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ANALYSIS OF PUBLIC HEALTH CARE SERVICES FOR URBAN POOR WOMEN: A CASE STUDY OF BRUHAT BENGALURU MAHANAGARA PALEKE (BBMP) BANGALORE

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ABSTRACT
The present study was carried out to assess the budget allocation and expenditure pattern for total health including private and public health. The study was based on both primary and secondary data explored for the year 2010. The findings conveys that 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 form 2008-2009 it is decline 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. Further, the findings also revealed that the percentage of allocations for maternity homes as against total heath budgetary allocation, till 2007-2008 was very less compared to later years. It also conveyed that budgetary allocations for Maternity Homes &Child welfare department form Health total (include both Health General and Health Medical), till 2007-2008 in providing basic supplementary food such as milk, bread etc, it was less 1 per cent except salaries expenditure. If this the situation continues for future, then regulating the mortality rates at both child and maternal levels will be difficult task for state government. Hence budget allocation for health services is of prime importance which directly influences the mortality rate of both pregnant women and child in long run this has to be regulated with better policy initiatives with new innovative measures in Maternal & Child Health services.

KEYWORDS: Urban Health Care, Budget allocation, Mother, Child. BBMP.

INTRODUCTION

In India, the health of wealth is essentially linked to societal status where India is one among few developing countries to have same life expectancy at birth in both men and women. The evidence of information reveals that female expectancy is influenced by systematic problems especially mortality rates during childhood and reproductive years. In addition, the rate of infant and child mortality and maternal mortality largely depends on adoption of protected practices of motherhood and childcare care programmes which plays vital role in developing countries like India. Reducing the maternal mortality rate is one of the Millennium Development Goals, which are noticed at higher rates especially in women living in rural areas than urban areas. Indian government has introduced some maternity benefit schemes to improve the present situations in health care services (Jhonson et al, 2015). In this direction, during IInd FYP Government of India (GoI), promulgated measures related to maternal and child health services and also in Vth FYP, GoI has merged both health and nutritional services with family planning services channelized through part of Minimum Needs Programme with a prime objective to provide basic health needs to weaker sections especially pregnant women and child care (Kalra, 1979, Measham *et al*, 1996). Many studies on women status reveals that the decisions of women to make families are often unobserved and viewed as pecuniary burdens. Further, Indian women are characterised by low levels of both health care education and motherhood care awareness participation due to less freedom, living under control of father, husband and their children (Chatterjee, 1990; Desai, 1994; The World Bank, 1996). All of these aspects exercise a pessimistic impact on the health status. Good health has effect not only for women but also their families; women with poor health are more likely to give birth to unhealthy infants. In a nutshell, woman in poor health will be less productive in the reproductive stages.

The Reproductive & Child Health Programme has important concept of healthy mother and healthy baby aims to better utilization of available basic maternity health services which is necessary for improving the health of the mother which includes various components like tablets, vaccination, postnatal visits, adoption of family planning methods etc. This can be availed by approaching Maternal & Child Health (MCH) services are provided through the network in both rural and urban area such as Community Health Centers (CHC), Primary Health Centers (PHC) and Urban Health Centers (UHC) respectively. (Sheth *et al*, 2013).

Hence there is need to create an environment which delivers the essential health services with quality resulting in major shift in health programmes which focus on need based

approach and decentralization with proper care and monitoring systems (Chaturvedi 1999, p. 3).

In Karnataka, many schemes came up with few initiatives, but very few got success, among them JSY, which is promoted to many maternity benefit schemes like JSSK (Janani Shishu Suraksha Karyakram, 2013). However, these schemes effectiveness depends on utilisation of these services by pregnant women and child care mothers (Stephen *et al.*, 2010; Parul *et al.*, 2012). Another important effort was made in direction to improve maternal and infant mortality rate by promoting institutional deliveries by National Rural Health Mission. Since from 2005 the functioning of Janani Suraksha Yojana (JSY) has increased institutional deliveries from 7 lakhs (2005-06) to more than 1 crore (2010-11), this transformation has reduced the maternal and infant mortality rate to 3.1/1000 and 37/1000 live births respectively (Kate, 2010). The beneficiary number has been increasing since 20005 to 2008 from 0.5 lakhs to 2.83 lakhs and it is still going on. With this background, the present study aims to investigate the budget allocation and its pattern in total health in BBMP of Bangalore in Karnataka.

RESULTS AND DISCUSSION

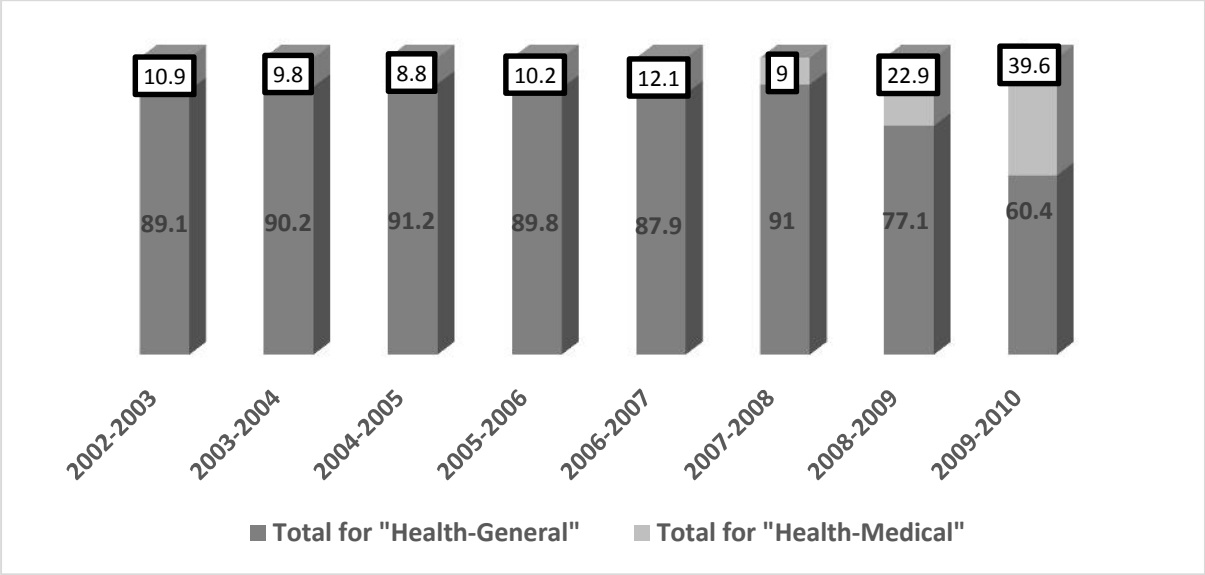
The table.1 reveals that budgetary allocations for health as whole from Bruhat Bengaluru Mahanagara Paleke (BBMP) budgets from 2002 to 2009, total budgetary allocations for Health is more or less equal till 2007-2008, and it is highest in the year 2005-2006 (13.8%), but form 2008-2009 it is decline from 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.

Further the findings of Health General and Health Medical allocations form total health allocations, i.e. of the budgetary allocation to total health to quantify how much is reallocated to health General and Health Medical. From the given below graph (graph.1), 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. The findings also reveal that overall BBMP allocations were very less for health compare to previous year.

Table.1 BBMP Budgetary Allocations of Total Health

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**

Graph.1 BBMP Budgetary Allocations of Total Health



The analysis on budgetary allocations for maternity homes are presented in Table.2 actually allocation for Maternity home are form Health Medical payments (Budgetary allocations). The share for Health Medical was between 1.6% to 0.6%, of this share maternity home getting less than 17% (this is the highest allocation). From the given below table, it is clear that % spending for maternity homes from Health medical budgetary allocations. From 2008-2009 and 2009-2010 this % is little bit higher than the previous year. Conversely, the % of allocations for maternity homes as against total heath budgetary allocation, till 2007-2008 is very minimal, but last year budgetary allocation, it is looking better (7%) than to previous year budgetary allocations.

Table.2 BBMP budgetary alloations to maternity homes

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

Now the present study was conducted to explore the money where actually used, to know budgetary allocations under these two departments i.e. Health General and Health Medical.

Table.3 Section wise Contribution of activities in Health General and Health Medical

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

Form the above table.3, almost half of the Health General allocations are going to salaries except (2007-2008) and interestingly spending for public Health is decalining form 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 spending on this programme, it is 15% in 2009-2010 budgetary allocation. Even though spending money for dog control from 2002, year by year allocations for this head also increasing, then where is the control of dog population? Actually if they are doing dog population control properly actually allocations should come down under this head, but here it is other way.

Table.4 Section wise Contribution of activities in Health Medical

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

In the table.4, during the year 2007-2008, spending for salaries are more than half form Health Medical budgetary allocations, but from last two year 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, Arogya Mela, Baby show, Health city programme, pulse polio programme, purchase of Anti-Rabies Vaccine) is increasing form last two years only. Same kind of trend we can see for budgetary allocations for Maternity Homes & child welfare. The table.5 reveals about the expenditure patter of Maternity Homes & Child welfare department at total health payments (Budgetary Allocations) level, Health- Medical level and within the Maternity Homes & Child welfare department level and finally to know priority of expenditure by health Medical (important line items) to identify priority for Maternity homes.

Table.5 budgetary allocation of Maternity Homes & Child welfare department in total health

Maternity Homes & Child Welfare Expenses against total Health payments	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
M & R to Equipment	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1
Purchase of Chemical Apparatus &Equipments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Post Natal Care Kits for Deliveries in BBMP Hospitals	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.5
Purchase of Equipments -MH	0.1	0.0	0.0	0.1	0.0	0.0	0.8	1.5
Purchase of Medicines & Other Accessories	0.2	1.1	0.4	0.4	1.1	0.1	0.8	2.2
Purchase of Medicines (Hepatitis B)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Purchase of Mid-wifery Articles, Medicines & Linen	0.1	0.0	0.2	0.0	0.2	0.1	0.2	0.4
Supply of Milk, Bread, Diet to Milk Centres& Maternity Homes	0.2	0.1	0.1	0.1	0.0	0.0	0.1	0.4
Purchase of Walk - in Cooler	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7
Total for "MH & Child Welfare"	0.6	1.2	0.8	0.6	1.3	0.2	2.8	6.9

From the above table.5 it is clear that Budgetary allocations for Maternity Homes &Child welfare department form Health total (include both Health General and Health Medical), till 2007-2008 it is less than are equal to one percent, it show that how real medical care was neglected by BBMP. But from 2008-2009 (3%) and 2009-2010 (7%) it is increasing, even though increasing, growth of increasing trend is very minimal or negligible only. From the above table, it is seen that there some line items which are allocated lees than one percent like supply of Milk & Bread (0.4%),purchase of medicines (Hepatitis B), M& R Equipment are 0.1%, purchase of Medicines &Other Accessories (2.2%) etc, the percentage which we identified are highest than other year, this itself highest percentages are itself very less, then we can imaging ground reality with these kind of budgetary allocation for real medical from health total budgetary allocations by BBMP for urban poor.

In addition to above, the budgetary allocations for Maternity homes & Child welfare department form Health Medical (actual allocations for Maternity homes &Child welfare department will distributed from Health Medical only),from the given below table.6, it is evident that there was a huge fluctuations in budgetary allocations for Maternity homes & Child welfare from Health Medical budgetary allocations, it 12.4% in 2003-2004 and 2008-2009, and in last year it was 17.3% which is highest other than previous years' budgetary allocation. It is also observed that percentage wise budgetary allocations for line items in Maternity Homes & Child welfare department as against from total Health Medical payments (budgetary allocations) for example Purchase of Medicine & Other accessories are not increasing as year by year patient load increased, except 2003-2004 (11%) it is less than 6% for other years. This is an self-explanatory that BBMP concerned about urban poor health. Shockingly purchase of post-natal Kits for deliveries in BBMP Hospitals only from last years, rest of the years it is nil/zero only.

Table.6 Budget allocation of Maternity Homes & Child welfare department in health Medical

Maternity Homes & Child Welfare Expenses against Health - Medical payments only	**2002-2003**	**2003-2004**	**2004-2005**	**2005-2006**	**2006-2007**	**2007-2008**	**2008-2009**	**2009-2010**
M & R to Equipment	0.0	0.1	1.3	0.1	0.2	0.2	0.1	0.4
Purchase of Chemical Apparatus &Equipments	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Post Natal Care Kits for Deliveries in BBMP Hospitals	0.0	0.0	0.0	0.0	0.0	0.0	4.2	3.7
purchase of Equipments -MH	0.6	0.3	0.4	0.8	0.1	0.3	3.3	3.7
Purchase of Medicines & Other Accessories	2.0	11.1	4.1	3.7	9.0	0.8	3.3	5.5
Purchase of Medicines (Hepatitis B)	0.4	0.0	0.2	0.0	0.0	0.0	0.0	0.4
Purchase of Mid-wifery Articles, Medicines & Linen	0.6	0.2	2.2	0.1	1.4	0.7	1.0	0.9
Supply of Milk, Bread, Diet to Milk Centres& Maternity Homes	1.5	0.8	1.1	0.8	0.4	0.2	0.3	0.9
purchase of Walk - in Cooler	0.0	0.0	0.1	0.0	0.0	0.0	0.0	1.8
Total for "MH & Child Welfare"	5.5	12.4	9.4	5.5	11.0	2.3	12.3	17.3

Among Budgetary allocations Within the Maternity Homes & Child welfare department are presented in table.6, conveys that allocation within the Maternity homes & Child Welfare department budgetary allocation pattern by line item wise, in the year 2003-2004 (89%) and 2006-2007(82%) was allocated only to purchase Medicines &other accessories, but from last three years it come down to one third of total budgetary allocations. Purchase of post natal care kits was started only form 2008-2009, interestingly budgetary allocations are very less or equal to two percent except 2003-2004 (14%) and 2007-2008 (10%) for M& R Equipment. From last two years spending for food for patients like milk and bread was less than five percent, and same kind of trend we can see for allocations for purchase of Mid-Wiery articles and lines, these lower percent of allocation reflected on dissatisfaction of user by our primary survey.

Table.6 Budget allocation of Maternity Homes & Child Welfare Expenses against Health-Medical MH payments

Maternity Homes & Child Welfare Expenses against Health-Medical -MH payments	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
M & R to Equipment	0.1	0.7	13.5	1.6	1.4	10.3	0.8	2.1
Purchase of Chemical Apparatus & Equipments	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Post Natal Care Kits for Deliveries in BBMP Hospitals	0.0	0.0	0.0	0.0	0.0	0.0	34.0	21.3
purchase of Equipments – MH	11.6	2.2	4.1	13.8	0.9	11.2	27.2	21.3
Purchase of Medicines & Other Accessories	36.7	89.4	43.9	68.0	81.7	36.4	27.2	31.9
Purchase of Medicines (Hepatitis B)	8.0	0.0	2.4	0.0	0.0	0.0	0.0	2.1
Purchase of Mid-wifery Articles, Medicines & Linen	10.9	1.6	23.5	1.4	12.8	31.8	8.2	5.3
Supply of Milk, Bread, Diet to Milk Centres & Maternity Homes	27.7	6.1	11.1	15.1	3.2	10.1	2.7	5.3
purchase of Walk - in Cooler	0.0	0.0	1.5	0.0	0.0	0.2	0.0	10.6
Total for "MH & Child Welfare"	100	100	100	100	100	100	100	100

The findings related to budgetary allocation Priority/Rank graph. 2 for item wise budgetary allocations in Maternity Homes & Child welfare department as against total health Medical Budgetary allocations reveals that for expenditure (Budgetary Allocations) priority for Maternity homes and Child welfare department of total Health Medical budget, from the given below table we see the priority of line item wise expenditure pattern for Maternity Homes out of all line items (1-24) of total Health medical expenditure (Budgetary Allocations) (Table.7). From the given below table first two rows are not line items of the Maternal health & Child Welfare Department expenditures, but these two (salaries & General expenses) are part of total Health Medical line items and rest of the rows are all line items of Maternity Homes & Child welfare department only.

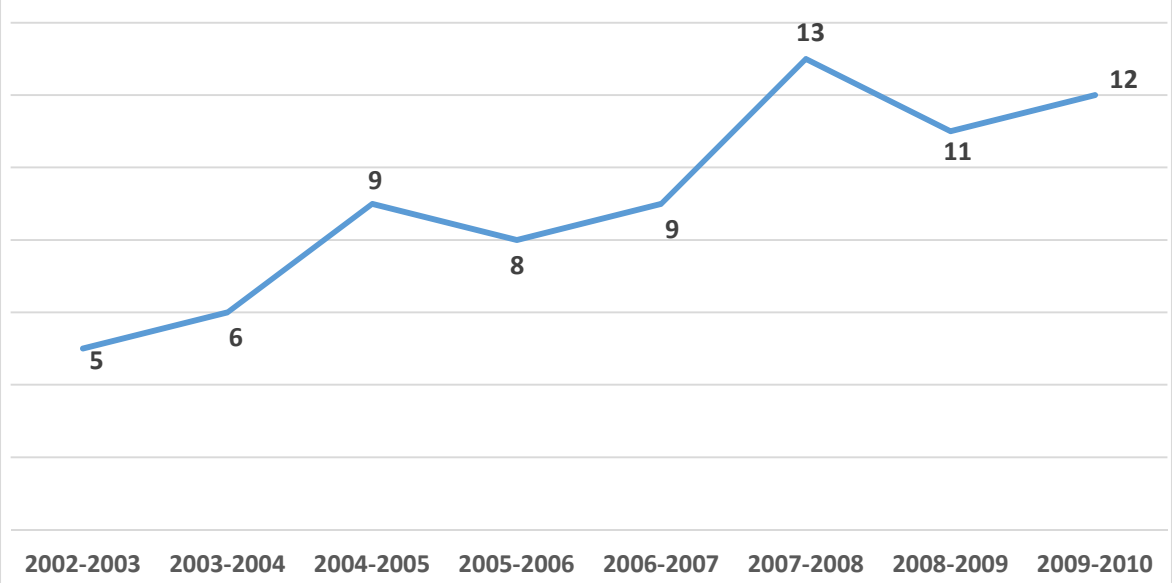
Table.7 Expenditure pattern for Maternity Homes of total Health medical expenditure.

PAYMENT PRIORITY(1-24) -Medical	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Salaries	1	1	1	1	1	1	1	1
General Expenses	0	0	0	0	0	2	2	2
M & R to Equipment	14	10	7	11	11	12	12	13
Purchase of Chemical Apparatus &Equipments	11	13	16	16	16	21	22	22
purchase of Equipments–MH	8	7	13	9	12	11	7	7
Purchase of Medicines & Other Accessories	4	2	4	4	3	8	6	4
Purchase of Medicines (Hepatitis B)	10	12	14	14	14	20	21	14
Purchase of Mid-wifery Articles, Medicines & Linen	9	8	5	12	6	9	10	11
Supply of Milk, Bread, Diet to Milk Centres& Maternity Homes	5	6	9	8	9	13	11	12

The findings revealed that, the salaries were the first priority line item expenditure for Health medical, interestingly amount spending is coming down, i.e. in 2002-2003 it is 81.7%, and 2009-2010 it is 38.6%, over a period of percentage of spending for salaries are coming down (82%,72%, 67%,66%,56%,51%,41% and 39% from 2002-2003 to 2009-2010), even though it is coming down priority wise salaries only stand at first place. From 2007-2008, there is new line "General expenses" which stands second priority of spending for Health Medical, under this head cancer, Women Medical services, Disposal of Hospital wastage, honorarium to link workers, Laundry services, supplementary nutrition programme and purchase of medicines & drugs for hospital expenditures were covered.

Further, the findings also conveyed that, the Maternity Homes and child Welfare department line item expenditure priority pattern, purchase of medicines& other Accessories is 2-4th priority between 200-2003 to 2006-2007, but in the year 2007-2008 it moved to 8th priority of expenditure of total health medical expenditure again in the last year (2009-201) it come back to 4th priority of expenditure. From the graph, it is clear that, the priority of expenditure on supply of Milk and Bread to patients moved top to lowest form 2002-210 to 2009-2010.

Graph.2. Priority Ranking of Supply of Milk & Bread to Maternity Homes by BBMP



CONCLUSION

The study points out that private health care sector are 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 render by private health care services in municipalities and metro's. In this connection there is a need to bridge the gap between municipalities and state budget allocation to minimize the health services especially for urban poor women. Further, the study also makes an significant evident that need 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. The findings suggest that 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. 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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