Household Asset	Postponed Expenditure on Education	Postponed Other Expenditures
Maharashtra	SC	0	0	0	33.33	33.33	33.33
	ST	7.69	30.77	0	46.15	7.69	7.69
	OBC	0	33.33	0	16.67	16.67	33.33
	Minorities	0	33.33	0	66.67	0	0
	Others	0	25	25	12.5	25	12.5
	Total	3.03	27.27	6.06	33.33	15.15	15.15
Karnataka	SC	12.5	50	12.5	12.5	0	12.5
	ST	0	0	66.67	0	0	33.33
	OBC	26.67	20	0	13.33	26.67	13.33
	Minorities	0	100	0	0	0	0
	Others	12.5	25	12.5	12.5	25	12.5
	Total	16.22	32.43	10.81	10.81	16.22	13.51
Orissa	SC	66.67	33.33	0	0	0	0
	ST	16.67	16.67	0	33.33	0	33.33
	OBC	30.77	12.82	15.38	15.38	12.82	12.82
	Minorities	25	0	0	0	0	75
	Others	66.67	16.67	0	16.67	0	0
	Total	34.48	13.79	10.34	15.52	8.62	17.24

Note : percent = weighted percent to row total

Annexure Table 42 : People's Opinion on Health Care Facilities

(in percent)

States	Very Good	Good	Some What Good	Worst	No Facilities	Total
Public Facility						
Maharashtra	19.8	31.87	32.17	5.66	10.49	100
Karnataka	7.83	34.04	47.9	6.83	3.4	100
Orissa	7.21	44.52	17.97	0.68	29.63	100
Private Facility						
Maharashtra	38.43	54.57	7	0	0	100
Karnataka	16.79	58.56	23.99	0.39	0.27	100
Orissa	6.33	80.53	13.14	0	0	100
Other Facility						
Maharashtra	39.27	39.05	4	17.68	0	100
Karnataka	30.03	26.99	40.06	2.93	0	100
Orissa	2.61	64.69	30.74	1.96	0	100

Note: Percent = weighted percent to row total

Annexure Table 43 : Sources of Drinking Water in Selected States

States	Social Groups	Percent of Households Using River/Pond/L	Percent of Households Using Open Well	Percent of Households Using Tube Well	Percent of Households Using Public Tap	Percent of Households Using Tap in House	Total
Maharashtra	SC	1.78	16.9	23.92	31.31	26.1	100
	ST	7.6	60.97	12.61	15.42	3.41	100
	OBC	0.33	19.46	23.93	20.88	35.4	100
	Minorities	0	20.33	10.09	29.07	40.51	100
	Others	1.88	20.87	12.23	24.79	40.23	100
	Total	4.21	39.46	15.96	20.09	20.29	100
Karnataka	SC	3.98	2.21	25.01	31.71	37.09	100
	ST	9.69	12.48	13.37	26.64	37.82	100
	OBC	10.5	3.34	10.93	33.06	42.17	100
	Minorities	5.33	1.95	8.87	40.32	43.52	100
	Others	10.39	3.6	6.13	24.55	55.33	100
	Total	9.1	4.23	12.06	30.69	43.92	100
Orissa	SC	1.82	8.97	71.29	7.64	10.28	100
	ST	0.83	8.17	86.32	4.28	0.41	100
	OBC	0.27	11.47	61.26	16.68	10.32	100
	Minorities	0	18.19	69.95	5.93	5.93	100
	Others	0.45	18.03	52.81	10.67	18.04	100
	Total	0.7	11.95	68.55	9.71	9.09	100

Note : percent = weighted percent to row total

Annexure Table 44 : Sources of Drinking Water in Rural & Urban Areas of the Study States

States	Social Groups	Percent of Households Using River/Pond/L	Percent of Households Using Open Well	Percent of Households Using Tube Well	Percent of Households Using Public Tap	Percent of Households Using Tap in House	Total
Rural							
Maharashtra	SC	2.75	23.17	33.8	27.26	13.02	100.00
	ST	9.04	63.18	14.18	12.08	1.53	100.00
	OBC	0.59	29.69	40.6	13.24	15.89	100.00
	Minorities	0	9.93	16.15	38.26	35.66	100.00
	Others	3.53	36.81	21.48	20.79	17.39	100.00
	Total	6.1	49.47	21.56	15.09	7.78	100.00
Karnataka	SC	5.52	2.73	35.47	30.1	26.18	100.00
	ST	12.33	16.14	16.46	22.38	32.69	100.00
	OBC	10.38	3.77	16.03	34.25	35.58	100.00
	Minorities	4.86	0	24.25	50.14	20.75	100.00
	Others	12.79	4.54	8.23	30.41	44.03	100.00
	Total	6.1	49.47	21.56	15.09	7.78	100.00
Orissa	SC	2.56	10.61	81.67	4.42	0.74	100.00
	ST	0.95	9.1	88.66	1.3	0	100.00
	OBC	0.49	10.81	79.45	8.28	0.97	100.00
	Minorities	0	18.95	76.46	4.59	0	100.00
	Others	0.45	23.76	64.3	4.92	6.57	100.00
	Total	6.1	49.47	21.56	15.09	7.78	100.00
Urban							
Maharashtra	SC	0	5.48	5.92	38.68	49.92	100.00
	ST	0	49.28	4.34	33.06	13.32	100.00
	OBC	0	6.63	3.03	30.47	59.87	100.00
	Minorities	0	25.72	6.95	24.3	43.03	100.00
	Others	0	2.67	1.68	29.35	66.29	100.00
	Total	6.1	49.47	21.56	15.09	7.78	100.00
Karnataka	SC	1.14	1.25	5.64	34.7	57.28	100.00
	ST	3.31	3.63	5.93	36.94	50.19	100.00
	OBC	10.72	2.57	1.8	30.94	53.98	100.00
	Minorities	5.61	3.08	0	34.66	56.66	100.00
	Others	5.94	1.85	2.25	13.68	76.28	100.00
	Total	6.1	49.47	21.56	15.09	7.78	100.00
Orissa	SC	0	4.98	45.9	15.52	33.6	100.00
	ST	0	1.78	70.24	24.74	3.25	100.00
	OBC	0	12.29	38.52	27.18	22	100.00
	Minorities	0	16.79	58.02	8.4	16.79	100.00
	Others	0.45	12.26	41.24	16.45	29.6	100.00
	Total	6.1	49.47	21.56	15.09	7.78	100.00

Note : percent = weighted percent to row total

Annexure Table 45 : Percent of Households Treating Drinking Water

States	Social Groups	Not Treating	Boiling Water	Using Domestic Filter	Allowing Alum, Straining & Herbs	Allowing Dirt Settle	Total
Maharashtra	SC	35.85	3.2	2.34	48.74	9.87	100
	ST	19.45	1.8	0.63	37.74	40.38	100
	OBC	26.09	3.43	4.03	45.62	20.83	100
	Minorities	36.1	5.48	5.1	40.83	12.49	100
	Others	24.26	5.25	2.85	57.63	10.01	100
	Total	23.71	3.02	2.08	44.07	27.12	100
Karnataka	SC	79.32	6.8	8.66	4.83	0.4	100
	ST	67.77	10.44	9.8	10.97	1.02	100
	OBC	63.11	12.54	9.57	14.52	0.27	100
	Minorities	57.55	9.71	10.9	20.96	0.89	100
	Others	52.52	20.9	16.44	9.24	0.91	100
	Total	63.3	13.13	11.07	11.94	0.56	100
Orissa	SC	69.89	23.37	3.48	2.4	0.86	100
	ST	73.67	19.33	2.32	4.49	0.19	100
	OBC	81.16	6.58	8.46	3	0.8	100
	Minorities	59.76	26.96	13.29	0	0	100
	Others	66.02	16.98	11.83	2.86	2.31	100
	Total	72.81	16.09	6.83	3.28	0.99	100

Note: Percent = weighted percent to row total

Annexure Table 46: Type of Toilet Facility in Selected States

States	Social Groups	Percent of Households Using Open Fields	Percent of Households Using Pit Without Water Seal	Percent of Households Using Pit With Water Seal	Total
Maharashtra	SC	88.07	4.24	7.7	100
	ST	95.88	1.24	2.88	100
	OBC	72.61	3.05	24.34	100
	Minorities	64	6.8	29.21	100
	Others	72.75	5.21	22.04	100
	Total	84.81	2.79	12.41	100
Karnataka	SC	80.48	4.87	14.65	100
	ST	77.38	9.85	12.77	100
	OBC	61.36	10.1	28.54	100
	Minorities	43.61	15.87	40.52	100
	Others	47.26	14.36	38.38	100
	Total	61.76	10.63	27.61	100
Orissa	SC	80.77	1.8	17.43	100
	ST	92.14	1.52	6.34	100
	OBC	65.68	7.13	27.18	100
	Minorities	70.51	8.9	20.59	100
	Others	59.21	10.21	30.58	100
	Total	74.53	5.48	20	100

Note: Percent = weighted percent to row total

Annexure Table 47: Type of Toilet Facility in Selected States - Rural-Urban

States	Social Groups	Percent of Households Using Open Fields	Percent of Households Using Pit Without Water Seal	Percent of Households Using Pit With Water Seal	Total
Rural					
Maharashtra	SC	99.19	0.81	0	100
	ST	98.59	0	1.41	100
	OBC	87.41	0	12.59	100
	Minorities	90.07	0	9.93	100
	Others	91.14	0.53	8.33	100
	Total	95.43	0.14	4.43	100
Karnataka	SC	94.62	0	5.38	100
	ST	89.7	3.41	6.88	100
	OBC	78.31	4.48	17.21	100
	Minorities	75.2	11.19	13.62	100
	Others	65.5	8.48	26.01	100
	Total	79.21	4.84	15.96	100
Orissa	SC	93.46	0	6.54	100
	ST	93.25	1.24	5.51	100
	OBC	83.59	1.46	14.95	100
	Minorities	100	0	0	100
	Others	77.11	6.64	16.25	100
	Total	88.14	2.14	9.72	100
Urban					
Maharashtra	SC	67.82	10.48	21.7	100
	ST	81.59	7.76	10.65	100
	OBC	54.05	6.88	39.06	100
	Minorities	50.49	10.32	39.19	100
	Others	51.75	10.55	37.7	100
	Total	61.27	8.66	30.07	100
Karnataka	SC	54.29	13.9	31.81	100
	ST	47.63	25.39	26.98	100
	OBC	31.03	20.16	48.82	100
	Minorities	25.38	18.57	56.04	100
	Others	13.4	25.28	61.32	100
	Total	31.46	20.7	47.84	100
Orissa	SC	49.76	6.21	44.03	100
	ST	84.52	3.45	12.03	100
	OBC	43.29	14.23	42.48	100
	Minorities	16.54	25.19	58.27	100
	Others	41.2	13.8	45	100
	Total	47.5	12.1	40.39	100

Note: Percent = weighted percent to row total

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