

# Budget Allocation for health in bihar

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Over the last several years the budget allocation for health has grown substantially in Bihar. The Health Budget of the Department of Health and Family Welfare has increased from Rs. 709.31 crore to Rs. 1331.57 crore from year 2004-05 to year 2007-08. The growth of the budget has been the highest in 2006-07 at 51.09% from the previous year. The sharp increase in the health budget was due to its commitment for health and also due to the fact that this was the first year in which the new Nitish Government in the state presented the budget.

The percentage of health budget to total state budget has increased from 2.50% to 3.64 % showing a constant increasing trend from 2004-05 to 2007-08. This is clear from following table:

## Health Budget of Bihar

Rs. in Crore

Particulars	2004-	2005-	2006-	2007-08
Total Health Budget	709.31	812.94	1228.29	1331.57
Trend of Growth Rate		14.61	51.09	8.41
Total expenditure Budget of Bihar	28350	32227.9	35483.7	36571.55
%age of State Health Budget to Total Expenditure Budget	2.50	2.52	3.46	3.64
Source:	RBI			

Thus, Bihar is compensating for its slower health expenditure in the past by very rapidly increasing its expenditure over the last few years. The challenge is to direct this increasing expenditure in activities which will influence key mortality rates such as infant and maternal mortality. Secondly, the expenditure should also result into increasing efficiency of the health system leading to higher returns on such investments. Joint efforts of the state and central Government have ensured that the total Government health budget in Bihar has been doubled between 2008-09 and 2013-14 in nominal terms. This is clear from following table:

**Total Government Health Budget (TGHB) of Bihar by Sources In Million Rs. (Real value adjusted at 2004-05 prices)**

Source	Nominal/Real	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
State Government	Nominal	13836	14437	16305	22912	24711	27787
	Real	10445	10027	10427	13521	13374	14021
Central Government	Nominal	10920	13345	14061	14838	19355	19613
	Real	8244	9269	8992	8756	10475	9897
TGHB	Nominal	24755	27782	30366	37750	44066	47401
	Real	18689	19296	19419	22277	23849	23918
Central contribution to TGHB		44 %	48 %	46 %	39 %	44 %	41 %

The state has also received financial assistance from foreign donors including UNFPA assistance for Integrated Population and Development (IPD) project, UNICEF assistance for maternal and child health (Dular) and World Bank assistance for RCH project.

Another key strategy of the Health Mission is decentralization of programmes for district level management of health. Under the scheme, all existing societies for health and family welfare programmes, Reproductive and Child Health and National Programmes for TB, Malaria, Blindness, Filariasis, Kala Azar, Iodine Deficiency and Integrated Disease Surveillance, shall integrate into a unified District Health Mission. It was planned that funding for all these programmes will be made through the District Health Mission, which will be empowered to formulate integrated health plan of the district. The NRHM aims at the overall development of health status of population through following programmes in the district:

- ❖ RCH – Reproductive & Child Health
- ❖ Maternal Health
- ❖ Monthly Village Health & Nutrition Days
- ❖ Janani Suraksha Yojana/JSY
  - Home deliveries
  - Institutional deliveries
  - C- Section
- ❖ Maternal Death Review/ Audit
- ❖ Blood Banks
- ❖ Pradhan Mantri Surakshit Matritwa Abhiyan (PMSMA)
- ❖ Tracking of High Risk Pregnancies
- ❖ Child Health:
  - Facilities Based New born Care /FBNC
  - Home based New Born Care / HBNC
  - Care of Sick Children
  - Tracking of Weak Newborns
  - Infant Death Audit
  - De-worming Program
- ❖ Family Planning:
  - Female Sterilisation
  - NSV
  - Accreditation of private providers for sterilization services
  - IUD
  - PPIUCD Services
  - Famili Planning Indemnity Scheme
- ❖ Rashtriya Kishore Swasthya Karyakram (RKSK)

- Establishment of New Clinics at DH/CHC/PHC level
- ❖ Rashtriya Bal Swasthya Karyakram
- ❖ Time Line Activities – Additionalities under NRHM (Mission Flexible pool)
  - ASHA
  - Selection and Training of ASHA
  - ASHA Drug kit
  - Incentives to ASHA
- ❖ Annual Maintainance Grants
- ❖ Referral Services
- ❖ Hospital Strengthening
- ❖ Quality Assurance :
  - District Quality Assurance Committee (Muzaffarpur)
  - Supportive Supervision
  - Award for Quality Assurance under KAYAKALP
- ❖ Immunisation:
  - BCG
  - OPV
  - HEP B
  - Pentavalent
  - IPV
  - Measles
  - JE
  - Vit A
  - TT
- ❖ Acute Encephalitis Syndrome (AES)/ Japanese Encephalitis (JE)
  - ❖ National Leprosy Control Programme (NLEP)
  - ❖ Revised National Tuberculosis Programme (RNTCP)

- ❖ National Programme for Control of Blindness (NPCB)
- ❖ National Mental Health Programme (NMHP)
- ❖ Health care of the Elderly
- ❖ National Tobacco Control Programme
- ❖ National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

The Union Health Minister will be the Chairman providing policy guidance and operational oversight. Ministerial/Secretary level representatives of Planning Commission, Rural Development, Panchayati Raj, Human Resource Development and Health and Family Welfare Secretaries of four states and ten public health professionals nominated by the Prime Minister will be members of the Mission Steering Group. The Chief Minister will lead the State Health Mission at the state level. The District Health Mission shall be led by the Chairman, Zilla Parishad, and be convened by the District Head of the Health Department. It shall have representation from all relevant departments, NGOs and private professionals. The State Health Mission shall prepare the roadmap for architectural correction of the Health System, including merger/integration of vertical structures, delegation and decentralization of administrative and financial powers, empowering the Panchayati Raj Institutions, preparation of operational guidelines for the implementation of the Mission, logistics arrangements, disease surveillance etc.

One of the core strategies of the Mission is to empower local governments to manage, control and be accountable for public health services at various levels. The Village Health and Sanitation Committee, the Standing Committee of the Gram Panchayat will provide an overview of Mission's activities at the village level and be responsible for developing the Village Health Plan with the support of the Auxiliary Nurse Midwife, ASHA, Anganwadi Worker and Self-Help Groups. Block level Panchayat Samitis will co-ordinate the work of the Gram Panchayats in their jurisdiction and will serve as link to the District Health Mission, which will be led by Zilla Parishad and will control, guide and manage all public health institutions in the district. States will be encouraged to devolve greater powers and funds to Panchayati Raj Institutions. While the State and District plans are expected to be formulated within the first six months, the Village Action Plans can be formulated during the second year. The states would have flexibility in the implementation of the existing community health workers programmes.