

# Jharkhand: Health and Budgets – A Fact Sheet

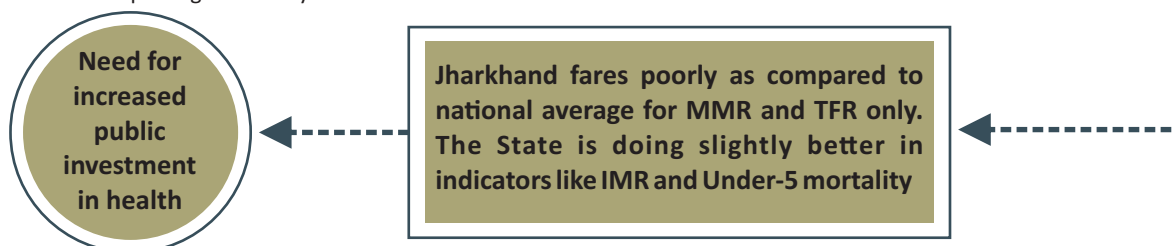
2018

Studying Jharkhand budgets over the past few years reveals that health sector is not among the top priorities of the Government. This is reflected in the poor health indicators. Although the per capita expenditure of Maternal, Newborn and Child Health (MNCH) interventions is higher than some other States, the maternal health indicators like Maternal Mortality Rate (MMR) are higher than the national average.

## Important Health Indicators – Comparison with the National Average

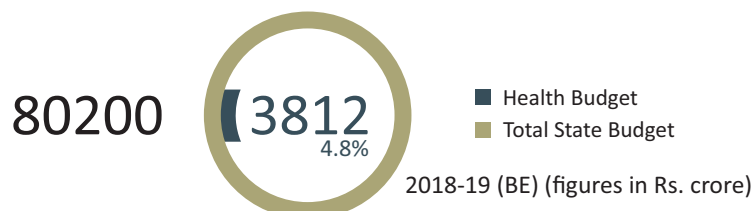
	Jharkhand	India
MMR (per 100,000 live births)	165	130
IMR (per 1000 live births)	29	34
Under-5 Mortality (per 1000 live births)	33	39
TFR (2.5 births per woman)	2.6	2.3

Source: Sample Registration System.



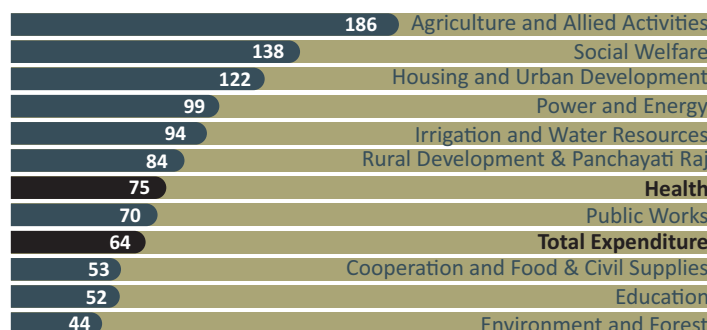
Given the large deficits in health indicators in Jharkhand, the Government needs to scale up its interventions in the area of health for better health outcomes.

## 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 Jharkhand State Budget (during 14th FC period over 2014-15) is as follows:

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

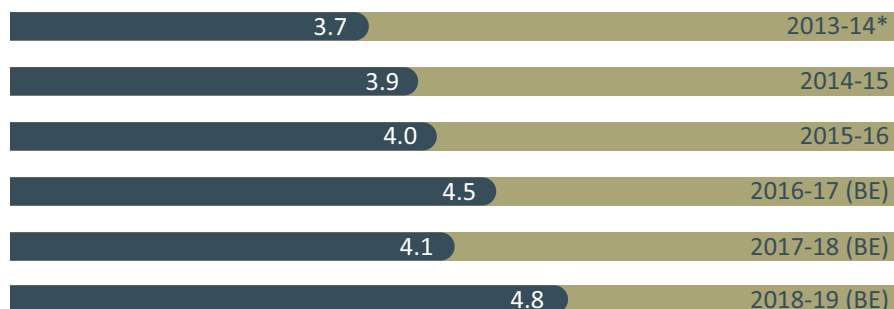


Note: Growth rates have been computed by taking average values (Average of 2015-16 Actual, 2016-17 Revised Estimates (RE) and 2017-18 Budget Estimates over 2014-15 Actual).

Source: State Health Budget documents, various years.

In Jharkhand, health sector gets a lower priority than many other sectors like Agriculture and Housing and Urban Development. However, it does get fairly prioritised when we compare it to the growth in total expenditure of the State. We could assume 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.

### Health Budget as % of Total State Budget



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

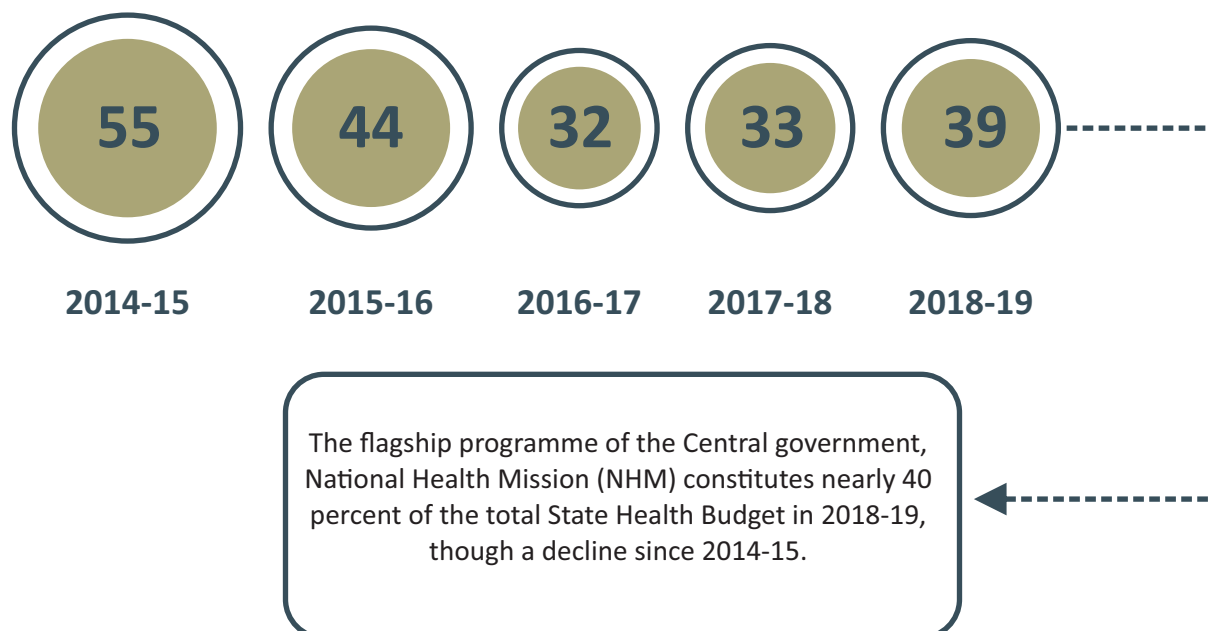
\* Till 2013-14, the funds were bypassing the State budget and directly going to State Health Societies.

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 that health as a proportion of total State budget has declined. There is a pressing need to increase public investment in the health sector in order to improve the health indicators of the State.

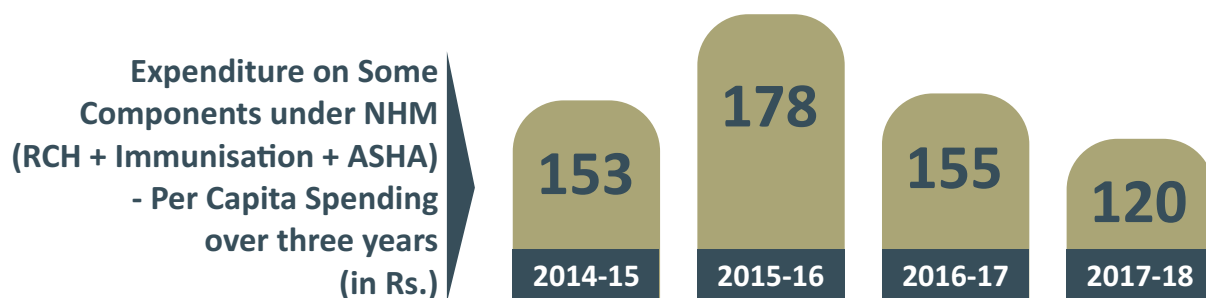
### NHM as % of State's Health Budget



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

# Jharkhand:

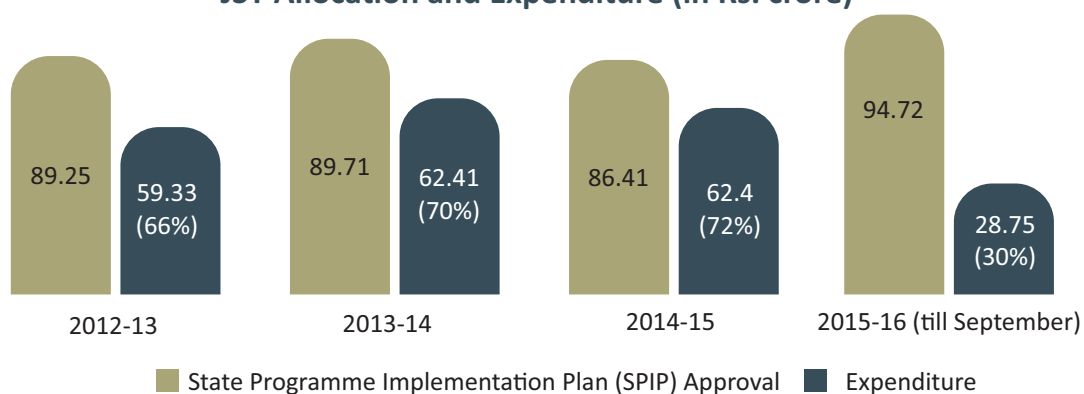
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Source: Record of Proceedings (RoPs), various years.

Jharkhand is among the States which has a higher per capita spending on the total of the three components (RCH, Immunisation, ASHA) that have been taken to represent maternal and child health. However over the past three years, the annual per capita spending on these three components taken together has declined.

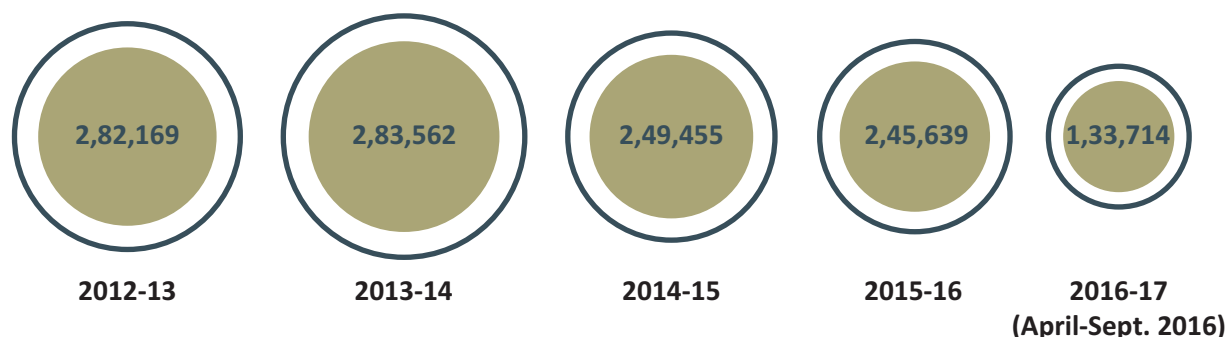
### JSY Allocation and Expenditure (in Rs. crore)



Note: Figures in parentheses represent utilisation.  
Source: Data from State PIPs and ROPs.

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). In Jharkhand the utilisation under JSY has remained around 70 percent. In 2015-16, utilisation was only 30 percent till September.

### Number of Beneficiaries under Janani Suraksha Yojana (JSY)



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

In Jharkhand, the number of beneficiaries under JSY has decreased between 2012-13 and 2015-16 by around 13 percent. This may reflect that there are problems with the uptake of institutional deliveries, which may be due a number of factors like distance of medical facility from home, lack of proper infrastructure and human resources at the health facilities, bad treatment at the hand of healthcare staff or a general preference towards home deliveries.

Some indicators capturing shortages in human resource and infrastructure which hamper the effective delivery of maternal healthcare services:

### 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
Jharkhand	78.4	53.2	66.5	25.2	75.5	28.5	43.3	45.3	10.1
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).

As compared to the all-India average, the select infrastructure indicators show that Jharkhand has more severe shortages.

### 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 %
Jharkhand	83	*	2	2	21	86
All India	75	14	3	5	13	82

Note: \* represents surplus.

Source: Rural Health Statistics (RHS, 2018).

Jharkhand also faces human resources shortages, especially the specialists like Obstetricians, Gynaecologists and other specialists at CHCs. Given these shortages in infrastructure and human resources, there is a need for the State to ensure that these vacant positions are filled in and the necessary infrastructure put in place. The prioritisation towards urban infrastructure and housing at the cost allocations for the health sector may not augur well for the healthcare needs especially in the rural areas.

For further information, please write to: [info@cbgaindia.org](mailto:info@cbgaindia.org)

#### Centre for Budget and Governance Accountability (CBGA)

B-7 Extn./110 A (Ground Floor), Harsukh Marg, Safdarjung Enclave, New Delhi – 110029.

Ph: +91-11- 49 200 400/401/402 Email: [info@cbgaindia.org](mailto:info@cbgaindia.org)

Website: [www.cbgaindia.org](http://www.cbgaindia.org)

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