Budget Outlays for Nutrition-Specific Interventions: Insights from Bihar, Chhattisgarh, Odisha and Uttar Pradesh

Policy Brief 1 | 2017

Why we did it

India houses 29% of the world's stunted children, with 39% (46.8 million) of Indian children below five years being stunted (as of 2013-14, as per MWCD, 2015). Nutrition-specific interventions that can reduce child stunting significantly are well known (Bhutta et al., 2013) and most of these are included in India's national policy framework (Menon, McDonald, & Chakrabarti, 2015). The nutrition-specific or Direct Nutrition Interventions (DNI) address the immediate causes of undernutrition arising out of inadequate diet and disease. These DNI if scaled up to 90% coverage can reduce stunting among children under five years of age by 20% (Bhutta et al. 2013).
With the recent changes in India's fiscal architecture, the role of state governments in financing schemes delivering DNI has increased. We studied budget outlays for DNI in four states: Bihar, Chhattisgarh, Odisha and Uttar Pradesh, which have~45% of stunting burden in the country.

How we did it

- Based on Lancet 2013 framework and 14 India Plus interventions (suggested by Menon et al. (2015)), we arrived at a set of Direct Nutrition Interventions. These include 14 India Plus Interventions, and three additional interventions: maternal calcium, deworming and supplementary nutrition for adolescent girls.
- State departments and programmes delivering these DNI were identified.
- A mapping of data sources was undertaken to track budget outlays for these interventions.
- Budget outlay for each intervention was arrived at by summing up outlay for each item of expenditure corresponding to that DNI. For example, delivery of IFA tablet for pregnant and lactating mothers would involve budgets for activities such as ASHA incentives, procurement of drugs, etc.
- Budget data for the DNI was collated and grouped under five thematic areas – behavior change interventions, micronutrient supplementation and deworming, supplementary / complementary feeding, severe acute malnutrition treatment and 'others'.
- The budget data was collated for three financial years: 2014-15, 2015-16 and 2016-17.
- Resource adequacy was assessed for two separate sets of interventions, following different approaches based on comparability of data: (i) Budget outlays for micronutrient supplementation and deworming for children and adolescents were compared with cost estimates provided by Menon et. al. (2015) for FY 2014-15, and (ii) Budget outlays for supplementary nutrition programme were

compared with government's own cost norms and stated number of beneficiaries for FY 2015-16. The resource gap was computed by comparing the budget outlays for relevant DNI with the cost estimates for both (i) and (ii).

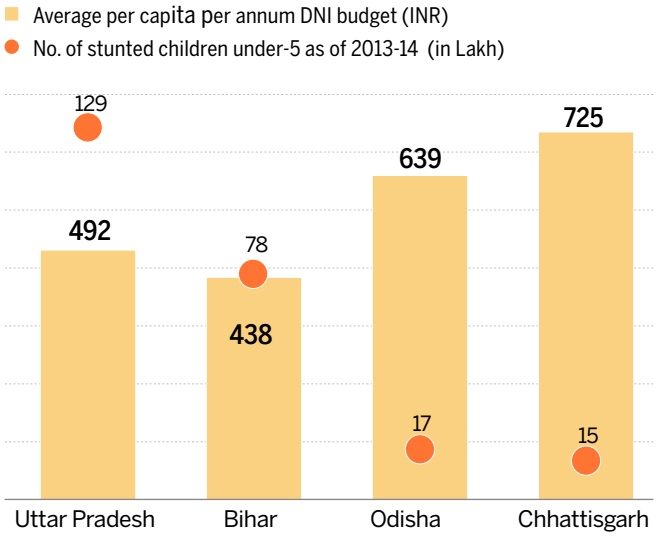
What we found

- DNI are largely delivered through 4 Centrally Sponsored Schemes (CSS) of the Union government- Integrated Child Development Services (ICDS), Indira Gandhi Matritva Sahyog Yojana (IGMSY), SABLA, and National Health Mission (NHM). There are also some state-specific schemes for delivering DNI such as Hausla Poshan Yojana in Uttar Pradesh, Mahtaari Jatan Yojana in Chhattisgarh, and Mo Masari and Mamata Yojana in Odisha.

- The states with relatively higher burden of stunting among children under 5 years of age, are also the ones reporting lower levels of (average annual) per capita DNI budget outlays (Figure 1).

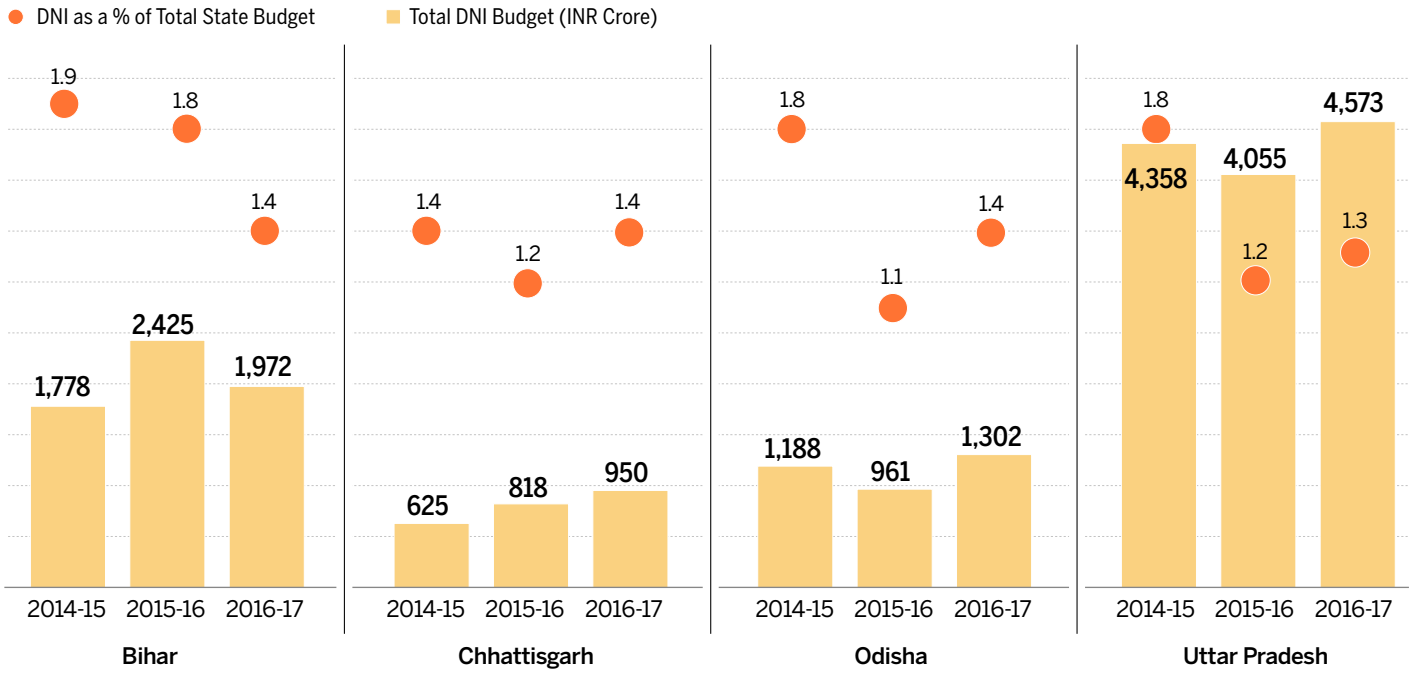
- While the DNI budgets increased in absolute figures from FY 2014-15 to FY 2016-17, it declined for all states (except Chhattisgarh) over the same period as a proportion of the total state budget (Figure 2). This indicates the need for assessing the priority for the DNI within the overall state budgets in the coming years.

Figure 1: Average annual per capita DNI budget (in INR) vs. No. of Stunted children under-5 years (in Lakh)



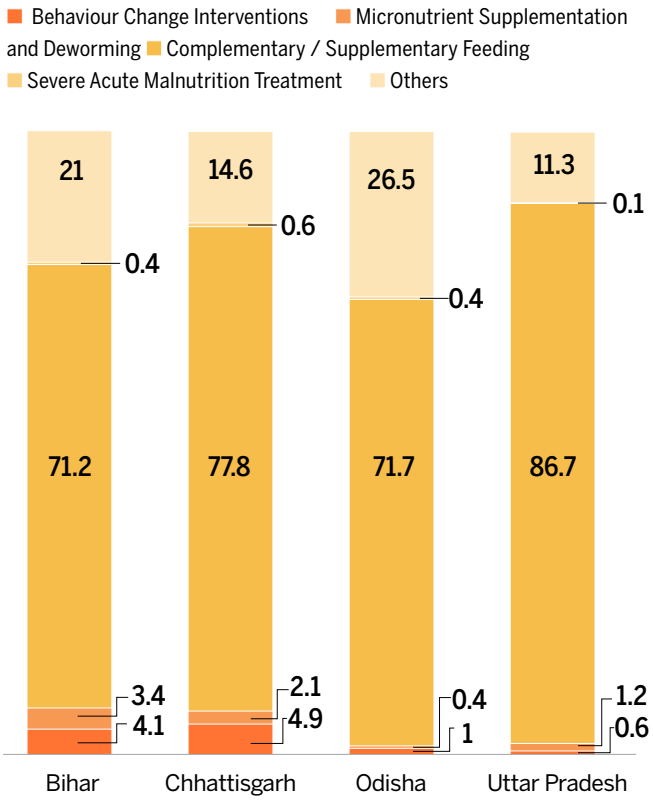
Source: Compiled by CBGA from ROPs 2014-15, 2015-16 and 2016-17, GoI; and the Detailed Demand for Grants for Dept. of WCD / Social Welfare 2016-17, respective state budgets; Figures on stunting from RSOC 2015; Average annual per capita DNI budget has been computed as an average of budget outlays in FY 2014-15, 2015-16 and 2016-17

Figure 2: Total DNI Budget (INR crore) and DNI budget as a % of Total State Budget



Source: Compiled by CBGA from ROPs 2014-15, 2015-16 and 2016-17, GoI; and the Detailed Demand for Grants for Dept. of WCD / Social Welfare 2016-17, respective state budgets

Figure 3: Sectoral composition of DNI budget in 2016-17 (in %)



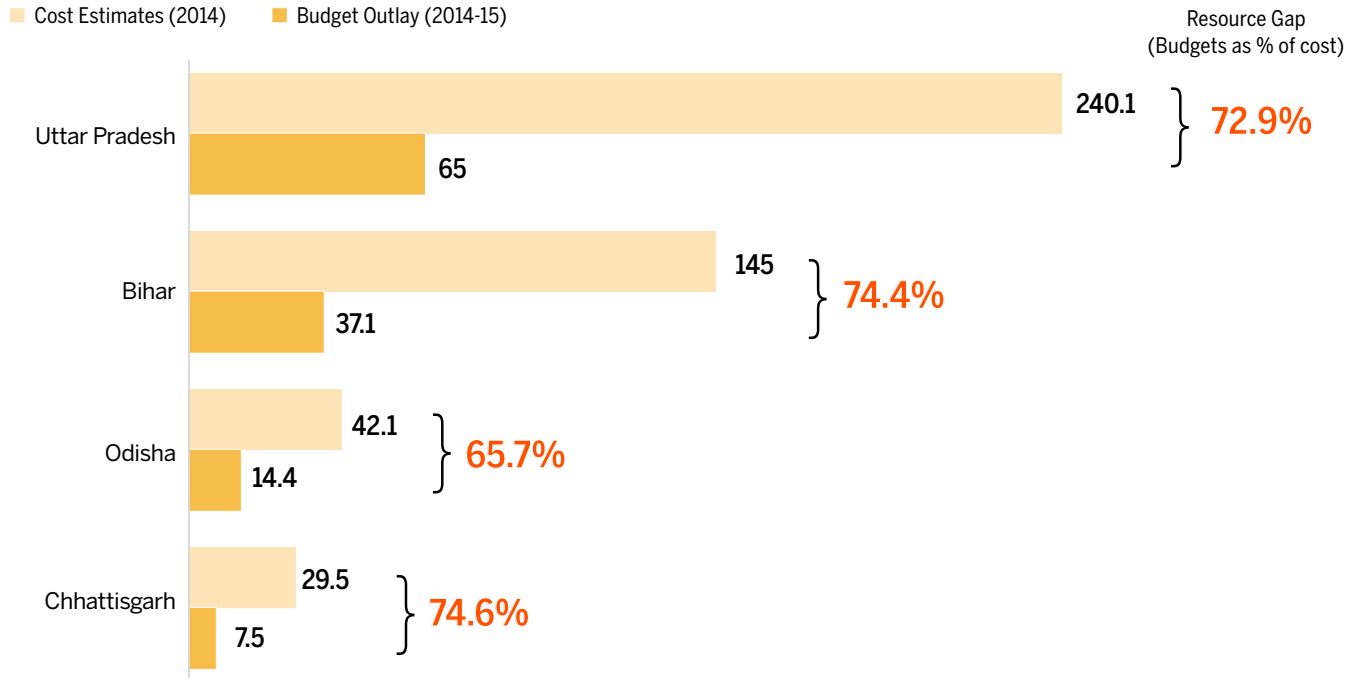
Source: Compiled by CBGA from ROPs 2014-15, 2015-16 and 2016-17, GoI; and the Detailed Demand for Grants for Dept. of WCD / Social Welfare 2016-17, respective state budgets

- Supplementary feeding accounts for the highest share of the total DNI budget in all four states for FY 2016-17, followed by "Other" interventions. Health related DNI such as treatment of severe acute malnutrition, micronutrient supplementation and deworming, receive very small proportions of total DNI budgets in all four states (Figure 3). The scenario is similar for FY 2014-15 and FY 2015-16 as well. We may note here that the high proportion of supplementary feeding programme budgets among all DNI may be due to the relatively higher cost of delivering this intervention compared to other interventions.

- Resource adequacy studied for select DNI pertaining to micronutrient supplementation and deworming for children and adolescents against the Menon et. al. (2015) estimates reveal significant resource gaps between the budget outlays and the cost estimates (Figure 4)

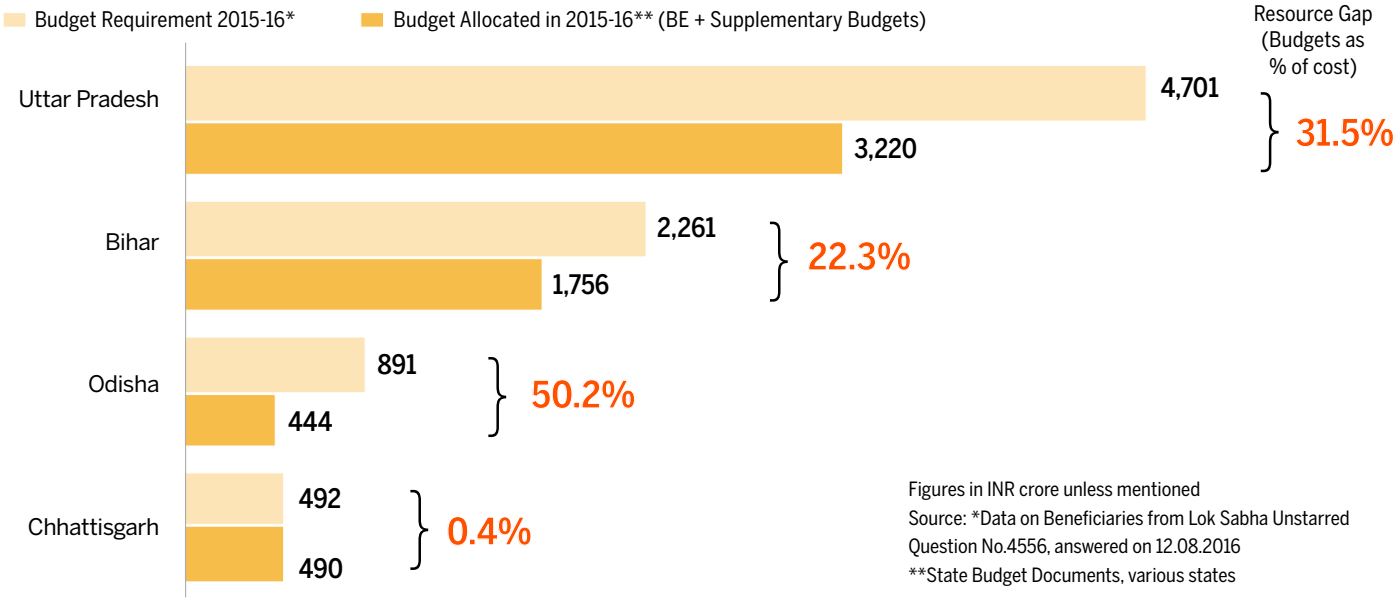
- Budget requirement for delivering SNP (as per government's cost norms) to the stated number

Figure 4: Comparison of annual cost of delivering select micronutrient and deworming related nutrition interventions and their respective budgets for 2014 in four States



Figures in INR crore unless mentioned
Note: Includes cost estimates and budget outlays for IFA + deworming for adolescents girls, Iron supplements for children 6–59 months, Vitamin A supplements (6–59 months), Treatment for diarrhoea for children under 5 years (including IDCF budget) , Deworming for children 12–59 months (including National Deworming Day Budget)
Source: Budget data compiled by CBGA from ROPs 2014-15, 2015-16 and 2016-17 of respective states, Govt. of India; Cost estimates from Menon et. al. 2015.

Figure 5: Difference in the Budget Outlay for SNP and funds required as per the Scheme Norms



Figures in INR crore unless mentioned
Source: *Data on Beneficiaries from Lok Sabha Unstarred Question No.4556, answered on 12.08.2016
**State Budget Documents, various states

of beneficiaries (i.e. children [6 months to 6 years] and pregnant women and breastfeeding mothers) of the scheme was much higher than the budget outlays in FY 2015-16.

Policy asks:

- A large proportion of DNI are delivered through four CSS of the Union government. Considering the high burden of stunting among the relatively poorer states, both the Union and state governments need to increase their budget outlays for these interventions.
- Both the Union and state governments should meet the cost and coverage norms of the schemes and increase coverage of those schemes that are still implemented in pilot mode (SABLA).
- The unit costs of the schemes need to be revised periodically and should be inflation indexed to ensure effective delivery of services.
- Resource shortages for health related DNI was highest in our analysis. It is imperative that the budget outlays for these are increased and their delivery strengthened.
- Need to institute a nodal body / institution to coordinate between the departments to streamline the efforts by different departments both at the Union Government and at the states' level.
- At present, the information available in public domain with respect to budgets for DNI is limited. For instance, only the proposed or approved budget amounts are available in public domain for some interventions, for others even the proposed / approved budget figures are not available (e.g. break-up of SNP budget is not available in public domain). This needs to be addressed at the earliest, to better inform the DNI analysis across states. Efforts must be made to ensure availability of disaggregated data on actual expenditures in a timely manner.

For details please refer to: Working Paper 1.

Photos: UNICEF India
Document Design: How India Lives (www.howindialives.com)