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Declining Trend of Urban Health Expenditures: A Case of Urban Local Bodies Health Expenditure Budget Analysis

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Abstract: Good governance has in recent times appeared as the new intonation to address the failures of public systems, especially in the arena of public health. Health is a state subject and the primary responsibility of providing health care is with state governments. Majority of states' expenditure accounts of ail public expenditure on the health sector. State-level variations on expenditure on health over the years show a proportion to total government expenditure it shows a declining trend after 1985-86. This article examined the allocations of health budget for the light of commitments made in municipal governance of budget. The present study was carried out to assess the budget allocation and expenditure pattern for health including private and public health. The findings revealed that the budget allocation for total health care was less, compared to that of maternity home and child care budgets. The study focused on trends in BBMP spending on Health Sector. The results conveyed that the BBMP spending on health sector as per state Real GDP for BBMP Budgetary allocation was low compared to real allocation. These figures indicate the status of ignorance of urban public health sector. The study suggested that the prime importance of health care both at micro and macro levels needs to be attentive at budget allocation and at management strategic decisions to regulate the health care policy to achieve this sectors as one of the millennium development goals which is most vital for growing urban population through both public and private partnership interventions.

Keywords: Health, Urban Health Care, Municipal Heath budget, Child Care, Maternity Services, Budget Allocations, Public Health Budget. JEL classification: I11, I18, J13 and G31

INTRODUCTION

This year, the World Health Day theme focuses on urbanization and health – addressing health issues of increasing urban population. Over half of the world's population lives in cities. By 2050, seven out of ten people would be city dwellers. India is a part of this global trend. Nearly, 28 percent of India's population lives in cities and is expected to increase to 41 percent by the year 2020. This rapid increase in urban population worldwide plays an important factor in global health issues of the 21st century.

Health expenditure is unequal across the globe. As is to be expected, developed countries spend the most on personal health. OECD countries accounted for less than 20 per cent of the world's population in 2000 but are responsible for 90 per cent of the world's health expenditure. Inversely, 80 percent of world's population spent only 10 per cent of the total expenditure on health. This includes people in Asia-Pacific, Africa and Latin America. Africa accounts for about 25 per cent of the global burden of disease but only about 2 per cent of global health spending (World Health Report, 2003).

Similarly, health expenditure, both in terms of percentage of GDP spent on health and per capita health expenditure, is high in developed countries. The share of GDP spent on health ranges from a low of 1.6 per cent in Azerbaijan to 13.9 per cent in the US. Similarly, there is a wide variation of per capita health expenditure across countries, which is low in developing countries compared with developed countries - from $14 in Ethiopia and Bangladesh, $19 in Indonesia, $23 in India to $4,877 in the US[1].

In India, there is growth in GDP but there has been no increase in healthcare expenditure. This inadequate public health expenditure has forced the public to depend on private sector. India is ranked at 171 out of the 175 counties in the world in public health expenditure. For a country of more than one billion, India spends 5.2% of the GDP on healthcare. While 4.3% is spent by the private sector, the government continues to spend only 0.9% on public health. This is at a time when India ranks among the top 10 countries

[1] http://www.thehindubusinessline.com/2006/09/19/stories/2006091901451100.htm)

for communicable disease; today a world leader of chronic diseases like diabetes, hypertension and coronary artery diseases. Dr.Sudarshan who was part of the WHO commission on Macro Economics and Health said "There has been marginal increase in public health spending with the National Rural Health Mission (NRHM), but there is need for increasing health budget and also simultaneously building the capacity of the state to spend the allocated budget efficiently in public health". India's health scenario currently presents a contrasting picture. While health tourism and private healthcare are being promoted, a large section of Indian population reels under the risk of curable diseases that do not receive attention of policymakers. Studies have indicated that while economic growth index moves forward, the wellness index dips, in fact our neighboring China ranks among leading developing countries in public spending on health (6% of its GDP).

PUBLIC HEALTH EXPENDITURE IN INDIA

Estimates suggest that the role of households in healthcare spending has increased substantially in the recent period. According to the Report of the National Commission on Macroeconomics and Health, 2005, health spending in India is estimated to be in the range of 4.55 to 6 percent and households undertook nearly three-fourth of health spending in the country. Public spending was only 22 percent, and all other sources accounted for less than 5 percent. The exceptionally high burden placed upon households in the Indian context reflects inadequate quantity and quality of public health service delivery. According to the National Sample Survey Organisation (NSSO) 55th Consumer Expenditure Survey (CES) for the year 2001-02, household out-of-pocket spending is estimated to be Rs. 72,759 crore which accounts for 3.2 per cent of GDP at current market price. If we look at state–wise health expenditure, Tamil Nadu's public expenditure on health is high, household spending is among the lowest, but in Kerala, which is a leading state in terms of health indicators also accounts for the highest household spending in India.

There is clear evidence that expenditure on health programs is declining in real terms and its benefits are accruing to fewer people. For instance, GoI budget expenditure on health declined from 19.8 percent of GDP in 1990-91 to 16.6 percent in 1993-94 [16] and has been steadily but rapidly declining further to less than 1 percent. The State's commitment to provide health care for its citizens is reflected not only in the inadequacy of health infrastructure and low levels of financing but also in declining support to various health care demands of people. In spite of the fact that health care is a state subject under the constitution [4] there is increasing disinterest of the state in allocating resources for health sector which is also reflected in the investment expenditure where there was a large decline in capital expenditures during the 1990s. At all levels – central, state and district, the administration has reflected weak staff capacity as well as financial capacity [13]. In case of the city municipal corporations, health spending forms only 2.2 per cent of their total budgets; Mumbai BMC spends over 12% for instance and many other corporations spend over 5% of their budget the proportion spent by the BBMP or the Bruhat Bengaluru Mahanagara Palike (Greater Bangalore Municipal Corporation) is much less than even this average!

THE BRUHAT BENGALURU MAHANAGARA PALIKE (BBMP)

The history of municipal governance of Bangalore dates back to March 27, 1862, when nine leading citizens of the city formed a Municipal Board under the Improvement of Towns Act of 1850. Later, a similar Municipal Board was also formed in the Cantonment area of the city. The two boards were legalised in 1881, and functioned as two independent bodies called the Bangalore City Municipality and the Bangalore Civil and Military Station Municipality. The following year, the concept of elected representatives has come into being and also has seen the introduction of property tax.

After independence, the two Municipal Boards have merged to form the Corporation of the City of Bangalore in 1949, under the Bangalore City Corporation Act. The corporation then consisted of 70 elected representatives and 50 electoral divisions. The name of the council has changed — first to Bangalore City Corporation (BCC) and then to Bangalore Mahanagara Palike (BMP).

With the formation of Bruhat Bengaluru MahanagaraPalike in 2007 by integrating the areas of erstwhile BMP with those of 8 Municipalities and 110 urbanized Villages around it, the jurisdiction of BBMP has been extended to nearly 800 Sq. Km from the erstwhile 226 Square Kms. And the numbers of wards have also increased from 100 to 198. Now a great responsibility of providing all 198 wards with basic infrastructure facilities and good environment lies on all 198 Corporates and other elected legislators.

The BBMP represents the third level of government, Bruhat Bengaluru MahanagaraPalike is run by a city council. The city council comprises elected representatives, called "corporators", one from each of the wards (localities) of the city. Elections to the council are held once every 5 years, with results being decided by popular vote. Members contesting elections to council represent one of more of the state's political parties. A first election to the newly-created body was held on 28th of March 2010, after the delays due to delimitation of wards and finalising voter lists.

It has been observed that the municipalities (local government) are spending only 2.2% of total health budgets; however the BBMP or the Bruhat Bengaluru

MahanagaraPalike (Greater Bangalroe Municipal Corporation) is spending less than even this average.

82% of increase in BBMP population (projected population 2010) over 2001 census population i.e. almost double over a period of 10 years (2001 – 2010), in 1999 there are 30 maternity homes and urban family welfare centres, but today there are 24 Centres off that only 20 centres are functioning. Through our shocking research findings, real budgetary allocations for Health by BBMP in 2009- 2010 over 2006-2007 it is -67%, this itself shows the real picture of how BBMP concerned about urban health. Looking at table given below, it is observed that there is decreasing trend of deliveries as against ANC registered form BBMP is maternity hospitals. One more interesting findings from table given below, trend of ANC registration and deliveries have gradually decreased, and only OPD service has increased, it means Maternity homes center function like first aid centers.

Table 1: Major services by BBMP Maternity homes from 2005-06 to 2009-10

Sl	ALL 24 MHS'	2005-06	2006-07	2007-08	2008-09	2009-10
1	ANC Registered	24.5	20.2	22.1	21.7	15.2
2	Deliveries	10.5	9.0	9.2	8.9	6.0
3	OPD	58.6	66.2	60.9	63.2	74.5
4	% of Deliveries as against ANC Regd	48.8	47.0	46.3	44.3	35.5

Based on secondary data collected all 24 maternity homes of BBMP, in 2009-10, 9090 deliveries have taken place, at the same time 2009-10 budgetary allocations(payments) show that allocation for maternity homes is ` 470 lakhs (salaries are not part of this budgetary allocations), this is part of Health medical budgetary allocations. So, on an average every delivery gets Rs.5170/- worth service, In reality, does the urban poor get Rs. 5170/- worth service?

2015-16 BBMP Health Budget Highlights:

- The Health infrastructure in BBMP has a strong base. BBMP runs 6 referral hospitals, 24 maternity homes, 19 family welfare centers, 29 health care centers and 17 dispensaries. Every year an average of 25,000 institutional deliveries are being conducted in the centers. Following health programs have been taken up during the current year for improvement in the health of urban poor.
- Action has been taken to set up dialysis centers in every constituency of BBMP.
- The programs of issuing "Thayi Madilu Kit" has been continued for all class of women who awhile dilevery services in the referral and Maternity hospital in the BBMP. An amount of Rs.1.00 cr is reserved for this purpose.
- National Urban Health Mission: This programme has been implemented in association with the Central Government. A day care centre has been started in each ward in the first stage.
- Modern facilities have been provided at BBMP General Hospitals, Maternity Hospitals and 6 Referral Hospitals participation of Private Medical Colleges on PPP.
- Hygiene Kits have been provided girl students studying in BBMP schools and colleges.
- Dialysis Centers have been already functioning in 3 referral hospitals. An amount of Rs.4.00 Crores is earmarked for starting Dialysis Centers in the remaining 3 referral hospitals.
- Free Ultrasound Scanning facility has been provided at all Maternity and Referral Hospitals for pregnant women.

Key Objectives of Health Department of BBMP:

1. To improve intrapersonal & inter personal qualities, cognitive task specific skill, communication skills of dept official of BBMP and to improve governance of Health promotion.
2. To build alliances and partnership with public private Non-Government, international organizations and civil policies to create sustainable actions.
3. To interact & request W.H.O. & U.M.O in collaboration with BBMP to allocate resource for health promotion, initiate action plan and monitor performance.

BBMP Establishment for Public Health: There are 29- Health Centres (IPP), 19- Urban Family Welfare Centres, 17- Dispensaries, 3- Mobile Dispensaries, 1- Ayurvedic and 2-Unani centres are functioning to take care urban health.

Major responsibilities of BBMP Public Health Care: Major Service covered/discharged by BBMP Health department are Maternity Child Health (Immunization & Family Welfare), Revised National Tuberculosis Control Programme (RNTCP),Treatment for Dog Bites, Pulse Polio Immunization, HIV AIDS programme, Family Health Awareness Campaign, Cancer Screening Programme, and Malaria Screening Programme.

Services in Maternity Home & Referral Hospitals: From the table given below services covered by BBMP Health department may be analyzed.

Table-2: BBMP health services at Maternity Home & Referral Hospitals

At Referral Hospitals:	At Maternity Homes - Outpatient Service	At Maternity Homes - Inpatient services.
• Normal deliveries. • Sterilization- Tubectomy. Laparoscopic sterilization. No scalpel vasectomy. Medical termination of pregnancy. • Prevention of mother to child transmission of HIV during labor. • Management of High risk pregnancies. • Caesarian sections. • Gynecological surgery. • Advance endoscopic surgery/Infertility work up. • Sonography and colposcopy in Referral hospitals. • Hosahalli RH &H.Siddaiah Road RH are two Karnataka Govt. Recognized Laparoscopic Training Centres and MTP Training centres so for 214 doctors training lap to at 139 for MTP. • Issue of one free copy of Birth Certificate to all Babies Born in Referral Hospitals. • Training of Nursing students • Training Centre for LSAS (Life saving anesthetic skills) Posted from Directorate.	• RCH programme : Antenatal care. Postnatal care. FW programme. • Immunization (7 preventable diseases). • HIV / AIDS screening. • Cancer detection/Screening. • Family planning counseling and procedures ,MTP's • School health Programme and Immunization. • Tuberculosis screening and Dots. • Lab facilities. • Dog bite cases treated with tissue culture vaccine. • Treatment of RTI/STD Cases. • Treatment of ARI & GE Cases. • Drawing Blood Malarial ,smear and Treatment. • H1N1, Dengue, ChikunGuniya, Disease awareness and Treatment.	• Normal deliveries. • Sterilization- Tubectomy. • Laparoscopic sterilization. • No scalpel vasectomy. • Medical termination of pregnancy. • Prevention of mother to child transmission of HIV during labor. • NST. • Issue of one Free copy of Birth Certificate to all Babies born in Maternity Homes. • Immunization • CDC. • DOTS and Counseling. • HIV Screening and Treatment.

Stores and Inventory:

• All vaccines are supplied free of cost by the government of Karnataka.
• Essential drugs are supplied free of cost under Remodish and child health Programme.
• Basic drugs are available in stores.
• Other requirements (equipments,linen,etc...) are being procured through tender.
• Rs 10,000 is available for Referral hospital, 5000 for MH/HC/Dispensary to buy drugs from GMS /KTTP Act

RESULTS:

ANALYSIS OF BBMP BUDGET RECEIPTS AND PAYMENTS:

Looking at BBMP Budget documents from 2002- 2010 period, there are 32 departments maintained by BBMP. Looking at Receipts for BBMP, majority of receipts from Revenue (ranges from 20% to 40.2%), followed by Engineering Projects (ranges from 3.7% to 22.8%), finance and accounts (9.45 to 39.25), Town planning (1.4% to 4.5%) departments. While looking at Receipts for Health department, together both Health General and health medical receipts, % of receipts vary from 0.93% in 2008-2009 to 2.06 in 2002-2003 and if we look heist receipts from different departments, Health department stands at 7- 10 place over period of 2002-2010 BBMP budget receipts. While looking at Health General and health Medical receipts separately, share of Health General receipts vary from 0.8%(2008-2009) to 1.8% (2002-2003), and stands at 7th place as receipts, at the same time, Health Medical receipts are very low, 0.1% from 2006-2007 to 2009-2010 and 0.2% from 2002-2003 to 2005-2006.

While looking at BBMP Budgetary allocation form 2002 to 2010, Engineering –public works and Engineering –project departments are taking a lion share of BBMP budgetary allocation by 20.7% (32.4% in 2007-2008, and 14.6% in 2003-2004)and 16.8% (33.4% in 2004-2005 and 12.1% in 2007-2008) in 2009-2010 budgets. Department of welfare follows next to these two departments with 13.5% in 2009-2010 budgets, interestingly there is huge increasing trend for welfare department, it moves from 1.4% in 2008-2009 to 13.5% in 2009-2010.

Looking at Health sector budgetary allocation including both Health General and Health medical, it is just 1.6% in 2009-2010 (13.8% in 2005-2006) and it stands as 12th priority sector for BBMP budgetary allocations. From 2008-09, BBMP has introduced new department Named "Public Health Engineering" which took 5.6% and 5.3% in 2008-2009 and 2009-2010

respectively and this department priorities as 6thplace for budgetary allocation, major work under this department was to provide Health infrastructure(purchase of push carts, Bins, Uniform to health inspector with shoes &Socks, media publication, cleaning & Transportation of Garbage, Toilets & Urinals, Mechanized sweeping etc..) in the newly added area and construction of maternity homes in each of the new zones will be undertaken.

While looking at Health General and Health Medical budgetary allocations separately, Health General budgetary allocation was 0.9% in 2009-2010 (3.61 in 2008-2009 and 11.65 in 2007-2008), and for Health Medical it was 0.7% in 2009-2010 (1.6% in 2006-2007), while looking at Budgetary priority for these two departments will stand at 14th and 17th places respectively. Details of BBMP Receipts and Payments (percentages) we can see given below table

Table 3: BBMP Budget Receipts and Payments (percentages) 20020—03 to 2009-10

FY Year	2002-2003		2003-2004		2004-2005		2005-2006		2006-2007		2007-2008		2008 -2009		2009 -2010	
RECEIPTS/PAYMENTS	**Rec**	**Pay**	**Rec**	**Pay**	**Rec**	**Pay**	**Rec**	**Pay**	**Rec**	**Pay**	**Rec**	**Pay**	**Rec**	**Pay**	**Rec**	**Pay**
1- Council	0.0	0.9	0.0	1.4	0.0	1.2	0.0	0.8	0.0	1.1	0.0	1.2	0.0	0.2	0.0	0.4
2 - GAD - Management	0.2	7.7	0.2	6.1	0.7	6.2	2.2	11.5	1.7	6.1	1.7	5.6	0.8	5.4	0.7	3.5
3 - Finance & Accounts	27.8	11.6	22.3	8.4	9.4	6.5	17.4	3.5	21.2	2.0	31.1	2.6	39.2	1.8	17.4	0.8
4- Public Relations Cell	0.0	0.2	0.0	0.2	0.0	0.2	0.0	0.2	0.0	0.3	0.0	0.4	0.0	0.3	0.0	0.1
5 - Legal Cell	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0
6 - Estates & Asset Management	0.0	0.5	0.0	1.2	0.3	0.9	0.1	0.4	0.0	0.2	0.0	0.5	0.1	10.3	0.0	0.3
7 - Statistics	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8 - Revenue	39.6	3.1	32.9	7.7	30.9	3.6	39.7	2.8	36.7	2.1	30.1	2.4	20.3	1.2	40.2	2.7
9- Market	1.0	0.1	1.0	0.3	23.1	0.3	0.9	0.2	1.3	0.1	1.0	0.3	2.1	0.1	1.5	0.4
10 - Advertisement	1.0	0.0	0.9	0.0	0.5	0.0	0.4	0.0	0.5	0.0	2.8	0.0	2.0	0.2	1.6	0.1
11 - Horticulture & Environmental Management	0.2	2.5	0.2	1.9	0.3	2.0	0.2	2.5	0.2	2.8	0.1	3.8	0.1	2.5	0.0	3.5
12 - Urbane & Environmental Management	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.2	2.7
13 - Health - General	**1.8**	**11.4**	**1.6**	**11.4**	**1.7**	**11.3**	**1.5**	**12.4**	**1.1**	**11.4**	**1.4**	**11.6**	**0.8**	**3.6**	**1.7**	**1.0**
14- Health - Medical	**0.2**	**1.4**	**0.2**	**1.2**	**0.2**	**1.1**	**0.2**	**1.4**	**0.1**	**1.6**	**0.1**	**1.2**	**0.1**	**1.1**	**0.1**	**0.6**
Health -total	**2.0**	**12.8**	**1.8**	**12.6**	**1.9**	**12.4**	**1.7**	**13.8**	**1.2**	**13.0**	**1.5**	**12.8**	**0.9**	**4.7**	**1.8**	**1.6**
15 - India Population Project	0.1	0.1	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
16 - Town Planning	1.4	0.0	1.6	0.1	1.5	0.0	3.1	0.0	1.8	0.0	3.6	0.0	4.4	0.0	4.5	0.1
17 - Engineering - Solid Waste Management	0.0	0.3	0.0	0.3	0.0	0.2	0.0	0.3	0.0	0.5	0.0	0.2	0.0	0.6	0.5	0.6
18 - Engineering - Public Works 12onal3	5.4	20.5	3.8	14.6	9.3	18.7	22.3	23.2	4.3	27.1	4.3	32.4	4.0	27.0	2.8	20.7
20 - Engineering - Water Supply		0.0		0.0		0.0		0.0		0.0		1.6		0.0		0.0
21 - Engineering - Multipurpose Engg Division Works	0.0	0.6	0.0	0.7	0.0	0.6	0.1	1.2	0.1	1.3	0.1	0.5	0.1	0.1	0.0	0.2
22- Engineering - Pro5ects	6.1	17.7	15.6	25.4	8.7	33.7	7.6	21.9	5.5	18.9	3.7	12.1	21.4	17.5	22.8	16.8
23 - Engineering - Road Related infrastructure	3.6	8.6	4.8	6.4	0.8	2.9	1.1	8.6	18.8	7.8	14.3	9.4	2.1	8.5	0.9	12.3
24 - Engineering - Storm Water Drains	0.0	0.4	1.0	0.5	0.4	0.8	2.5	1.5	6.0	9.2	4.2	4.9	0.0	3.9	3.7	4.8
25 - Engineering - Traffic Engineering Cell	1.2	0.4	0.6	1.5	0.1	0.3	0.0	0.3	0.0	0.3	0.1	0.6	0.1	0.5	0.0	1.3
26 - Stores & Workshop	0.3	1.7	0.1	0.3	0.4	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
27 - Engineering - Electrical	0.2	1.9	0.1	1.5	0.3	1.9	0.3	2.2	0.4	3.3	0.2	4.8	0.3	5.5	0.2	6.3
28 - Culture & Sports	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.1	0.8	0.1	1.2
29 - Comprehensive Development Plan	9.4	5.4	12.4	6.1	11.0	4.2	0.0	1.3	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0

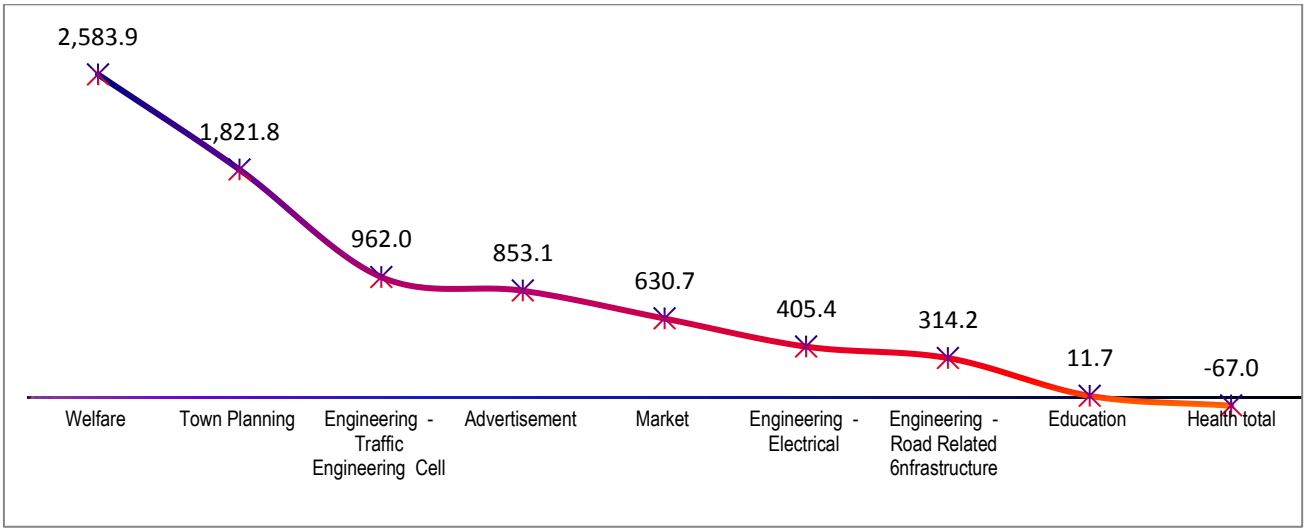
FY Year	2002-2003		2003-2004		2004-2005		2005-2006		2006-2007		2007-2008		2008 -2009		2009 -2010	
RECEIPTS/PAYMENTS	Rec	Pay	Rec	Pay	Rec	Pay	Rec	Pay	Rec	Pay	Rec	Pay	Rec	Pay	Rec	Pay
30 - Education	0.4	2.3	0.3	2.1	0.3	1.9	0.3	2.2	0.2	1.8	0.1	1.5	0.0	1.2	0.0	0.8
31 - Welfare	0.0	0.6	0.0	0.3	0.0	1.0	0.0	1.5	0.0	1.3	0.7	1.4	2.0	1.4	0.9	13.5
32 - Public Health Engineering - Zonal	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.6	0.0	5.3
Total Receipts/Payments	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

BMP Real Budgetary allocations Vs Actual Allocations for Different sectors against 2006-2007 and 2009-2010 period: To know the real allocation in 2009-2010 to Real allocations in 2006-2007, (calculations made for real allocation in 2006-2007 based on 2010 CPI 173), looking at the table given below we can find how budgetary allocations vary from department to department and how Health department is being neglected by the BBMP to provide health services to the urban poor.

Table 4: BBMP Budget Real Allocations Vs Actual Allocations
(Real allocation in 2009-2010 to Real allocations in 2006-2007)

BUDGETARY ALLOCATIONS	2006-2007 Actual Allocations	2006 -2007 real allocations as per 2010 CPI	2009 -2010 Actual Allocations	Real increase from 2006-2010	% of Real increase in 2009-10
Welfare	1,518.72	2,136.09	57,331.12	55,195.03	2,583.93
Town Planning	21.59	30.37	583.57	553.20	1,821.76
Engineering - Traffic Engineering Cell	381.76	536.95	5,702.25	5,165.30	961.98
Advertisement	15.99	22.49	214.35	191.86	853.09
Market	150.15	211.19	1,543.11	1,331.92	630.69
Engineering - Electrical	3,767.97	5,299.67	26,786.75	21,487.08	405.44
Engineering - Road Related Infrastructure	8,928.41	12,557.84	52,016.36	39,458.52	314.21
Education	2,100.97	2,955.02	3,299.33	344.31	11.65
Health total	**14,745.54**	**20,739.66**	**6,851.36**	**-13,888.30**	**-66.96**

When comparing the 2006-2007 real allocation with 2009-2010 actual allocations, among the all departments, the welfare department takes top chair in Town planning, Engineering –Traffic management cell, advertisement, Market are following next. Unfortunately, basic facilities like Health and education gets least portion of budgetary allocation and shocking findings reveal that the Health sector is allocated negatively from 2006 and 2010, these two basic services are fundamental rights of every citizen of India.



Graph 1: % of Actual increase in 2009-10 Over 2006-2007

From the above graph, it can be observed that the % of increase of real budgetary allocations in 2009-2010 and 2006-2007. Real allocation for welfare department is 2583.9%, followed by Town planning (1821.8%) and so on from 200. Even in case of Education, it is very minimal i.e. 11.7% of real growth we found,however in the case of Health over 2006-2007 to 2009-2010, it is really poor, real budgetary

allocations are **-67 %,** is this acceptable one? But this is the truth, and this evidence shows how health sector was neglected that over a period of time by the BBMP through their budgetary allocations.

Table 4: Priority/Rank of BBMP payments for top sectors

BBMP BUDGETARY ALLOCATIONS	% of Real increase in 2009-10 Over 2006-2007	Priority/Rank of BBMP payments
Welfare	2,583.9	1
Town Planning	1,821.8	2
Engineering - Traffic Engineering Cell	962.0	3
Advertisement	853.1	4
Market	630.7	5
Engineering - Electrical	405.4	6
Engineering - Road Related 6nfrastructure	314.2	7
Education	11.7	19
Health total	-67.0	23

From the above table it is observed that, the priority for BBMP budgetary allocations for Health takes 23rd place and shockingly, it is the last one other than all departments of BBMP. Even education also stands at 19th priority of Budgetary allocations, but most of the money is spent on construction, welfare scheme (which are not reaching properly) and is allocated for short run spending and temporary problem solution of service delivery, minimum accountable sections get lion share from BBMP budgetary allocations. The detailed actual increase in all departments we can be seen in the table given below.

Table 5: BBMP Budget Real Allocations Vs Actual Allocations for all the sectors
(Real allocation in 2009-2010 to Real allocations in 2006-2007)

BBMP BUDGETARY ALLOCATIONS	**2006-2007**	**2006 ACTUAL as per 2010 CPI**	**2009 -2010**	**Actual increase**	**% of actual increase in 2009-10**
1Council	1,292.05	1,817.27	1,753.48	-63.79	-3.51
2 GAD - Management	6,937.07	9,757.02	15,010.76	5,253.74	53.85
3 Finance & Accounts	2,333.28	3,281.77	3,354.00	72.23	2.20
4 Public Relations Cell	322.43	453.50	542.49	88.99	19.62
5 Legal Cell	50.91	71.61	173.88	102.27	142.83
6 Estates & Asset Management	254.36	357.76	1,144.69	786.93	219.96
7 Statistics	7.92	11.14	39.64	28.50	255.85
8 Revenue	2,407.35	3,385.95	11,306.30	7,920.35	233.92
9 Market	150.15	211.19	1,543.11	1,331.92	630.69
10 Advertisement	15.99	22.49	214.35	191.86	853.09
11 Horticulture & Environmental Management	3,227.40	4,539.35	14,849.95	10,310.60	227.14
11 Urban & Environmental Management		0.00	11,316.60	11,316.60	
Health total	**14,745.54**	**20,739.66**	**6,851.36**	**-13,888.30**	**-66.96**
India Population Project		0.00		0.00	
14 Town Planning	21.59	30.37	583.57	553.20	1,821.76
15 Engineering - Solid Waste Management	526.92	741.12	2,593.15	1,852.03	249.90
16 Engineering - Public Works 12onal3	30,954.45	43,537.56	87,684.10	44,146.54	101.40
17 Engineering - Water Suppl8		0.00		0.00	
18 Engineering - Multipurpose Engg Division Works	1,437.22	2,021.46	805.14	-1,216.32	-60.17
19 Engineering - Pro5ects	21,590.31	30,366.86	71,162.72	40,795.86	134.34
20 Engineering - Road Related 6nfrastructure	8,928.41	12,557.84	52,016.36	39,458.52	314.21
21 Engineering - Storm Water Drains	10,556.47	14,847.72	20,323.49	5,475.77	36.88
22 Engineering - Traffic Engineering Cell	381.76	536.95	5,702.25	5,165.30	961.98
23 Stores & Workshop	11.61	16.33		-16.33	-100.00
24 Engineering - Electrical	3,767.97	5,299.67	26,786.75	21,487.08	405.44
25 Culture & Sports	599.38	843.03		-843.03	-100.00
Comprehensive Development Plan		0.00	5,088.10	5,088.10	
26 Education	2,100.97	2,955.02	3,299.33	344.31	11.65
27 Welfare	1,518.72	2,136.09	57,331.12	55,195.03	2,583.93
Public Health Engineering - Zonal		0.00	22,365.27	22,365.27	
Total PAYMENTS	**114,140.21**	**160,538.67**	**423,841.96**	**263,303.29**	**164.01**

Trends in BBMP expenditure on Health Sector (GDP is at Market prices, Central & State level)

BBMP spending on health has slightly increased from 0.27% in 2002-2003 to 0.28% in 2004-05 as per Karnataka state Real GDP for BBMP Budgetary allocation, but for the above same period the actual/nominal allocation is very low compared to the real allocations, but interestingly after 2004-2005 , from 2005-2006, there is a reverse trend (opposite to 2005-2006 before period) between real and actual allocation till 2008-2009 , i.e. from 2005-2006 real allocations are less than the actual allocation, it signifies how Health sector is neglected by the BBMP from past five years. We can observe detailed real and actual allocations by BBMP for Health sector in the table given below.

Table 6: BBMP health spending with GDP at Nominal and Real at Central and state level

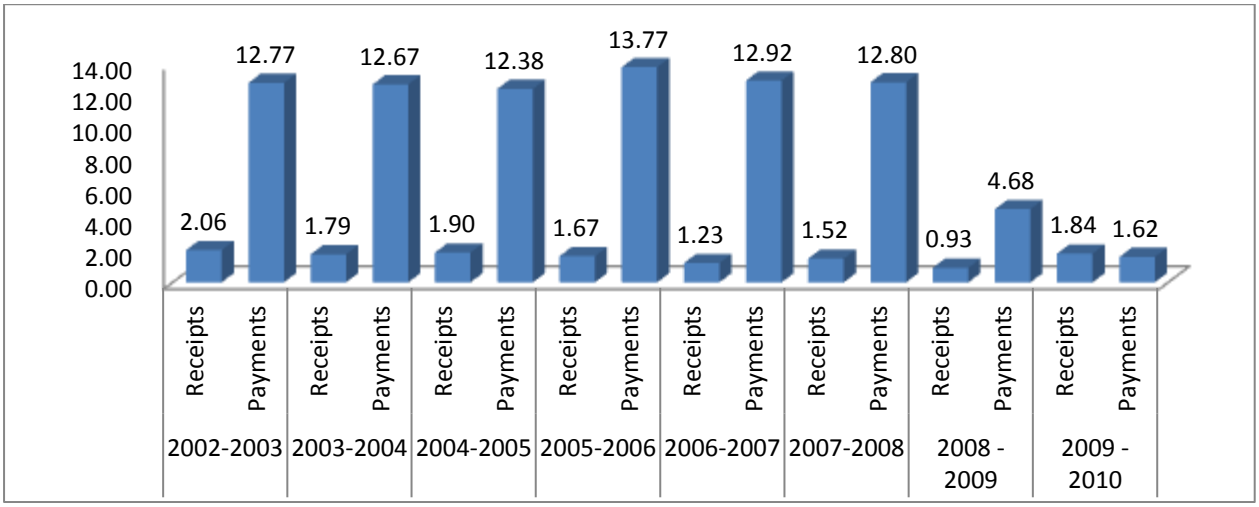
Budget Period	GDP Nominal-India	GDP Real-India	GDP Nominal-Karnataka	GDP Real-Karnataka
2008-09	0.0025	0.0023	0.047	0.043
2007-08	0.0051	0.0042	0.096	0.079
2006-07	0.0037	0.0028	0.072	0.055
2005-06	0.0042	0.0030	0.082	0.058
2004-05	0.0045	0.0140	0.090	0.281
2003-04	0.0044	0.0132	0.101	0.302
2002-03	0.0042	0.0120	0.093	0.266

Note: GDP at Current prices

BBMP Health Budgets Analysis in detail:

According to BBMP budget documents, there are two heads for Health department, Heath –General and Health Medical. Administration, maintenance of the hospitals, providing infrastructure facilities, Health and sanitation, public health, prevention of food adulteration and swachha Bangalore project expenses are the major sub line items in Health general. Under Health Medical, General expenses like disposal of hospital waste, information, Education like publicity, staff salaries, family welfare expenses, health scheme expenses and Maternity Homes & child welfare expenses are the major sub line items, overall Health – Medical will take Medical care of public and Health - General will take care of supporting and administration of Health department.

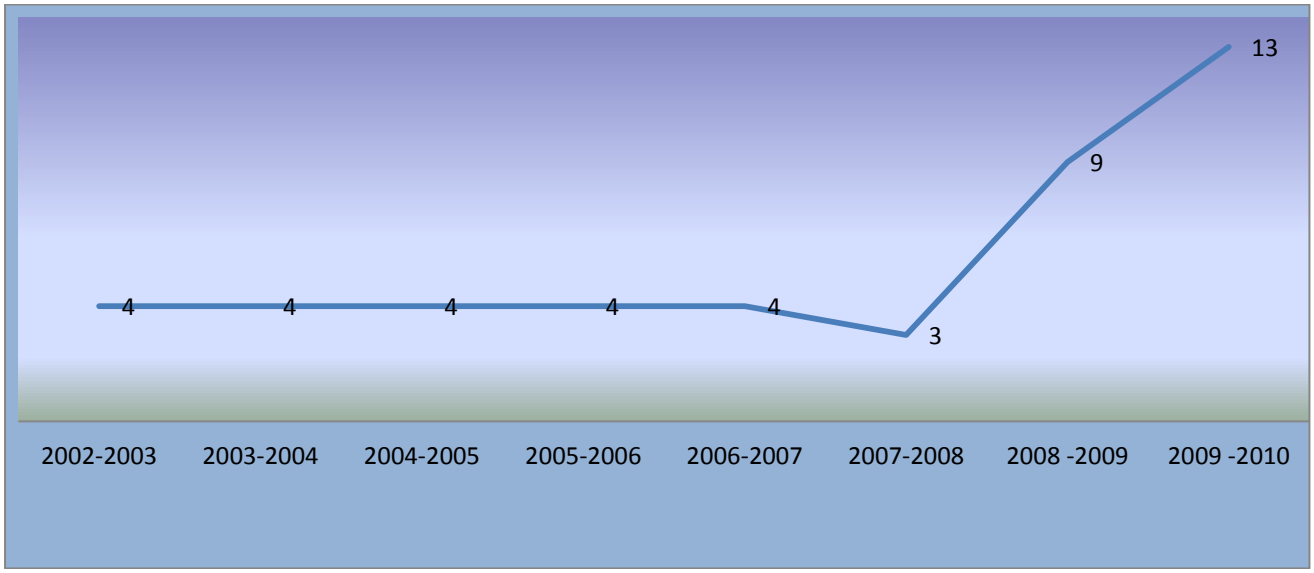
As whole of Health department budget trends, we can observe Health department receipts and payments(Budgetary allocation) from 2002-2009 from below given graph, which explains that there is a clear cut evidence that health department receipts are very minimal and it ranges from 0.9% to 2.06%, but payments are quite high rather than their receipts. From 2008-2009 to budgetary allocation s for payments are suddenly decreased and in 2009-2010 budgetary allocations (1.62%) are less than the heath sector receipts (1.84%). Reasons for sudden decrease in payments, from this period BBMP has added one more department named "Public Health Engineering –zonal, these department taking care of major works like to providing Health infrastructure(purchase of push carts, Bins, Uniform to health inspector with shoes &Socks, media publication, cleaning & Transportation of Garbage, Toilets & Urinals, Mechanized sweeping etc..) in the newly added area and construction of maternity homes in each of the new zones will be undertaken, even if these department's payments are combined, it is very lower (10.2% in 2008-2009 and 6.9% in 2009-2010) than the previous year's budgetary allocations.



Graph 2: % of BBMP Health Receipts and Payments from 2002-03 To 2009-10

BBMP spending priority (Budgetary allocations) for Health:

Based on BBMP budgetary allocations, to know priority of allocation to health, Rank/priority number based on higher allocation to lower allocations are assigned, with findings, priority of health from given below chart can be seen, from 2002-2003 to 2006-2007, budgetary allocation Health department is fourth priority/Rank, and in 2007-2008 it is third priority, But from 2008-2009 it is 9th priory of Budgetary allocations and for last year 2009-2010 budgetary allocation it is 13th priority, this one shows how past two years allocations were declining for health department.



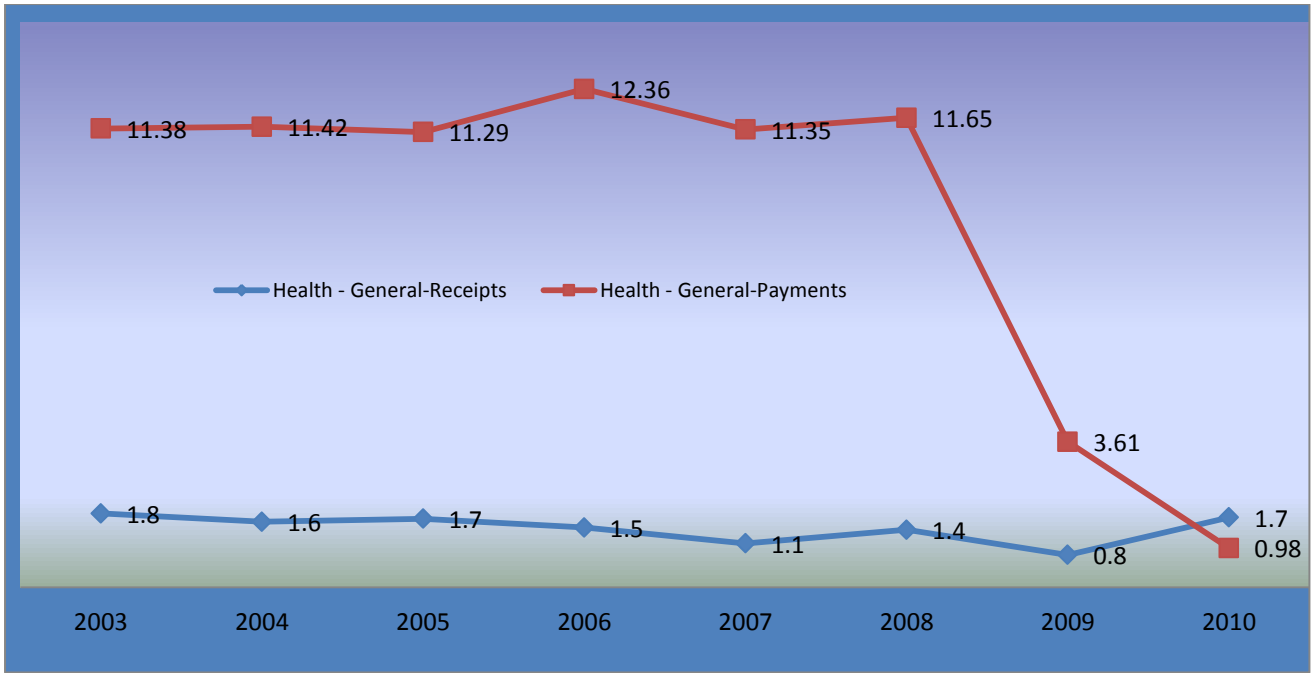
Graph 3: BBMP - Health priorities (Rank) for spending from 2002 to 2010

BBMP Health Budgets (Health General and Health Medical) Analysis: In this section we can see the BBMP Budgetary Receipts for Health General and Health Medical separately and finally payments/Expenditure (budgetary allocations) for both Health General and Health Medical can be observed.

Table 7: Health General Budget Trend Analysis:

	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Health – General-Receipts	**1.8**	**1.6**	**1.7**	**1.5**	**1.1**	**1.4**	**0.8**	**1.7**
Health – General-Payments	**11.38**	**11.42**	**11.29**	**12.36**	**11.35**	**11.65**	**3.61**	**0.98**

From the above table it is observe that Health General Receipts are very low, it can be found from total health receipts also. Till 2006-2007, health general payment (budgetary allocations) are high, but from 2008-2009, it is decreasing and in last year BBMP budget it is less than 1 percent (see given below graph). In the last year payments it can be obseverd that payments are lesser than receipts. Usually, allocations will be re-estimated and real spending will be less than 50% of actual allocation, i.e. in real time BBMP is going to spend 0.5 or less than that on Health general, with these kind of allocation it can be imagined how Bangalore metro city urban poor will get health services.



Graph 4: BBMP - Health General Receipts and Payments (%) from 2002 To 2010

Health Medical Budget Trend Analysis: The real medical careis taken by Health Medical only, looking at BBMP Health Medical budget trends, it is seen how the urban poor health is neglected by the BBMP. However,it is observed that receipts are very low for health departments. But payments (budgetary allocations) are very minimum, especially for Health Medical comparing to Health general, same time we should keep in mind real medical care is taken by Health medical only. From given below table and graph real picture of budgetary allocations for Health Medical can be seen. With 1.5% (is the highest) of spending it is known how well the BBMP is concerned about the urban poor peoples' health.

Table 8: Health Medical Budget Trend Analysis:

	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Health - Medical - Receipts	**0.2**	**0.2**	**0.2**	**0.2**	**0.1**	**0.1**	**0.1**	**0.1**
Health - Medical – Payments	**1.39**	**1.24**	**1.09**	**1.41**	**1.56**	**1.16**	**1.07**	**0.64**

BBMP spending priority (Budgetary allocations) for Health General and Health Medical: Based on payments (Budgetary allocations) from highest allocation to lowest for all departments, from given below table we can see the budgetary allocation priority for Health General and Health Medical. For health, General spending priority was third until 2007-2008, after that the priority was very low i.e., ninth in 2008-2009 and 14th in last year budget. Interestingly, on ground where real medical care is taken, i.e. Health Medical budgetary allocation priority is always neglected, till 2005-2006 it is varieties between 12th, 13th and 14th priority, from 2008-2009 it is 15th priority and in last year 2009-2010 it is 17th priority of allocation to health medical. Given below graph shows clear vision on payments (Budgetary allocation) for both Health General and Health Medical.

Table 9: Health General and payment priority (Ranking):

PAYMENT PRIORITY	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008 - 2009	2009 - 2010
Health - General	**4**	**3**	**3**	**3**	**3**	**3**	**9**	**14**
Health - Medical	**13**	**14**	**13**	**13**	**12**	**15**	**15**	**17**

Health Budget Real Allocations (Price Elasticity) for Health:

To look at the price elasticity with CPI by, the central and Bangalore city CPI and Medical CPI to know real allocation over past year Budgetary allocation for Health by BBMP. From the table given below , interestingly, except 2007-2008 budgetary allocation for health, from 2003-2004 to 2006-2007 it is decreasing trend, looking at three different CPI trends are also morel are less same only, except Medical CPI in the year it is negative -4.3%. But from the 2008-2009 and 2009-2010 budgetary allocation there is negative decreasing trend over previous year budgetary allocations with the Central CPI and Bangalore city CPI calculation but these negative trend is high with Medial CPI calculations, rather than Central and Bangalore city .

Table 10: Price Elasticity (% of change over last year Budgetary Allocations)

Price Elasticity/Year	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008 - 2009	2009 - 2010
% of change over last year -Central CPI Estimate	22.7	21.3	12.4	10.2	70.6	-37.4	-42.7
% of change over last year -Bangalore city CPI Estimate	23.8	23.4	12.4	12.2	73.7	-36.9	-44.3
% of change over last year -Medical Care CPI Estimate	23.3	21.7	10.1	-4.3	67.9	-40.1	-45.6

Now, here we can discus briefly about budgetary allocations for total health general, health Medical against total BBMP budgets and within the Health total allocations, how much allocated to health general and for health medical.

BUDGETARY ALLOCATIONS BY HEALTH GENERAL- HEALTH MEDIAL – TOTAL HEALTH

Here we can discuss about budgetary allocations briefly by Health General, health Medial as against total Health allocation to understand next section budgetary allocations for Maternity homes.

Table 11: BBMP Health General & Health Medical budget allocations from 2002-03 to 2009-10

Budgetary Allocations by BBMP for Health	**2002-2003**	**2003-2004**	**2004-2005**	**2005-2006**	**2006-2007**	**2007-2008**	**2008-2009**	**2009-2010.**
Total for "Health - General"	**11.4**	**11.4**	**11.3**	**12.4**	**11.4**	**11.6**	**3.6**	**1.0**
Total for "Health - Medical"	**1.4**	**1.2**	**1.1**	**1.4**	**1.6**	**1.2**	**1.1**	**0.6**
Total for "Health (General & Medical)	**12.8**	**12.7**	**12.4**	**13.8**	**12.9**	**12.8**	**4.7**	**1.6**

From the above table it can be observed that the budgetary allocations for health as a whole from BBMP budgets from 2002 to 2009, total budgetary allocations for Health is more or less equal till 2007-2008, and it is highest in the year 2005-2006 (13.8%), but from 2008-2009 it is declined from more than 12% to 4.7% and 1.6% in 2009-2010. Total allocations for health declined 3 times from 2002-2006 budgetary allocation in 2008-2009 and 2009-2010. From the total health allocations majority is going for health general which supports the health department, but actual health care taker Health medical is getting less than 2%,shockingly it is less than one percent (0.6%) in last year budgetary allocation. From 2008-2009 and 2009-2010 budgetary allocations are very low for both Health General and Health Medical.

Next we can look at the Health General and Health Medical allocations from total health allocations, i.e. of the budgetary allocation to total health we can see how much is reallocated to health General and Health Medical. From the given below graph, more than three fourth is allocated to health General except last year i.e.2009-100 it is 60%. For health Medical where medical care actual taken was increase slightly from 2008-2009 and 2009-2010 by 23% and 40% respectively (This increase is only for within the total allocation for health not by BBMP total allocations for health, actually overall l BBMP allocations very less for health compare to previous year, look at table 3).

BBMP BUDGETARY ALLOATIONS (PAYMENTS) TO MATERNITY HOMES

In this section, we can see a detailed analysis on budgetary allocations for maternity homes can be seen. Actually allocation for Maternity home is from Health Medical payments (Budgetary allocations). As per the above section a table number, the share for Health Medical is between 1.6% to 0.6%, of this share maternity home getting less than 17% (this is the highest allocation). From the table given below, we can observe that % spending for maternity homes from Health medical budgetary allocations. From 2008-2009 and 2009-2010 this % is a little higher than the previous year. If we look at % of allocations for maternity homes as against total health budgetary allocation, till 2007-2008 is very minimal, but last year

budgetary allocation looks better (7%) than to previous year budgetary allocations.

Table 11: Allocations to Maternity Homes by BBMP from Health General & Health Medical from 2002-03 to 2009-10

SPENDING FOR MATERNITY HOMES	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
% of spending for Maternity Homes from Health -Medical budget	5.5	12.4	9.4	5.5	11.0	2.3	12.3	17.3
% of spending for Maternity Homes as against total Health Budget	0.6	1.2	0.8	0.6	1.3	0.2	2.8	6.9

Where money is going so far: To know budgetary allocations under these two departments i.e. Health General and Health Medical, how is it allocated and on what basis is it allocated, a small exercise is done and the findings are given in below table (separate for Health General and Health Medical).

Table 12: BBMP Health General Payments (%) by item wise from 2002-03 to 2009-10

PAYMENTS -GENERAL	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Salaries	52.3	50.6	43.9	44.8	43.4	33.7	79.9	53.8
Public Health	33.1	33.4	38.5	39.6	42.1	52.4	4.1	3.6
Current Assets/Liabilities (Statutory Deductions - Salary Deductions)	12.7	10.4	10.0	9.6	9.4	4.8	8.8	23.7
Running & Maintenance charges	0.0	2.3	2.7	2.9	3.0	2.5	0.0	0.0
Animal population control Expenses (street Dog Management & Cattle Catching Vehicle)	0.9	1.2	1.2	0.8	1.3	1.7	4.9	15.2

From the above table, almost half of the Health General allocations are going to salaries except (2007-2008) and interestingly spending for public Health is decaling from 2008-2009 and 2009-2010 budget allocation, but share of spending on public health was more than one third and it is more than fifty per cent (52% in 2007-2008); Under the public health head major activities like Cleaning & transportation of garbage, Toilets, Decentralized composting, purchase of MC Equipments & Larvicides, Co-ordination of Mosquito Control programme etc are taken care. Interestingly spending on Animal population control is increasing, every year more money is spent on this programme, it is 15% in 2009-2010 budgetary allocation. Even though spending money on stray dog control from 2002, year by year allocations for this head also increasing, then where is the control of stray dog population? In actual fact, if controlling of the stray dog population was put into practice, the allocations should have come down under this head. However, it is found to be unsatisfying.

Table 13: BBMP Health Medical payments (%) by item wise from 2002-03 to 2009-10

PAYMENTS -MEDICAL	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Salaries	81.7	72.7	67.1	66.1	56.5	51.2	41.3	38.6
General Expenses	0.0	0.0	0.0	0.0	0.0	22.3	23.2	17.5
Maternity Homes & Child Welfare Expenses	5.5	12.4	9.4	5.5	11.0	2.3	12.3	17.3
Health Scheme Expenses	3.1	7.1	9.5	11.5	8.9	9.9	13.5	16.5
Family Welfare Expenses	1.2	1.4	1.4	1.4	4.7	0.9	2.3	4.2
Office Infrastructure	0.0	0.0	0.0	0.0	0.0	0.2	3.3	3.7

Till 2007-2008, spending for salaries are more than half from Health Medical budgetary allocations, but from last two years it is 41% and 39% respectively. This will reflects on shortage of vacant posts. Under the Health scheme expense (under this head programmes covered are AIDS programme, ArogyaMela, Baby show, Health city programme, pulse polio programme, purchase of Anti-Rabies Vaccine) is increasing form last two years only. Same kind of trend can be seen for budgetary allocations for Maternity Homes & child welfare.

CONCLUSION

The study points out that the private health care sector is very systematic with respective to both budget allocation and maternity care services and accessibility of health services which plays an important role in providing health services, however in case of urban health the budget allocation and the services are less when compare to service rendered by the private health care services in municipalities and metro's. The findings suggest that the overall BBMP budget allocation was declining when compared to its previous year which has to be regulated to improve the health programmes and also women health in particular. The study concludes that the budget allocation for urban health was very less when compared to other sectors such as welfare, town planning, markets etc., it was fascinating to note that major part of expenditure was absorbed to paying salaries which accounts for nearly 60% of total health allocations. The study also conveys that among 24 priority ranks of BBMP Budgetary allocations for health was 23rd priority, which clearly indicates the ignorance and this has to been taken as prime significance area of health sectors. Further, the study also makes a significant evident that is needed for higher budget allocation for both public and private health in municipalities health budget allocations and its services especially for inclusion of modern and best qualified practitioners in the field of medicine for public health services especially for pregnant women and childcare services. In this connection, there is a need to bridge the gap between municipalities and the state budget allocation to minimize the health services especially for urban poor women.

Finally, the study revealed that the trends of deliveries against ANC registered from BBMP maternity hospital was declining over the years and many urban people were preferring to avail private health care hospital for their better health. This situation indirectly propels the urban people to trap out of pocket spending's expenditure on health (OOPS). Hence, budget allocation for health services is prime important which directly influences the mortality rate of both pregnant women and child in long run.

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SECONDARY DATA SOURCES:

1. BBMP budget documents are collected form BBMP office as well as recent documents are downloaded from BBMP website http://bbmp.gov.in/budjet
2. Data on Consumer price Index source is http://labourbureau.nic.in/indtab.html#LB1
3. Data on GDP source is http://vishalmishra.com/statewise-gdp.html and http://en.wikipedia.org/wiki/List_of_Indian_states_by_GDP
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