DISSERTATION

On

STUDY ON OUT OF POCKET HEALTH EXPENDITURE IN PUNJAB

LOVELY PROFESSIONAL UNIVERSITY

In partial fulfillment of the requirements for the award of degree of

MASTERS IN ECONOMICS

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Chapter One

Introduction

There are basically five main primary methods of funding the healthcare[1]-:

- Social Health Insurance
- Out of Pocket Payments
- Chosen of a Private Health Insurance
- Usually putting taxation on a country, municipality or a country
- Gifts for an health charities

For those a few years, general population segment changes need been those premised ahead a suspicion that is enhancing the capacity about administration should oversee their business will prompt a moved forward social and the monetary position of a nation. Those Indian economy need grew toward similarly low rate of development that is 3. 5 percent from 1950 will 1980. The plenty from claiming its procedures, bureaucratic controls, permits What's more protectionist strategies made an under import substitution methodology (ISS) alongside alternate Components arrived us under an financial emergency of a 1991 which need reflected clinched alongside a macroeconomic fumble from claiming a economy which may be judged starting with those parameters for example, helter skelter financial deficiency and secondary offset of the installment deficit, twofold digit expansion and low forex stores and so forth. An endeavor might have been likewise made to purpose these all emergency through those introduction about a adjustment and the structural conformity programme (SAP)/ budgetary changes. A standout amongst those critical planks for an adjustment measures may be a layering of a general population use Furthermore that for sap is raising the effectiveness Also Additionally its global intensity.

Comment [D1]: Correct

Comment [D2]: Coorect

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The State of Punjab was formed in year 1966 and afterwards again State of Punjab was disconnected into the two added States, Haryana and Himachal Pradesh on the linguistic capacity. The chat Punjab has acquired from the two Persian words 'Punj' and 'Aab' which agency the acreage of bristles rivers—Ravi, Indus, Sutlej, Jhelum and Beas. These all are anchored in the Northwestern arena of India and it shares borders in North by Jammu and Kashmir, in South by Haryana and Rajasthan, in West by Pakistan, in North-East by Himachal Pradesh. It has absolute breadth of a 50,362 sq. km. and it occupies 1.5 percent of an absolute breadth of a country. According to the Demography 2011, Punjab is accepting a citizenry of 2, 77, 04236 crore and it ranks fifteenth but analyze to U.P. ranks aboriginal amid all Indian States. Punjab's adolescent sex arrangement continues to fall, advertence that changeable ladies and girls and infanticide abide less. Provisional abstracts appear by a demography appointment for the 2011 shows that the Punjab (846 girls/1000 males) and in Haryana (830 girls/1000 males) abide at an everyman of the table admitting Kerala acme the account with 1084 females as the per 1000 males.

Socio-economic profile of Punjab:

The state for Punjab will be invested with its rich tradition, religion, and society and will be referred to its glory, self dependence and also with respect to a self reliance. Punjab may be partitioned under the three more modest parts, Majha, Malwa and Doaba. Majha district that constitute modem areas of a Gurdaspur, Amritsar and the tarn Taran. Malwa district embraces for lion's share for its area in the state. What's more it comprises from claiming urban areas that is Patiala, Mohali and Ludhiana and Bhatinda locale will be viewed as a standout amongst an mossycup oak ripe areas on universe and it need been the prime core of the Green transformation for India. It incorporates at greatest urban communities in Phagwara,, Jalandhar, Adampur, Hoshiarpur and Nawansher. Punjab will be primarily acknowledged concerning illustration an agraphic state What's more more than its 60 percent of the populace exists Previously, a rustic regions. Punjab is known as one of an fastest developing States in India. During the last years, Punjab has maintained the steady growth and the average real GSDP of State has grown at the around 8 percent (Financial Year 2002 to the Financial Year 2011). It has been increased more than double from around Rs. 71146 crore in the FY2002 to an around Rs. 151941 crore in a FY2011. During the FY2011 tertiary sector has contributed an significant share of the around 42

percent in GSDP followed by an primary sector at 28 percent, the secondary at an 29 percent the respectively. However, if we see the share of agriculture has declined from an around 32 percent in FY2005 to 28 percent in a FY2011.

Punjab is ranked as an fifth in terms of an per capita income among all other the Indian States. Gross fiscal deficit of State as an percentage of a GSDP has also increased to 3.6 percent during an FY2011 as been compared to the 3.4 percent in a FY2010. During an recent years, the FDI inflows in a State have posted an attractive growth. But however, the region constitutes as around 1 percent of total FDI inflows in a country like India. Amritsar, Ludhiana, and Jalandhar are leading to an export hubs within State. The total estimated as commodity-wise exports from the State stand at an around US$ 3.5 bn during the FY2010.

[2]Overview of Punjab Health Sector:

An parts for contrasts done An wellbeing status need In light of the money of the people, gender, instructive status, its geographic locale Also an occupation have been the recorded Previously, india which show that those cooperation about a poor wellbeing with neediness What's more female gender, poor instructive status Furthermore for country residence5-7. Also an inequalities for An wellbeing status, there would even now a few contrasts Previously, right and the usage of medicinal services administrations between those distinctive populace bunches for a least wage quintile from claiming a number that need aid using the 10 percentage of a open subsidy as against those 33 percentage by a wealthiest quintile8. Almost about72 % for aggregate wellbeing use (THE) is borne out-of an -pocket (OOP) Eventually Tom's perusing the families. OOP health awareness costochondritis prompted an impoverishment from claiming every last one of over 32. 5 million individuals On 1999-2000 amounting to 3. 2 percentage increment on th verall neediness itw head-count10.

Comment [D3]:

Objectives of Present study-:

The basic objective of present study was to the ascertain inequities in an self-reported health status, service utilization, and an OOP health care expenditure in a two close dates States of Haryana and Punjab, and Union Territory of Chandigarh in north India. Henceforth, for

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convenience the term ‘State’ is used for all three regions. Inequities are ascertained in three dimensions i.e. horizontal, vertical and redistribution

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Main Determinants of Punjab

Punjab is one of the largest producers of two crops i.e. wheat and rice in India. Major crops grown include wheat, paddy and sugarcane. The main fruits grown in State are orange, 'kinnow', mango, guava and grapes.

Areas of Punjab

Punjab involves a greatly imperative spot clinched alongside India (Punjab-Human improvement Report, 2004). It is a standout amongst the wealthiest states of India. The states for every capita terrible state provincial item (GSDP) to 2009-10 might have been US$ 1423. 6. The for every capita GSDP grew during an compound twelve-month Growth rate of 9. 8 % between 2001-02 also 2009-10. As stated by arranging requisition about India, those state ranks amongst those top banana five states As far as for every capita wage (IBEF, 2010). It need those most reduced occurrence about neediness (8. 4 for every cent) as against know India occurrence (27. 5 for every cent) (Ahluwalia Isher Judge, 2010).

Life Expectancy in Punjab

The life expectancy in Punjab has been increased from 63.1 in 1981 to an 25 in 2008. During 1981-2008, birth rate had declined from 30.3 to 21.07, death rate has gone down from 9.4 to 6.77 and an infant mortality rate has reduced from 81 to 41.

Policies in Punjab and healthcare system in Punjab

Punjab is a state that does not have any of a independent health policy of their own. Health delivery system in a state, like in most other states, has continued to grow under the policies of

an Union Government in India. In Punjab state, the health delivery system is dominated by both public and private providers. In the large urban towns, hospitals are attached with medical colleges that provide the tertiary health care services and in medium/smaller towns and some of the larger villages, the role of state government is to run an extensive infrastructure of a district hospitals and tehsil hospitals and as well as Community Health Centres (CHCs)/ Rural Hospitals (RHs). The rural Punjab are provided both with the curative and the preventive health care facilities through an network of a Primary Health Centres (PHCs) and with the small dispensaries. Thus if we see the public health care delivery system in Punjab operates in three tiers: (i) in the first level care is coming PHCs and SHCs (Subsidiary Health Centres, that are popularly known as dispensaries) mainly provide a curative, preventive and promotive care also in a form of immunization and controlling of a communicable diseases, maternal care and child health care and family welfare, etc.; (ii) in a second level care, there comes tehsil and district hospitals that cater the health care needs of population in a form of many services to an inpatient as well as outpatient care; (iii) in a level of tertiary care, hospitals are attached to a Medical Colleges (both public as well as private owned) of state and some hospitals are established by a union government and many of a hospitals are established by a private sector/voluntary organizations that are located in a major cities that provide specialized inpatient and as well the outpatient care also. A greater part of private an health providers in Punjab that dominantly provide clinic or office-based practice of an general practitioners and also, the large number of an small size private hospitals or nursing homes, with a average size of a 10-30 beds per hospital that provide basic as well as the advanced surgical, obstetric and the diagnostic care at an low price. If we see in Punjab, the health services are along with an education that continue to be an one of a pillars of a development in human resources and the economic reconstruction to an state economy (Gill and Ghuman, 2000) and during 1970s and mid-1980s, more of the public funds were used to develop an health services in a state sector.

Heritage and Culture in Punjab

This State has rich culture and the heritage coupled with the good tourism in infrastructure, which makes this one of an favorable destinations by the domestic and an international tourists. This State is also striving to promote an eco-tourism in State. The well renowned tourist spots in the State are Golden temple, Wagah Border, Anandpur Sahib and Jallianwala Bagh. The State has an extensive 60881 km network of roads comprising of 1749 km of national highways, 1479

km of State highways, 2112 kms of major district roads, 4482 km of other district roads and 51059 km of village link roads. Punjab offers good railway infrastructure and its network spans over 2,098 km. Punjab has three domestic airports which are located in Chandigarh, Ludhiana and Pathankot. The international flights operate from the Raja Sansei International Airport at Amritsar. Punjab has done reasonably well to reduce its poverty, with only 8.4 percent of the population living below the poverty line (BPL) as against the national average of 27.5 percent.

Changes in Health care system in Punjab

In a present analysis , for witnessing a advance in a affection of bloom care, the bloom basement of an Punjab has been analyzed by analytical trends in a following:-

1 Public medical institutions by the breadth and the ownership.

2 Number of beds by its breadth and the blazon of a medical institutions.

3 Number of a registered as able-bodied as medical and para-medical personnel.

4 Citizenry served as per the medical academy and citizenry served per bed and the boilerplate ambit served for per medical academy (in kms).

5 Number of ayurvedic and homeopathic and inane institutions.

6 Public medical institutions by the blazon of an institutions (Locationwise).

Literacy and Role of Unemployment in Punjab

The degree about unemployment in the state keeps on being a reason for genuine concern. The unemployment rate from claiming Punjab remains In 10. 5 percent Concerning illustration against the national Normal about 9. 4 percent. The ability rate about Punjab need been exceptionally amazing again the most recent two decades Also it lies over the national Normal education levels. Those state need ability level toward 76. 7 percent, which will be higher over the national Normal for around 74. 0 percent. Punjab ranks fifteenth in ability rate "around the greater part States about India. It is poor Similarly as contrasted with different States similar to Uttarakhand, Gujarat What's more Maharashtra: however, it may be superior to States like Haryana, Uttar Pradesh and Rajasthan. '

Economic Development in Punjab

Those investment advancement on Punjab since the coming from claiming green transformation blazed over truly rapidly. It headed the state should possess primary rank On tens about for every capita wage "around different Indian States. But,after the new monetary reforms Punjab's economy grew In An rate a great part slower over the Generally speaking rate from claiming financial development of the Indian economy. In the 1980s, Punjab economy grew toward the rate from claiming 5. 3 percent for every annum concerning illustration against 5. 5 percent on account of the national economy. states similar to Rajasthan (6. 6 percent), Haryana (6. 4 percent), Maharashtra (6. 0 percent) What's more andesitic (5. 6 percent) encountered higher rates from claiming development over Punjab. States, for example, such that Tamil Nadu (5. 4 percent), Kamataka (5. 3 percent) Also Gujarat (5. 1 percent) encountered a pretty much comparative climb On their particular economies.

Need of the Study

Every last bit subjects about country offer the vast majority about an enthusiasm toward an human services administrations What's more it will be in the national enthusiasm that assets accessible for human services ought a chance to be went through proficiently. Those legislature must dispense rare assets between contending employments to a way that necessity parts are not dismissed.

Standard economists think as of that consumption for health awareness and crew welfare benefits may be the a large portion profitable venture that upgrade the gainful limit about workforce by pushing what's more administering human wellbeing starting with sicknesses on the person hand, also by lessening agony furthermore sufferings from ill-health on the different. The begun and Johnson had proceeded acceleration for health awareness consumption coupled for the growth of the libertarian bias, implying that every last bit subjects ought further bolstering bring an rise to get to arrangements, need spurred economists and other social researchers should ponder health awareness benefits starting with separate angles.

Done Punjab, investigations dissecting the wellbeing segment are low recurrence needing. Wellbeing constantly a standout amongst those A large portion essential necessities for an aggregation these days, it will be consequently significant to bring natty gritty majority of the data with respect to wellbeing issues which Might help those state over arranging Different

wellbeing programes. Those examine will be principally restricted should Punjab state Also might substantiate to a chance to be of incredible help for the. policymakers. It takes under account a amount from claiming separate also integral perspectives from claiming wellbeing status. What's more medicinal services administrations so that it might add to those learning base from which those organizers of the economy could create proper approaches also measures on manage those issues emerging starting with also helping on advancement. To particular, this study tosses light on the wellbeing indicators, wellbeing infrastructure, wellbeing consumption and the issues what's more tests faced Toward the wellbeing segment. Inside this framework, the particular destinations of the ponder bring been file.

CHAPTER TWO

Review of Literature

S.NO	Title	Concept	Author	Year	Methodology	Findings
1	Birth rates and death rates in kerala and medical care institutions in Kerala.	The concept is to tell the slow down of birth and death rate in Kerala and their medical institutions and their health care	Panikar P.G.	1998	Calculated death rate and birth rate on the basis of per thousand population and used the demographic transition.	In 1990 kerala against 30 for all India and in Kerala tand crude death rate of kerala in 1991 in average of 10 for low income and 8 for middle income and it also tells about the medical institutions

						and healthcare facilities are far better in kerala as compare to other states in India.
2.	Medical and health services for rural people in India	The concept is to tell the medical and health services that has taken place and the progressive over 50 years and how much are they successful in setting up the health centers in rural areas.	Indrayan Abhaya	2000	Methodology on the basis of PHCs and with the help of health indicators in rural areas	Now rural areas has become more developed after 50 years and more health centres has been open for people but still so many PHCs people are sitting vacant and so many doctors have not got any laboratory technician and so many positions are vacant because people feel

						that they are more comfortable if they work in city rather than in rural areas.
3.	To analyze the development of healthcare facilities in Kerala state	The concept is to tell about when health care facilities was growing more after 1980 and steps taken by government to control the health expenditure and role of private and public hospital in Kerala	Raman Kutty V.	2000	Methodology on the basis of health care facilities in Kerala and it has been based on the survey analysis.	There is an increase in health facilities and role of Private beds has increased more by surpassing the public y 23 margin and the number of beds has increased by 10 years from 1986 to 1996 in both hospitals and private facilities helps in increasing the value of

						government health sector and author suggested that government must take some steps in setting up of quality and standards.
4.	To analyze the health treatment seeking behavior and its various determinants that took place in New Delhi	The concept is to reveal about how income of the households and their marital status took place and education in determinant of health seeking treatment behavior.	Gupta Indrani and Purnamita Dasgupta	2000	Based on the survey of data in government hospitals and it is based on the primary data.	Delhi government hospitals were basically used by highand middle income households by 26 percent and 22 percent and only 17 percent by low income people because they basically prefer for private clinics

						and basically by upper and lower income group people and even in homopatheic and ayurveda treatment also. He also said that person's monthly household income and its marital status and education attainment plays an very important role in determinants in South by Haryana and Rajasthan of health in seeking behavior.
5.	To analyze the impact of a public sending	The concept is all about what was the	Gupta Sanjeev, Erwin	2001	Methodology done by taking the	Poor people have significantly

	on the poor health status	impact of public spending and how much it affects the low income countries	Tiongson and Marjin Veroheven		status of 70 countries and to compare with low income countries with other countries.	worse health than non poor people and the relationship in between the public spending and how much it affects low income countries people were high and how low income countries have higher spending than other countries
6.	To examine the health in equities that has taken place in health and health care in India using data from the 52nd Round Of National Sample	The concept is about that poor people have more health problems rather than the rich people and how they are geusing	Gupta Indrani and Arindam Datta	2003	Used the data from 52 Round Of National Sample Survey Organization and to find out the economic status of the	Poor people have more health problems like malnutrition and higher levels of mortality and fertility than rich. It finds that poor

	Survey Organization	government benefits.			country.	people spend more on health rather than rich people and some are not going to government hospitals because of the high and prices and taking the self treatment and poor people have negative relation with education and unregistered practitioners and poor people are basically from rural side .
7	To explore the link between uses of a institutional facility for delivery and	The study is about how delivery expenditure has taken place in	T.R. Dilip, Ravi Duggal and Balaji Rajeswari	2003	Used the data on the basis of 52ndRound National Sample	Delivery care services collected during a community based survey

	cost of its delivery charges.	different institutions and what is the role of public health care.			Survey Data and by finding the health expenditure of every individual.	on Women's health district in Nashik District. The expenditure varies from Rs 193 and home delivery Rs 423 and in private na dpublic hospitals Rs 2613. They observed that in rural deliveries was 77 percent and 39 percent in rural areas because of the nominal cost. They also observed that chances of institutional will be higher if woman faces any

						problem during pregnancy.
8	To study the health of poor people in India	The concept is all about comparing the expenditure and health problems between poor people in urban and rural areas	T.R. Dilip, Ravi Duggal and Balaji Rajeswari	2004	Use of descriptive analysis to find out the results.	The finding is that situation of poor people in urban and rural areas are not different. They are almost same only and poor people in urban areas are facing more health problems because of less primary health network centers and despite the legal provisions municipalities were not able to find the services that poor can

						utilize at time of its need. People put more pressure on private centres and more ambulatory care and poor people in urban areas has less ambulatory care and more of public centres.
9	To review the effects of growing the socio-economic inequality in an Indian population and its effects on health system	The concept is basically about the how much differences are there in rural and urban health system and how much health expenditure is borne by state and how much is	Deogaonkar Milind	2004	Methodology on the basis of ratio of beds used in hospitals and it is an primary data analysis.	How socio economic inequality lead to affect the health system in India and ratio of beds in rural areas are fifteen times lesser than urban areas and doctors are six times

		the out of pocket payments by the people.				lesser than urban areas and per capita expenditure was seven times lesser than government spending in urban areas. 17 percent are paid by state and 82 people are taking out of its pocket.
10	To analyze the links between poverty, economic growth and health based on data for 15 major states from 1970s, 1980s and 1990s	The concept is all about the growth and health status that have a two way relationship to have higher growth by improving productivity and with higher growth more	Arup Mitra and Gupta Indrani	2004	Survey done on the basis of data taken for 15 major states in India in 1970s, 1980s and 1990s.	Reduce poverty by improving health condition of the poor people. Conditions can be improved if there will be more investment in health sector and it needs to be made on

		human capital formation will be there.				a large scale as arise in health expenditure give higher growth and better quality of life.
11	To examine the performance of healthcare sector in 15 major states in India	The concept is about the high income states that in terms of public health, total number of an hospitals, dispansaries and health power and availability of beds in the hospitals	Purohit BC	2004	By using the comparative analysis in 15 major States in India and to get the 30 health outcomes from that.	Because of increase in income the availability of beds and in terms of health in rural and urban areas. Higher financial burden and low per capita income expenditure in health outcome in low income states. The auhor has suggested to have proper maintenance and proper

						healthcare for poor people to protect them from tahe financial burden.
12	To analyze the delivery of an health care and health status and the health status of poor people based on healthcare by taking survey inrural Udaipur	The concept is all about that what kind of facilities are being used and health acre facilities are being used by used in public and private institutions.	Angus Deaton, Esther Duflo and Banerjee Abhijeet	2004	Based on the survey conducted in rural Udaipur and to know abouth the health care of the people and the facilities they are getting.	If we see poor spent 13 percent expenditure on public facilities and 23 percent on bhopas and rest by the private facilities and in case of middle class group 17 percent on bhopas and 13 percent on public facilities and if we see the condition of rich people they are 23 percent on public

						facilities and 10 per cent on bhopas..
13.	To analyze the health facilities provided in Punjab and how much more development process needs to take an place	The concept is all about the health indicators in Punjab and how much more improvement needs to be there more and in which sectors the role of infrastructure and development needs to take place	Punjab Human Development Report	2004	By finding out the IMR(Infant Mortality Rate achieved by Kerala and to find out the other indicators like birth rate, death rate and life expectancy also.	Punjabis infant mortality has increased more as compare to kerala. Health indicators like birthrate, death rate and infant mortality rate and infant mortality rate in case of urban areas had more health status rather than rural places. Rural health services and role of infrastructure and even in prices. Public investment in healthcare

						was very less and in primary center and 33 percent in secondary sector was very less.
14	To study about the health indicators in area like India showed a remarkable movement after independence and how much it is still back from other developing countries.	The concept is all about that India is showing improvement but still its lacking behind in other countries and how much more steps India has to take to become like other countries and on what parts they have to focus more	Kalpna Aggarwal, Manish Dev and Rawat Deepa	2006	Based on the survey of descriptive analysis and on the basis of primary data.	There is a need of more government healthcare services and they estimated that 137271 sub centres, 22271 primary health centres and 2935 community health care centers and 4400 district hospitals and 117 medical colleges and 4 perecnt in health spending and

						besides increase in family welfare and expenditure, the government should improve more in quality of services .

15	To examined about the relationship in between the income of a public and private health care expenditures	The concept is all about the relationship between real per capita gross domestic product and real per capita state public health expenditure.	Bhat Ramesh and Nishant	2006	The methodology is on the basis of GSDP representing an of 14 states with more than 90 percent population of the country and with PHCE.	With an increase in 1 percent there will be an increase in 39 percent increase in the state per capita income and with an increase in one percent increase in real per capita income there will be

						increase in private health expenditure by 1.95 percent.
16	To examined the effect of income and education on health expenditure in based on primary data taken in Jajpur	The concept is about the whether the impact of education and income is having positive relation with health expenditure or not.	Rout Himanshu Shekhar	2006	The methodology used is based on a primary data in Jajpur (District of Orissa) and linear regression model was used in it.	As disposable increases person start caring for himself more and use more money on it but education doesn't have positive role in it and after sometime health care expenditure will not get affected and it will become highly elastic which has been termed as "High Life Risk

						Path”.
17	To examine the factors of utilization and the sources of outpatient care and in urban Kerala and the policy implications with regard to care.	The concept is about the which kind of utilization Kerala people are utilizing more whether its private or public hospital utilization more.	Levesque Jean Frederic, Slim Haddad, Pierre Fournier and Delempady Narayana	2006	The methodology is on the basis of National Sample Survey Organization taken in Urban Kerala	There is a high amount of utilization more in private hospital rather than in public hospital because of some bad experience in past in public hospital and people are taking more care of their health but now government is taking the steps to solve this problem.
18	To analyze the assessment of a income related health	The concept is all about how health inequality can lead to	US Mishra, Joe William and Navaneetham.K	2008	The methodology is on the basis of National	It is ony poor people who are suffering more like child

	in India	increase in rich people profit more and how much it can lead down the poor people.			Family Health Survey –that is 3 data.	nutrition and with ill health. With an increase in high income levels of income there is an high level of health inequality more and to sole this problem and to arrive at some policy decision.
19	To examine the health care expenditure on the basis of education level of an elder household, expenditure groups and demographic characteristics	The concept is about an how all these factors put an effect on the heath expenditure on a other household.	Krishanu Karamkar and Mukherjee Anit.N	2006	The methodology is on the basis of 60th National Sample Survey Data and determinants of not using the services of medical health care.	With an increase in education of elder household in rural areas other family members are also getting benefit with proper health treatment whereas in

						case of urban side its not like that and there are mixed reasons and women in rural areas take more health care than women in urban.
20	To analyze the difference between health status and health infrastructure in Punjab as compare to Kerala.	The concept is all about the rural-urban differentials in Punjab and in providing services for child healthcare and to the pregnant women.	Singh Sawaran	2010	The methodology is on the basis of taken the primary data in both rural and urban areas.	Utilization of public infrastructure is so bad that even the poor people also prefer to go more in private hospitals than in public and there are very less chances of using public hospitals and if we see the prospect of

						pregnant aldies and child health care there is 34.8 percent for women in rural and 63.1 percent in urban areas and because of rural areas bad health Punjab is still lacking behind from kerala

Research Methodology

Coverage- This survey will be conducted in the areas of Punjab in two districts of Punjab. These districts have been conducted mostly on the basis of socio economic considerations that represents the different facts of Punjab. The districts are Jalandhar and Ludhiana.

An information has been for the requirement of the measurement and assumption-

- That it is able to measure all those hardship due to their financial health problems and the contribution of the PHCs and insurance on health and the construction of Private and Public hospitals has reduced financial problems.
- That it helps in measuring the reasonable accuracy to those people who are in need of financial health and still chose due to financial and non financial reasons.

- That it is possible to measure the self reported health and what problems they are facing and the choice of provider they made in requiring the health care.

Data Collection

- The survey is planned as a district survey to provide the state baseline.
- Households has been taken by taking the sample of 100 peoples from rural and urban areas and from nearby hospitals in both the districts**.**

Objectives

(i) To analyze the trends in a health care infrastructure

(ii) To examine the trends and the pattern of public expenditure on health in Punjab.

(iii) To analyze the distribution of healthcare utilization.

Rationale of the Study

As we all know that what is the role of health in our lives and how much expenditure people are spending on their health and what are the steps taken by government to reduce the health expenditure. With the help of this paper we will find what disease people are having and how much they are people are spending on it and how much health facilities are available in rural areas as compare to urban areas.

Chapter Scheme

The whole dissertation part is divided into four parts and these are as follows-

1. Introduction
2. Review of Literature
3. Health profile of selected areas
4. Summary and Conclusions

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