

Rajasthan: Health and Budgets – A Fact Sheet

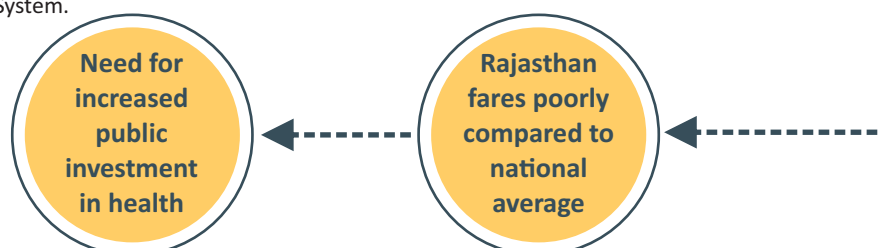
2018

A close look at Rajasthan's health budget reveals a mixed scenario. Although the health indicators paint a dismal picture when compared to the national statistics, there is evidence that the State has been prioritising health sector in recent years. Rajasthan also has an exemplary record in the provision of generic medicines at very low costs or free. However, we also see that health insurance is coming up in a big way in the State, which is debatable and requires a close scrutiny.

Important Health Indicators – Comparison with the National Average

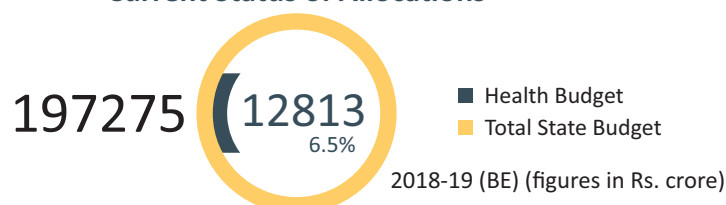
	Rajasthan	India
MMR (per 100,000 live births)	199	130
IMR (per 1000 live births)	41	34
Under-5 Mortality (per 1000 live births)	45	39
TFR (2.5 births per woman)	2.7	2.3

Source: Sample Registration System.



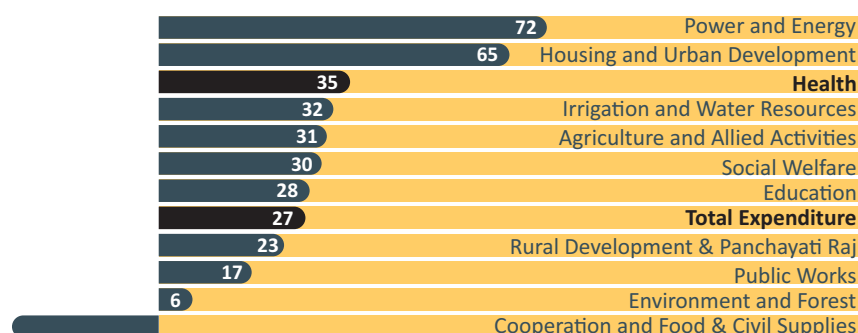
Given the large deficits in health indicators in Rajasthan, the Government needs to scale up its interventions in the area of health for better health outcomes.

Current Status of Allocations



In the light of the 14th Finance Commission recommendations, which have changed the federal-fiscal architecture in India, the sectoral prioritisation of Rajasthan State Budget (14th FC period over 2014-15) is as follows:

Growth of allocation for Major Sectors during 14th FC period over 2014-15

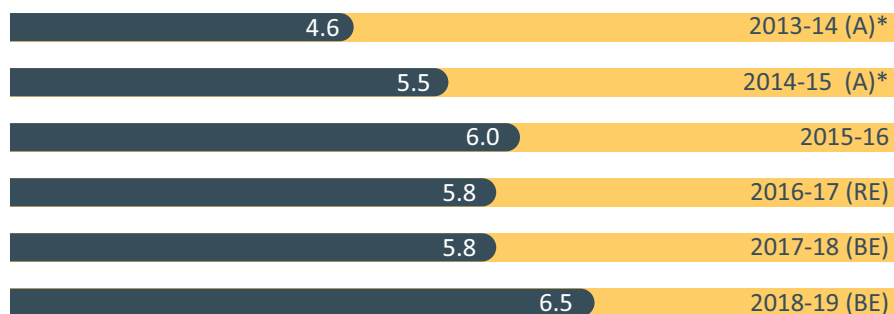


Note: Growth rates have been computed by taking average values (Average of 2015-16 Actual, 2016-17 Revised Estimates (RE) and 2017-18 Budget Estimates over 2014-15 Actual).

Source: State Health Budget documents, various years.

It could be assumed that if the extent of increase in expenditure for a sector is more than that in the state's total expenditure there is an increase in the budgetary priority for that sector. In Rajasthan, health does feature within the top three priority sectors. However, prioritisation of expenditure does not necessarily ensure adequacy of budgetary allocations for the sector.

Health Budget as % of Total State Budget



Note: (BE) – Budget Estimate; (RE) – Revised Estimate

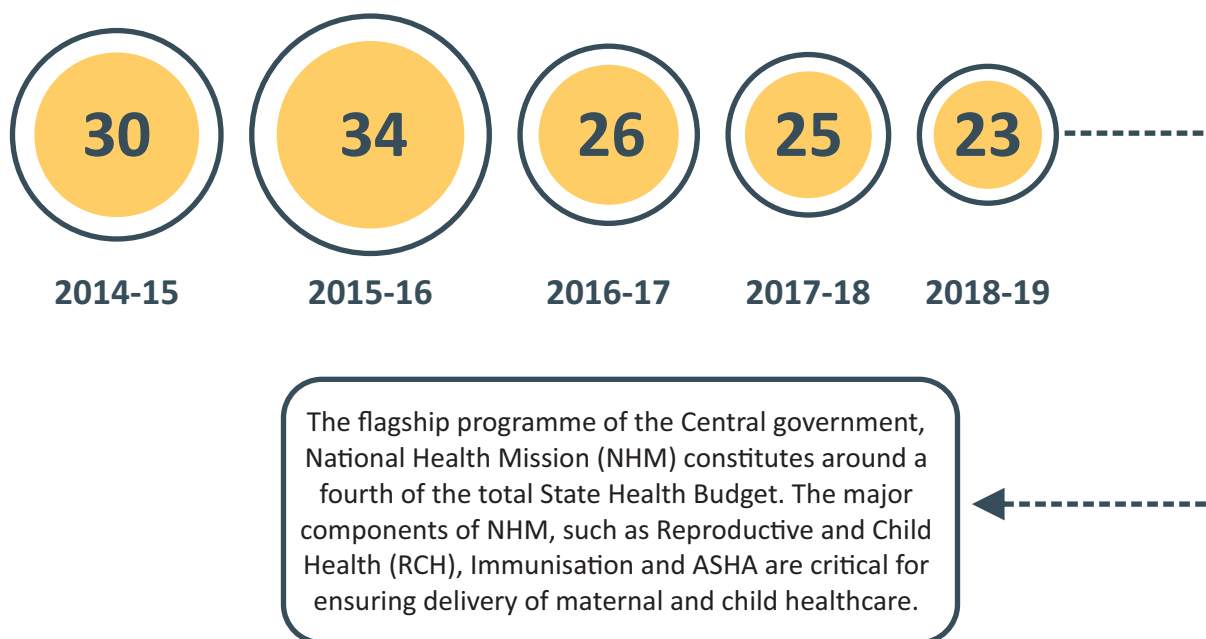
* Till 2013-14, the funds were bypassing the State budget and directly going to State Health Societies.

Since 2014-15, the State treasury transfers funds to State Health Societies.

Source: State budget documents, various years.

A comparison of 2014-15 (BE) and 2018-19 (BE) indicates a stagnant trend in health sector spending as a proportion of the total State budget. There is a pressing need to increase public investment in the health sector in order to improve the health indicators of the State.

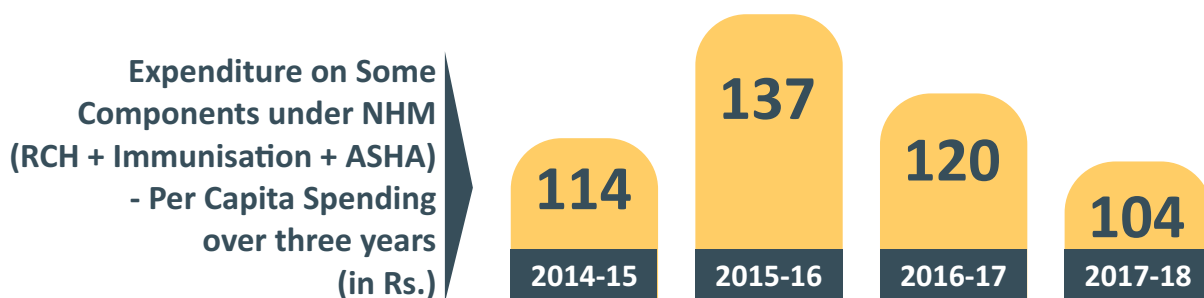
NHM as % of State's Health Budget



Source: Record of Proceeding (RoP), various years.

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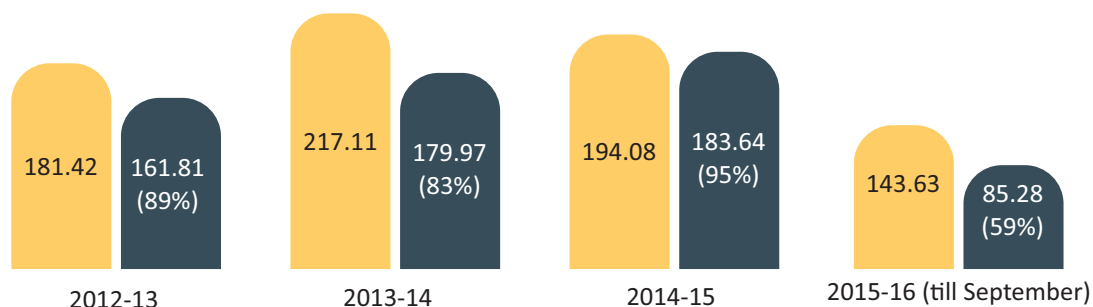


Source: Record of Proceedings (RoPs), various years.

The annual per capita spending on these three components of NHM, which are crucial for maternal and child healthcare, have been low, reflecting poor outcomes.

One of the primary interventions to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women under NHM is the Janani Suraksha Yojana (JSY). Rajasthan is among the high focus States under JSY, with historically high maternal deaths across the State. The scheme has been successful in promoting institutional deliveries. The utilisation of the approved amount under JSY has been in the range of 83-95 percent. However, there has been only a marginal increase (2 percent) in number of JSY beneficiaries over the past two years.

JSY Approval & Expenditure (in Rs. crore)



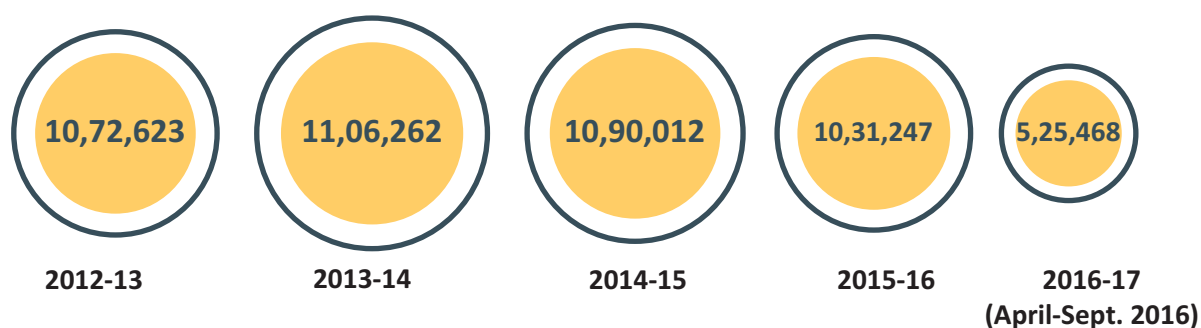
■ State Programme Implementation Plan (SPIP) Approval ■ Expenditure

Note: Figures in parentheses indicate utilisation.

Source: Data from State PIPs and ROPs.

In Rajasthan, the number of beneficiaries under JSY has decreased between 2012-13 and 2015-16 by around 4 percent.

Number of Beneficiaries under Janani Suraksha Yojana (JSY)



Source: Record of Proceedings (RoPs), various years.

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Status of Infrastructure – Select Indicators

	Sub Centres				Primary Health Centres				
	With ANM living in the SC Quarter	Without regular water supply	Without regular electricity	Without All-weather Motorable Approach Road	With Labour Room	With Operation Theatre	Without regular electricity	Without regular water supply	Without All-weather Motorable Approach Road
Rajasthan	86.3	34	32.5	9.7	100	100	2.8	7.7	3.7
All India	59.3	16.6	24.7	9.9	67.6	36.9	3.2	5.1	8.9

Source: Rural Health Statistics (RHS, 2018).

Status of Human Resources – Select Indicators

	Obstetricians & Gynaecologists at CHCs Shortfall %	Doctors at PHCs Shortfall %	Scs Without Both HW (M & F) (%)	Scs Without HW (F)/ ANM (%)	Nursing staff at PHCs & CHCs Shortfall %	Total specialists at CHCs (Surgeons, OB&GY, Physicians, Paediatricians) Shortfall %
Rajasthan	82	*	8.4	8.5	*	76
All India	75	14	3	5	13	82

Source: Rural Health Statistics (RHS, 2018).

There are widespread shortages in infrastructure and human resources across Rajasthan which affect the quality of care in the services being delivered. The State needs to invest more to improve basic infrastructure at sub centres and primary health centres. In terms of human resources also, there are stark shortages as far as Obstetricians and Gynaecologists and other specialists at CHCs are concerned. There is a need to address these shortages and strengthen the overall health systems through increased allocation and effective utilisation of resources.

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