

Public Healthcare Funding and Population Growth: A Study of Medchal–Malkajgiri District

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Abstract

The purpose of this study is to determine whether public healthcare funding in the Medchal-Malkajgiri district of Telangana appropriately reflects the district's rapid rates of urbanization and population growth. It makes use of a mixed-methods design that includes interviews with district health officials, fiscal policy and budget reviews, and demographic analysis. The study concludes that, primarily as a result of budgetary limitations, healthcare infrastructure and human resources fall well short of WHO and IPHS standards, with shortages ranging from 60% to 91%. The lack of district-level financial transparency hinders accountability and hides horizontal inequities; highly delayed approval cycles make sanctioned funds obsolete; and centralized budgeting restricts district autonomy, entailing the structural causes of these gaps. Additionally, the district's poverty is exacerbated by fiscal allocation patterns that favor capital projects over operational requirements, leading to long-term underutilization of facilities, high non-communicable disease burdens, and increased out-of-pocket expenses for low-income, often slum-based communities, which are a large segment of the population. Demand continuously exceeds supply as a result of these dynamics, creating a persistent disequilibrium. The study concludes that current funding mechanisms do not support the demographic realities of the district and recommends replacing uniform state-level allocations with district-specific, needs-based budgeting, augmented by transparent reporting of how funds are distributed and used.

Keywords: Public Healthcare Funding, Population Growth, Medchal-Malkajgiri District, Fiscal Policy, Budget Allocation.