INDIA'S INVESTMENT IN NUTRITION
STATES' ROLE AND RESPONSE

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

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Table of Contents

List of Abbreviations

AE:	Actual Expenditures
AYUSH:	Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
BE:	Budget Estimates
CCT:	Conditional Cash Transfers
CSS:	Centrally Sponsored Schemes
DNI:	Direct Nutrition Interventions
ICDS:	Integrated Child Development Services
IEC:	Information, Education and Communication
IFA:	Iron Folic Acid
IGMSY:	Indira Gandhi Matritva Sahyog Yojana
IYCF:	Infant and Young Child Feeding
JSSK:	Janani Shishu Suraksha Karyakram
MoHFW:	Ministry of Health and Family Welfare
MWCD:	Ministry of Women and Child Development
NDD:	National Deworming Day
NHM:	National Health Mission
NIDDCP:	National Iodine Deficiency Disorders Control Programme
NIPI:	National Iron Plus Initiative
ORS:	Oral Rehydration Salts
PIPs:	Programme Implementation Plans
RCH:	Reproductive and Child Health
RE:	Revised Estimates
ROPs:	Record of Proceedings
SAM:	Severe Acute Malnutrition
SC:	Scheduled Castes
SNP:	Supplementary Nutrition Programme
ST:	Scheduled Tribes
WIFS:	Weekly Iron Folic Supplementation

Abstract

Background:

India's nutrition and health flagship schemes by design can deliver nationally recommended direct nutrition interventions (DNI) - which can reduce child stunting by one-fifth, at 90% coverage. DNI are delivered largely through Centrally Sponsored Schemes (CSS). With recommendations of 14th Finance Commission, the autonomy of India's State governments to prioritize majority of CSS, and introduce state-specific schemes, has increased substantially. However, whether DNI are prioritized by states in most recent years' budgets needs to be examined.

Methods:

We studied publicly available information on state budget outlays (allocations and expenditures) for a set of DNI included in India's policy framework for four Indian states – Bihar, Chhattisgarh, Odisha and Uttar Pradesh – housing 45% of stunted children in India. State budget outlays for three financial years (2016-17 (BE), 2015-16 (BE + Supplementary) and 2014-15 (AE)) and 'Budget Outlay adequacy' for supplementary nutrition programme delivering three DNI (complementary food for children 6-36 months, supplementary food for pregnant women and breastfeeding mothers and additional food rations for severely malnourished children 6-59 months) against government norms and coverage and for five DNI – IFA and Vit. A supplementation, deworming and Diarrhoea control for children and adolescents, against Menon et. al. (2015) cost estimates was studied.

Results:

In last three fiscal years, across studied states - (i) DNI budget was <2% of the total state budget; (ii) it has increased in absolute terms, but declined as a proportion of total state budget from FY 2014-15 to FY 2016-17 for three states (Uttar Pradesh: 1.8% to 1.3%; Bihar: 1.9% to 1.4%; and Odisha: 1.8% to 1.4%) and been retained at 1.4% for Chhattisgarh between FY 2014-15 and FY 2016-17; (iii) there are significant variations in budget outlays across DNI; major share being of supplementary nutrition programme followed by cash transfers to women (maternity entitlements). On 3 DNI outlay adequacy (FY 2015-16) studied under supplementary nutrition programme, there is outlay gap of 50%, 32%, 22%, and <1% for Odisha, Uttar Pradesh, Bihar, and Chhattisgarh, respectively. On the other 5 DNI

analysed against Menon et. al. (2015) estimates, total resource gap of ~75% for Chhattisgarh, ~74% for Bihar, ~73% for Uttar Pradesh and ~66% for Odisha was found.

Conclusion: State DNI budget requires greater prioritisation in all four study states; increases in overall state budgets should lead to at least proportionate increases for DNI budget outlays. The budget outlays for health related DNI need to be stepped up. The budgets allocated should be adequate to meet the resource requirements as per existing norms and stated number of beneficiaries under schemes.

Key words: Direct nutrition interventions, nutrition-specific interventions, state budget, stunting

Nutrition-specific interventions that can reduce child stunting significantly are well known and most of these are included in India's national policy framework.

1

Introduction

Globally, 25% of children below five years of age (~159 million) have stunted growth due to chronic nutrition deprivation in utero, early childhood or both (UNICEF, WHO, & World Bank, 2016). 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 Ministry of Women & Child Development, 2015). Hence, India's nutrition action/inaction affects numbers globally.

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). These nutrition-specific or Direct Nutrition Interventions (DNI) if scaled up to 90% coverage can reduce stunting among children under five years of age by 20% (Bhutta et al. 2013) by addressing the immediate causes of undernutrition arising out of inadequate diet and disease. Nutrition-sensitive interventions, on the other hand, address the indirect (basic and underlying) causes of undernutrition, such as access to health services, improved education, access to social protection, drinking water and sanitation facilities, secure livelihood opportunities and poverty alleviation (Ruel & Alderman, 2013).

In India, nutrition-specific or direct interventions are delivered through four Centrally Sponsored Schemes (CSS) of the Ministries of Health and Family Welfare (National Health Mission) and Women and Child Development (Integrated Child Development Services (ICDS)

Scheme, SABLA (Rajiv Gandhi Scheme for Empowerment of Adolescent Girls) and Indira Gandhi Matritva Sahyog Yojana (IGMSY)). The nutrition-sensitive interventions, on the other hand, are delivered through various schemes (18 CSS,) via nine Ministries/Departments (Consumer Affairs, Food and Public Distribution, Urban Development, Rural Development, Agriculture and Farmer's Welfare, Drinking Water and Sanitation, Health and Family Welfare, MWCD, AYUSH and Department of School Education and Literacy). State governments also implement state-funded schemes which directly/ indirectly impact nutrition outcomes, based on need, as social protection measures, sensitivity to investing in nutrition and for political reasons. Additionally, some states tap inter-department coordination forums/ bodies to pool in resources for nutrition interventions.

Evidence-base on nutrition interventions that address stunting is strong globally. However, research on the public investment in these interventions in India and their delivery is still evolving.

As a pretext to examine budget outlays for DNIs for India, understanding following fiscal issues is pertinent.

First, budgets for DNI come under different flagship social sector schemes of the Union Government, which are implemented by the states. The state governments also implement their respective state-specific schemes.

Second, India has a federal fiscal architecture with the responsibility for financing of social sector schemes being shared between the Union and state governments. Over 60% of funding of social sector schemes is to be borne by the state governments (Ministry of Finance, 2015b).

Third, no attempt has been made by the government to compile total budget for 'nutrition', as is being done by Ministry of Health and Family Welfare or Ministry of Human Resource Development for health or education sectors respectively. Given that nutrition interventions cut across several ministries, it is all the more important to assess India's 'total budget for nutrition'. It would require the state governments to publish a lot more disaggregated budget data for a number of programmes and schemes, especially those in which some of the components are relevant for nutrition; but this kind of break up is not available in public domain at present. In the absence of any overall / ballpark figure for total budget for nutrition, it becomes even more difficult to assess the budgetary priority for this important sector in India.

Fourth, last two fiscal years (2014-15, 2015-16) have witnessed important changes in the fiscal architecture of India that have significantly impacted the process of budgeting for social sector schemes.

Evidence-base on nutrition interventions that address stunting is strong globally. However, research on the public investment for these interventions in India is still evolving.

Last two fiscal years (2014-15, 2015-16) have witnessed important changes in fiscal architecture of India that have significantly impacted the process of budgeting for social sector schemes.

These include the recommendations of the Fourteenth Finance Commission (Ministry of Finance, 2015a) and those of the Sub Group of Chief Ministers on restructuring of Centrally Sponsored Schemes (NITI Aayog, 2015). These changes have enhanced the fiscal autonomy of the states by increasing the share of untied funds in transfers from Union Government to states. This is because the share of states in divisible pool of central taxes has increased from 32% under the 13th Finance Commission to 42% under the 14th Finance Commission (Ministry of Finance, 2015a).

Simultaneously, the existing 66 CSS have been rationalised into 28 umbrella schemes (NITI Aayog, 2016). Of these, 6 CSS are categorised as 'Core of the Core' (with unchanged fund sharing pattern), 20 CSS are categorised as 'Core' (with changed fund sharing pattern) and 2 CSS are categorised as optional schemes (Figure 1). Except the 8 North Eastern Region and Himalayan states, for other states, their share in funding of CSS categorised as "Core" has increased to 40%, with remaining 60% funding from the Union Government. This fund sharing pattern earlier varied across schemes and for components within schemes as per schemes' guidelines. For example, earlier in ICDS General, the states' contribution was 25% and for Supplementary Nutrition Programme (SNP) it was 50%. With the changed pattern, states' contribution for

ICDS General has increased to 40%, while it remains unchanged for SNP component.

Fifth, there has been a reduction in Union Budget outlays for critical social sector schemes, under the premise that the resource gap would be met by the states out of their enhanced untied resources (Centre for Budget and Governance Accountability, 2016).

Sixth, examining Union Government figures alone does not give a complete picture of funds allocated and spent for nutrition related interventions as implementation of social sector programmes, including nutrition, has and continues to be, the primary responsibility of the states.

Lastly, state governments' response to nutrition improvements varies. While some states with support of revenue generation and budget pooling have prepared multi-sector plans for nutrition and have initiated special schemes (such as Uttar Pradesh, Chhattisgarh and Maharashtra (Bali, 2016)), many other states do not view "nutrition" as a priority.

In the above-mentioned pre-text, this study was conducted to answer the following two research questions.

(i) What is three-year trend in budget outlays earmarked for Direct Nutrition Interventions by state governments of four states – Bihar, Chhattisgarh, Odisha and Uttar Pradesh?

(ii) Are the state budget outlays for select DNI 'adequate'?

Methods

Arriving at an analysis framework:

Horton et al. (2010) put forth a package of DNI which have demonstrated effectiveness in many countries by reducing child mortality, improving nutrition outcomes, and protecting human capital. They identified three broad categories of interventions – behavioural change on breastfeeding, complementary feeding and handwashing behaviour, micronutrient supplementation and deworming, and complementary and therapeutic feeding interventions. Menon et al. (2015) revisited this framework and categorised a set of 14 DNI as India-Plus interventions. This paper uses 14 DNI put forth by Menon et al. (2015), but also includes certain other DNI – such as maternal calcium, maternal

Implementation of social sector programmes, including nutrition, has and continues to be, the primary responsibility of the states.

deworming, supplementary nutrition to adolescent girls. The paper thus studies the state budget outlays for these DNI. These DNI span across the first 1,000 days of life (from conception to the child's second birthday) and adolescence, which presents an important window of opportunity to improve child nutrition. The budget outlays in this paper are restricted to direct, nutrition-specific interventions.

Study states:

Bihar, Chhattisgarh, Odisha and Uttar Pradesh are the states with a large percentage of population living below the poverty line (Planning Commission, 2014). Together these four states account for ~45% of the child stunting burden in the country (Ministry of Women & Child Development, 2015). Uttar Pradesh and Bihar represent states with high proportion of schedule caste population (21% and 16%, respectively) and Odisha and Chhattisgarh represent states with high proportion of schedule tribe population (23% and 31%, respectively) (Registrar General of India, 2011). Nutrition governance in these states differs; Uttar Pradesh has a State Nutrition Mission in place, to act as a coordinating body engaged in facilitating inter-sectoral collaboration for nutrition action among convergent departments (Government of Uttar Pradesh, 2016c); Chhattisgarh and Odisha have introduced certain nutrition-specific schemes.

The paper studies the state budget outlays for a set of DNI, which span across the first 1,000 days of life (from conception to the child's second birthday) and adolescence.

Process followed for budget outlay analysis:

The DNI under CSS included in this study were categorized into five themes – (i) **behaviour change communication** (counselling during pregnancy regarding good nutrition practices for pregnant women, counselling for optimal breastfeeding, and counselling for complementary feeding and hand washing), (ii) **micronutrient supplementation and deworming** (vitamin A supplementation for children, deworming for children, adolescents and pregnant women, iron folic acid supplements for pre-schoolers, school-age children, adolescents and for pregnant women and breastfeeding mothers, maternal calcium, Oral Rehydration Salts (ORS) and therapeutic zinc supplements for treatment of diarrhoea, (iii) **supplementary/ complementary feeding** (supplementary food for pregnant women and breastfeeding mothers, supplementary food rations for young children, additional food rations for severely malnourished children and supplementary food for adolescents girls), (iv) **care of sick and management of severe acute malnourished** (facility-based treatment of children with Severe Acute Malnutrition (SAM)), (v) **others** (insecticide-treated bed nets for pregnant women in malaria endemic areas, maternity entitlements for pregnant women and breastfeeding mothers). The paper has also included state-specific schemes for improving nutrition wherever applicable.

Given that all studied DNI are delivered either by Ministry of Health and Family Welfare (MoHFW) or Women and Child Development (MWCD) and their corresponding state departments, we first mapped the departments within these two ministries and major CSS through which these DNI were delivered. Thereafter, we mapped state-specific schemes delivering the above mentioned DNI. (Figure 2).

State budget data for the DNI for three fiscal years – 2014-15, 2015-16 and 2016-17 was considered (Government of Bihar, 2016; Government of Chhattisgarh, 2016c; Government of Odisha, 2016; Government of Uttar Pradesh, 2016b). The outlays for interventions under WCD include 2016-17 (BE), 2015-16 (BE + Supplementary Budgets) and 2014-15 (Actuals).

The analysis has been done for three fiscal years: 2016-17, 2015-16 and 2014-15, as these are the years for which the coverage of information in State Budget documents is complete. Until FY 2013-14, State Budgets did not capture the central share of funds in many of the schemes designed by Union Ministries since these shares used to bypass the State Budgets. From FY 2014-15, however, the entire funds for all central schemes (i.e. central share and states' matching share) are reported in State Budget documents.

The data for FY 2014-15 are actual expenditure (AE) for that year – this is the latest fiscal year for which expenditure figures audited and certified by the country's supreme audit institution were available in public domain. The data for 2015-16 are budget estimates and additional outlays approved through supplementary budgets (BE + Supplementary Budgets) for the year. This was the first year of implementation of 14th Finance Commission recommendations and hence many states made adjustments during the course of the year through additional outlays for various departments and schemes in two to three Supplementary Budgets for the year. Supplementary Budget is a statement of supplementary demands laid before the parliament/legislature, which shows the estimated amount of additional expenditure necessary in a fiscal year over and above the expenditure authorized in the Annual Financial Statement for that year. The data for the latest financial year, 2016-17, are Budget Estimates (BE) for the year.

It could be argued that since the figures for FY 2016-17 and FY 2015-16 are approved outlays, we should compare those with the approved outlays for FY 2014-15 instead of actual expenditures for that year. However, in the process of budgeting for various sectors and government interventions, state finance departments usually refer to the actual expenditures in the previous years while determining allocations for the most recent or the ensuing fiscal years. Hence, taking the

All studied DNI are delivered either by Ministry of Health and Family Welfare or Women and Child Development and their corresponding state departments.

There are various schemes under NHM which deliver the health related DNI. Some of these are National Iron Plus Initiative, Integrated Diarrhoea Control Fortnight, etc.

actual expenditures for 2014-15 in the analysis enables us to clearly identify the priorities of the state finance departments for various sectors and interventions in their respective State Budgets for 2015-16 and 2016-17 – the first two years of implementation of the 14th Finance Commission recommendations – which have given the states a lot more flexibility in deciding budget priorities for different areas.

The DNI delivered through the Ministry of Health and Family Welfare are provided under the National Health Mission (NHM), a flagship scheme of this Ministry. The budget outlays under health department include the amounts approved by the Union Ministry of Health and Family Welfare for various interventions. There are various schemes under NHM which deliver the health related DNI. Some of these are National Iron Plus Initiative, Integrated Diarrhoea Control Fortnight, Weekly Iron Folic Acid Supplementation, Infant and Young Child Feeding etc. We collated budget outlays for the identified schemes, including allocations for infrastructure, ASHA incentives,

procurement of drugs and supplies etc. These were then categorised as per the DNI given in Figure 2.

The budget outlays for DNI delivered by MoFHW was taken from the NHM Record of Proceedings (ROPs) approved by Union Ministry of Health, against the Programme Implementation Plans (PIPs) submitted by the state governments each year (Ministry of Health and Family Welfare, 2016a). This is because they are the only easily accessible document in public domain for computing the budget outlays for DNI delivered by the health department. We have also included the amounts approved through supplementary ROPs for all three fiscal years, wherever applicable.

DNI delivered through the MWCD are provided through three flagship programmes – Integrated Child Development Services (ICDS) scheme, Indira Gandhi Matritva Sahyog Yojana (IGMSY) and Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA). The ICDS scheme offers a package of six services, viz. i) supplementary nutrition ii) pre-school non-formal education iii) nutrition and health education iv) immunization v) health check-up and vi) referral services. The financing for ICDS is done through two windows – Supplementary Nutrition Programme (SNP) and the remaining five components are clubbed under ICDS General. IGMSY is a conditional maternity benefit scheme implemented through the ICDS platform. Its budget is allocated separately in the MWCD budget. The adolescent girls, in selected 200 districts of India, are provided supplementary nutrition along with life skill education and other components under SABLA.

The budget outlays for DNI delivered through Women and Child Development, for the three fiscal years mentioned above, were obtained from the Detailed Demands for Grants of the respective state budget documents for the FY 2016-17 (Government of Bihar, 2016; Government of Chhattisgarh, 2016c; Government of Odisha, 2016; Government of Uttar Pradesh, 2016b). The analysis has also included supplementary budgets presented for FY 2015-16 by the state governments. It is important to include supplementary grants for FY 2015-16 as the state governments had allocated substantial amounts as supplementary grants in addition to the original Budget Estimates. Several schemes, such as ICDS, which had seen cuts in the 2015-16 BE were allocated additional amounts by the states through supplementary grants.

The programmes considered in the analysis are CSS for which both the Union Government as well as state governments contribute a pre-decided proportion of funds. This ratio is 60:40, between Union Government and states respectively for ICDS (general), IGMSY, SABLA (non-nutrition component) and NHM. For the Supplementary Nutrition

The programmes considered in the analysis are CSS, for which both the Union Government as well as state governments contribute a pre-decided proportion of funds.

Two approaches were adopted to asses adequacy of select DNI –using cost estimates given by Menon et. al. (2015), and against government's own norms.

Programme (SNP) under ICDS and SABLA, the fund sharing ratios are 50:50 between the Union Government and the states (NITI Aayog, 2016). IGMSY has been universalized as Maternity Benefit Programme with effect from January 2017. For general category states the fund sharing pattern would be 60:40 between Union and states; 90:10 for North East Region and Himalayan States and 100% Union share for Union Territories without legislatures (Government of India, 2017).

Some states are also implementing state-specific schemes in addition to the CSS. For example, Mukhyamantri Amrit Yojana and Mahtari Jatan Yojana in Chhattisgarh and Hausla Poshan Yojana in Uttar Pradesh for providing supplementary nutrition and MAMATA scheme in Odisha for conditional cash transfer to pregnant women and lactating mothers.

Process followed for assessing 'adequacy' of budget outlays:

Two approaches were adopted to assess adequacy of allocated budget outlays for select DNI – (i) Assessing adequacy of budget outlays against the resource requirement estimates given by Menon et. al. (2015) for a set of India Plus interventions, and (ii) Assessing adequacy of budget outlays against government's own norms (as per scheme guidelines) and stated number of beneficiaries.

(i) Adequacy of resources as per Menon et. al. (2015) estimates:

We first assessed the comparability of budget outlays obtained from budget documents against the cost estimates given by Menon et.al. (2015); this is presented in Figure 3. To ensure comparability, certain DNI were clubbed and their budget outlays added, which were then compared to Menon et. al (2015)'s cost estimates for the same. We found that this analysis can be done for the following DNI: (1) Iron Folic Acid supplementation and deworming for adolescents girls, (2) Iron supplements for children 6–59 months, (3) Vitamin A supplements for children (6–59 months), (4) Treatment for diarrhoea for children under 5 years, (5) Deworming for children 12–59 months. The budget outlays for these DNI were compared with the resource requirements and the gaps computed for each set of interventions (this is presented in Figure 8). The analysis has been done for budget outlays in FY 2014-15 to ensure comparability with these estimates.

(ii) Adequacy as per government's own norms and coverage:

This assessment was done for supplementary nutrition programme, which covers three DNI – supplementary nutrition to severely underweight children (under 6 years), to normal children (under 6 years) and to pregnant women and breastfeeding mothers. The unit cost for provision of supplementary nutrition to severely underweight children (6 months-6 years) is INR 9/-

per child per day; for other children (6 months-6 years) it is INR 6/- per child per day, and for pregnant women and breastfeeding mothers it is INR 7/- per woman per day (Ministry of Women and Child Development, 2012). The number of beneficiaries is based on the information reported by MWCD for ICDS[1]. (Lok Sabha, 2016). The number of beneficiaries as of March 2016 (which was the latest publicly available information on number of beneficiaries under ICDS), was multiplied by the unit cost for the beneficiary to arrive at per day requirement. Next, the daily unit cost was multiplied with 300 (as the beneficiaries are to receive supplementary nutrition for 300 days in a year) and then compared with the budget outlays in FY 2015-16.

Study Limitations:

There is a time lag of one year in getting the actual expenditure data for the interventions being delivered by MWCD; hence the paper analyses the Actual Expenditure for 2014-15. Budgets for DNI delivered through the health department are based on the amount approved by the Union Government and do not reflect the budget estimates or actual funds utilised.

For DNI, such as maternal calcium, maternal deworming, and insecticide treated bed nets, it has not been possible to capture the entire funding for these interventions due to limited availability of disaggregated information for some of the components of NHM.

The study also does not comment on the budget outlays or expenditure on physical infrastructure to deliver these interventions.

3

Results

The total investment for DNI by the four states is presented in Figures 4-7.

Uttar Pradesh

Uttar Pradesh, being the most populated state, has the highest budget outlays for DNI as compared to other study states. The total budget outlays for DNI declined from INR 4358.1 crore in FY 2014-15 to INR 4054.9 crore in FY 2015-16 and subsequently increased to INR 4573.3 crore in FY 2016-17 (Figure 4). The per capita DNI budget outlays were INR 495 in FY 2014-15, INR 461 in FY 2015-16 and INR 520 in FY 2016-17.

The budget outlays for DNI

For DNI, such as maternal calcium and deworming, it was not possible to capture the entire funding due to limited availability of disaggregated information.

1. This is taken from Lok Sabha Question number 4556, answered on 12 August 2016.

For Uttar Pradesh, highest budget outlays in total DNI budget are for complementary/ supplementary feeding schemes, which constitutes about ~87% of total DNI budget.

delivered by WCD (SNP under ICDS and SABLA, Hausla scheme and IGMSY) are much higher than budget outlays for DNI under NHM in all three fiscal years (INR 3998 crore for interventions under WCD as compared to INR 575 crore under health department in FY 2016-17).

Among the behaviour change interventions, almost entire budget is constituted by IEC-ICDS, with merely INR 1.42 crore in FY 2016-17 for IYCF component. This group of interventions constitute merely ~1% of the total DNI budgets (Figure 4).

Highest budget outlays in total DNI budget are for complementary/ supplementary feeding schemes (INR 3,967 crore in FY 2016-17), which constitutes about ~87% of total DNI budget (Figure 4). This is due to new initiative Hausla Poshan Yojana that was introduced by the state government in July 2016 which aims to provide cooked meals and one seasonal fruit to 10 lakh pregnant women and 14 lakh severely underweight children between 6 months to 6 years. The pregnant women would also be provided curd, thrice a week along with food. The scheme also provides half kg ghee

(20 gm per child per day) to severely underweight children. The pregnant women would also be given iron tablets and children will be given biscuit packets/puffed rice for consumption at home (Government of Uttar Pradesh, 2016c).

Budget outlays for micronutrient supplementation and deworming have declined consistently from INR 67.7 crore in FY 2014-15 to INR 58.9 crore in FY 2015-16 and subsequently to INR 56.5 crore in FY 2016-17. This decline is due to decline in budget outlays for Iron and Folic Acid (IFA) supplementation for children.

Budget outlays for the facility-based treatment of children with severe acute malnutrition have increased from FY 2014-15 (INR 4.53 crore) to FY 2016-17 (INR 6.34 crore), but account for <1% of the total DNI budget in FY 2016-17.

Budget outlays for "Others" increased from INR 510 crore in FY 2014-15 to INR 527 crore in FY 2015-16 and then decreased to INR 518 crore in FY 2016-17. "Others" constitute ~11% of the total DNI budget in FY 2016-17.

Bihar

Bihar has the second highest budget for DNI after Uttar Pradesh among the four study states. However, the per capita DNI budget outlays for Bihar are the lowest among the four study states. The per capita budget outlays for Bihar were INR 378 in FY 2014-15, which increased to INR 516 in FY 2015-16, before declining to INR 420 in FY 2016-17. The total budget outlays for DNI increased marginally from INR 1,778 crore in FY 2014-15 to INR 1,972crore in FY 2016-17 (Figure 5). The DNI delivered by WCD account for ~79% of the total DNI budget for the state in FY 2016-17, with health department accounting for remaining ~ 21%. The bulk of the total DNI budget outlays comprise of outlays for complementary feeding (71% in FY 2016-17), followed by category "Others" (21% in FY 2016-17). The other three categories – micronutrient supplementation and deworming, management of children with severe acute malnutrition and behaviour change interventions – together constitute ~8% of the total DNI budget in FY 2016-17.

Among the Behaviour change interventions, the budget for IYCF is minuscule (it is INR 1 crore in all FY 2014-15 and FY 2016-17, with no allocations in FY 2015-16), with IEC-ICDS accounting for almost entire budget for this group. There are also huge variations in the outlays for behaviour change interventions across three years. For example, while INR 5.4 crore was allocated for Behaviour Change Interventions in FY 2014-15, the amount increased to INR 39.3 crore in FY 2015-16 and to INR 82 crore in FY 2016-17, which is a significant increase.

The budget outlays for micronutrient supplementation and deworming increased from FY 2014-15 (INR 37 crore) to FY 2016-17 (INR

The per capita DNI budget outlays for Bihar are the lowest among the four study states. It was INR 420 in FY 2016-17.

66 crore). Within the micronutrient supplementation and deworming, iron folic acid supplementation has received higher budgets compared to vitamin A, National Iodine Deficiency Disorders Control Programme (NIDDCP) and diarrhoea management.

The budget outlays for supplementary nutrition also first increased from FY 2014-15 (INR 1,314 crore) to FY 2015-16 (NR 1,897 crore) and then declined in FY 2016-17 (INR 1,403 crore). Supplementary Nutrition programme under ICDS has received the highest budget among all DNI; it is INR 1,198 crore in FY 2014-15, INR 1,756 crore in FY 2015-16 and INR 1,273 crore in FY 2016-17.

Allocations for the facility based treatment of children with Severe Acute Malnutrition (SAM) have increased marginally across three fiscal years, but form a small proportion of total DNI budget for the state. The budget outlays for Janani Suraksha Yojana (JSY) form ~83% of the budgets for cash transfer to women in FY 2016-17.

In Odisha, the budget outlays for micronutrient supplementation and deworming declined from INR 16.3 crore in FY 2014-15 to INR 5.85 crore in FY 2016-17.

Odisha

Odisha has the third highest DNI budget among the four states studied. The total DNI budget decreased from INR 1,188 crore in FY 2014-15 to INR 961 crore in FY 2015-16 (Figure 6). It increased in FY 2016-17 to INR 1,302 crore, marking a ~35% increase from FY 2015-16. Odisha is a better performer in terms of per capita budget outlays for DNI. The per capita DNI budget outlays in Odisha were INR 660 in FY 2014-15, before declining to INR 534 in FY 2015-16. It increased in FY 2016-17 to INR 723. Despite health department delivering a higher number of interventions, it accounts for merely ~8% of the total DNI budget in FY 2016-17, with WCD accounting for remaining 92%.

The highest share (~72% in FY 2016-17) in the total DNI budget is of supplementary feeding (SNP under ICDS and SABLA) (Figure 6). The budget outlays for supplementary feeding declined from FY 2014-15 (INR 752 crore) to FY 2015-16 (INR 526 crore) and then increased in FY 2016-17 (INR 934 crore).

As with Uttar Pradesh and Bihar, IEC-ICDS accounts for an almost entire budget for behaviour change interventions. Budget outlays for IYCF have declined from INR 0.24 crore in FY 2014-15 to INR 0.14 crore in FY 2016-17; in all three fiscal years, they remain < INR 1 crore.

The budget outlays for micronutrient supplementation and deworming have declined to almost one-third during the study period from INR 16.3 crore in FY 2014-15 to INR 5.9 crore in FY 2016-17. This is largely due to decline in outlays for Vitamin A supplementation, IFA supplementation for children and adolescents and NIDDCP.

The budget outlays have declined from FY 2014-15 to FY 2016-17 for management of severe acute

malnutrition (from INR 6.09 crore to INR 4.56 crore) and "Others" (from INR 408.91 crore to INR 344.46 crore). Among schemes included as 'Others', highest budget outlays are for Mamata scheme, which is a state plan scheme. IGMSY, which is a CSS implemented parallel to Mamata, has not been allocated similar outlays; budget outlays for IGMSY are less than INR 20 crore in all three fiscal years. Odisha is also implementing a state plan scheme – Mo Masari – for prevention of malaria among pregnant women and under-5 and tribal school children in malaria endemic districts of Odisha (National Rural Health Mission, State Vector Borne Disease Control Programme, & Department of Health and Family Welfare, 2010). The budget outlays for Mo Masari declined significantly from INR 70 crore in FY 2014-15 to < INR 1 crore in FY 2016-17.

Chhattisgarh

Chhattisgarh government's budget outlays for DNI have seen consistent increase from INR 625 crore in FY 2014-15, to INR 818 crore in FY 2015-16, and to INR 950 crore in FY 2016-17 (Figure 7). In terms of per capita DNI budget, Chhattisgarh has the highest per capita DNI budget among the four states studied. Per capita budget outlays for DNI increased from INR 568 in FY 2014-15 to INR 744 in FY 2015-16 and then to INR 864 in FY 2016-17. Budget outlays for all groups of interventions have increased from FY 2014-15 to FY 2016-17.

The budget outlays for behaviour change interventions increased significantly from INR 1.4 crore in FY 2014-15 to INR 50 crore in FY 2015-16, before declining marginally to INR 46.60 crore in FY 2016-17. Within micronutrient supplementation and deworming, while outlays for IFA supplementation for adolescents has increased, that for children (6 months to five years) has declined between FY 2014-15 and FY 2016-17. Budget outlays for deworming, calcium supplementation (for pregnant women) and NIDDCP are minuscule .

Supplementary feeding alone accounts for ~78% of the total DNI budget in FY 2016-17 (Figure 7). The state is also implementing certain state-specific schemes – Mukhyamantri Amrit Yojana, Mahtaari Jatan Yojana, Phulwari Yojana – which are providing supplementary nutrition to children and pregnant and lactating women. Mahtaari Jatan Yojana, provides nutritious diet to pregnant women at Anganwadi centers. Under the scheme, 250 gm hot cooked food is provided to the pregnant women at all Anganwadi centers across the state.

The budget outlays for facility based treatment of children with severe acute malnutrition increased from INR 4.8 crore in FY 2014-15 to INR 5.6 crore in FY 2016-17. Despite the increase, its share in the overall DNI budget remains the least (Figure 7).

Budget outlays for interventions

Chhattisgarh is implementing certain state-specific schemes – Mukhyamantri Amrit Yojana, Mahtaari Jatan Yojana, Phulwari Yojana – which provide supplementary nutrition to children and pregnant and lactating women.

categorised as "Others" have increased from INR 69.1 crore in FY 2014-15 to INR 139.1 in FY 2016-17. The increase has largely been on account of increase in the outlays for IGMSY, with outlays for Janani Suraksha Yojana increasing marginally over the same period. Taken together, these interventions (categorised as "Others") account for ~15% of the total DNI budget in FY 2016-17.

Analysis reveals significant gaps in budgets allocated for micronutrient supplementation and deworming against the resource requirements estimated by Menon et al. (2015) for the FY 2014-15.

'Adequacy' of budget outlays for providing select DNI in four states:

(i) Adequacy of resources as per Menon et. al. (2015) estimates: It was mentioned in the Methodology that costs estimates of only five India Plus Interventions, pertaining to micronutrient supplementation and deworming, could be compared with the budget outlays for FY 2014-15. Analysis reveals significant gaps in budgets allocated against the resource requirements estimated by Menon et al. (2015) (Figure 8).

Treatment of diarrhoea among children has not been a priority for any of the states. While Bihar and Chhattisgarh did not allocate any funds for this intervention in the FY 2014-15, Uttar Pradesh and Odisha allocated amounts much below the resource requirement (Figure 8). Similarly, deworming for children below 5 years received only a small proportion of the resources required; Uttar Pradesh, Odisha and Chhattisgarh allocated only ~12-13% of the resources required, while Bihar allocated only ~5.5% of the funds required.

Iron supplementation for children is another intervention which has received less priority in the four states. While the resource gap was ~50% in Odisha and Chhattisgarh, Bihar and Uttar Pradesh provided only 20% and 28% of required funds respectively.

With respect to Vitamin A supplementation too, there are resources gaps in Uttar Pradesh (~14%), Odisha (~31%) and Chhattisgarh (~40%), however, Bihar has allocated budgets greater than the resource requirement estimated by Menon et. al. (2015).

There are resource gaps for IFA supplementation and deworming for adolescent girls as well, across all four states. The gap is ~57% in Uttar Pradesh, ~18% in Bihar, ~38% in Odisha and ~72% in Chhattisgarh.

Across states, the total resource gap for these five interventions take together was highest for Chhattisgarh (~75%), followed by Bihar (~74%), Uttar Pradesh (~73%) and Odisha (~66%).

(ii) Adequacy as per government's own norms and coverage: Figure 9 shows the adequacy of funds for SNP. A comparison of the resource requirement for delivering SNP to children (6 months to 6 years) and pregnant women and breastfeeding mothers, with the budget outlays in

Comparison of the resource requirement for SNP (for children and pregnant and lactating women) with the budget outlays in FY 2015-16 reveals huge resource gaps.

FY 2015-16 reveals huge resource gaps. The resource gap is ~50% (budget outlay of INR 444 crore against requirement of INR 891 crore) in Odisha, ~32% (outlays of INR 3,220 crore against requirement of INR 4,701 crore) in Uttar Pradesh and ~22% (outlays of INR 1,756 crore against requirement of INR 2,261 crore) in Bihar. Chhattisgarh, with a resource gap of INR 2 crore (outlays of INR 490 crore against requirement of INR 492 crore), is closest to meeting the resource requirements for delivering supplementary nutrition in FY 2015-16.

4

Discussion

Several important findings have emerged from this study.

Firstly, in FY 2016-17 the budget

outlays for DNI as a proportion of the total state budgets have declined from the previous fiscal years in all study states (Figures 4 to 7). To start with, the outlays for these DNI were quite low in FY 2014-15 (e.g. DNI budget as proportion of total state budget in FY 2014-15 was 1.9% for Bihar, 1.4% for Chhattisgarh, and 1.8% for Odisha and Uttar Pradesh). While the total DNI budgets have increased in absolute terms for all the four states between FY 2014-15 and FY 2016-17, there have been proportionately higher increases in the overall state budgets of the respective states. This may indicate a reduced priority for the DNI within the overall state budgets from FY 2014-15 to FY 2016-17, which is worrisome. There is thus an urgent need to enhance the budget outlays for delivering DNI in these states, with greater prioritisation within the overall budget of the states. As most interventions are being delivered through CSS, both the Union Government and state governments should increase their budget outlays for them. Without adequate support from the Union Government the states might not be able to enhance budget outlays for these DNI.

As most interventions are being delivered through CSS, both the Union Government and state governments should increase their budget outlays for them.

Second, given the differences in the size of their population, per capita outlays are a better parameter for assessing the budget outlays among the four states. While in absolute terms Uttar Pradesh and Bihar have higher budget outlays for DNI, these are also states with high population, as compared to Odisha or Chhattisgarh. The per capita DNI budgets are thus, much higher for Chhattisgarh and Odisha in all three fiscal years, clearly indicating that two states – Uttar Pradesh and Bihar – with relatively higher burden of undernutrition in the country are also states with lower levels of per capita DNI budgets among the four states.

Third, there are certain schemes which are receiving minuscule budget outlays or no budget outlays at all, implying that their uptake in the four states is very low or completely missing. For example, within Micronutrient Supplementation and Deworming bulk of the budget is earmarked for National Iron plus Initiative (including WIFS), with limited budgets for other programmes (e.g. Vitamin A supplementation programme and National Iodine Deficiency Disorders Control Programme). Within, category 'Others', almost entire budget is for cash transfers to women (for first 6 months after delivery), with little or no budget for health-related interventions.

Four, the huge variations witnessed in the budget outlays for the DNI across states, are in most cases, driven by budgets for one or two sub-interventions. For example, in case of the budget for Behaviour Change Interventions in Bihar, the sudden increase is primarily due to enhanced budget for the IEC component for ICDS, and not due to increase in budgets for Infant and Young Child Feeding (Figure 5). Similarly, the reduction in budget for Micronutrient Supplementation

and Deworming in Odisha is due to reduction in outlays for IFA supplementation for children (6-59 months) and adolescents. This points towards skewed budgeting by concerned departments for interventions.

Five, during the study period we observed significant differences between the funds proposed by the states for a component and the amounts approved by the Union Government. The reasons for this are not clear at present, however, discussions with experts and government officials highlighted gaps both at the level of Union Government and the states. Poor utilisation of funds by states is cited as one of the reasons by Union Government for approving funds below the projected amounts. However, such arguments need to be assessed in the larger context of systemic bottlenecks in fund utilisation in states. These are rooted in factors such as shortage of staff, delay in fund flows, deficiencies in decentralised planning, and delay in procurement process, among other factors. Unless decentralised planning and human resource gaps are appropriately addressed, utilisation of available funds will continue to be sub-optimal (Centre for Budget and Governance Accountability, 2011).

Six, while assessment of adequacy of resources for select DNI shows resource gaps, we may note here that this assessment is based on a comparison of budget estimates/approved budgets with resource requirements. The gap might be higher if one compares the resource requirement against actual expenditure for these DNI.

Seven, while comparing the budget data with Menon et al. (2015) cost estimates for delivering micronutrient supplementation and deworming, following caveats should be kept in mind: (i) the cost estimates are based on the assessment of independent agencies and may not reflect government guidelines; (ii) since the availability of budget data with regard to health interventions is limited, it may be that the allocations for some of these interventions may not have been captured entirely, in case the budgets are being routed through some other source; (iii) since there are huge variations in budget outlays for interventions across years, comparing budgets with cost estimates for a different year may change the findings for some interventions. Despite these limitations, the significant gap between the cost estimates and budget outlays for these interventions across states cannot be ignored. There is thus a need to step up resources for these interventions as they play an important role in preventing disease prevalence and also undernutrition deaths.

Eight, the figures for the SNP analysis show budget outlays against the government's unit costs; these unit costs themselves have been criticised as being inadequate for delivering quality food to the

Poor utilisation of funds by states needs to be assessed in the context of systemic bottlenecks, such as shortage of staff, delay in fund flows, etc.

beneficiaries (Khan & Das, 2014). The analysis is for the number of beneficiaries registered with Anganwadi Centres, the amount required will increase if 100% coverage is aimed for.

Nine, our analysis builds on India Plus Interventions, and we have included conditional cash transfer as DNI. However, it is often argued that conditional cash transfers should be treated as nutrition-sensitive interventions and not as a part of DNI as they act as social safety nets. To assess our findings in that light, we also computed total DNI budgets for the four states excluding the conditional cash transfers to pregnant women and breastfeeding mothers i.e. IGMSY / Mamata and Janani Suraksha Yojana. This changes the findings significantly for all the states. The total DNI budget outlays (excluding conditional cash transfers) in FY 2016-17 is now INR 4,055 crore for Uttar Pradesh (against INR 4,573 crore earlier), INR 1,558 crore for Bihar (against INR 1,972 crore earlier), INR 958 crore for Odisha (against INR 1,302 crore earlier) and INR 811 crore for Chhattisgarh (against INR 950 crore earlier) (see figures 4 to 7). Correspondingly, the DNI budgets as a proportion of total state budget in FY 2016-17 is now 1.2% in Uttar Pradesh (against 1.3% earlier), 1.1% in Bihar (against 1.4% earlier), 1% in Odisha (against 1.4% earlier) and 1.2% in Chhattisgarh (against 1.4% earlier). Per capita DNI budgets after excluding conditional cash transfers also show similar trend (figures 4 to 7).

States are implementing state-specific schemes to deliver DNI, which is a positive indication that they are prioritizing the use of state budget resources for nutrition.

Ten, certain states are implementing state-specific schemes to deliver DNI which is a positive indication that they are prioritizing the use of state budget resources for nutrition. For example, introduction of schemes by Chhattisgarh (Mahtaari Jatan Yojana, Mukhyamantri Amrit Yojana and Phulwari Yojana) and Uttar Pradesh (Hausla Poshan Scheme) for supplementary nutrition, and Mamata and Mo-Masari by Odisha are important steps to supplement the Union Government interventions and address certain state-specific concerns.

Eleven, our analysis does not answer questions related to the quality of services delivered, adequacy of interventions as per the needs of the states, outreach of the services, etc. It also does not enter into debates regarding technical and allocative efficiency of budget outlays for the DNI studied. However, these dimensions are equally important for ensuring effective delivery of

any intervention for addressing undernutrition.

Twelve, availability of data related to budgets and schemes is a challenge, constraining the analysis. DNI are mostly components or sub-components within the larger programmes of the departments, budgets for which are not necessarily reported in the detailed budget books, and one has to use multiple sources of budget data. While budget data is available for WCD schemes in the state budget documents, it does not report disaggregated figures which correspond to various DNI. For example, while budget outlays for SNP are reported in budgets of WCD, it is not disaggregated for children 6-36 months, pregnant women and breastfeeding mothers and additional food ration for severely underweight children. Disaggregated budget data for NHM, which contains most of the DNI, is not easily available in public domain. For tracking health related DNI, we had to use the Record of Proceedings (ROPs) of National Health Mission (NHM) as this data is not given in health department's budget books. It thus becomes difficult to collate data for funds allocated (Budget Estimates) and utilised (Actual Expenditure) for these interventions.

It is also difficult to obtain precise budget data for some interventions (e.g. Information Education and Communication (IEC) budget under ICDS, which is included in Behaviour

Change interventions, includes counselling for other activities as well).

Thirteen, DNI are being implemented by two state departments, with little or no coordination. The delivery of these DNI thus remains fragmented across sectors, and they are not seen as a complete package for preventing stunting. Instituting a nodal body / institution to coordinate between the departments would be helpful in streamlining the efforts by different departments. Setting up of a State Nutrition Mission by Uttar Pradesh in 2014 for coordinating between different departments, with a budget of INR 10 crore, is a welcome measure in this regard.

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Conclusion

Focus on a specific set of nutrition interventions helps in paying adequate attention to interventions that are essential for preventing stunting, which may otherwise be lost in the entire gamut of bigger programmes. In our analysis of the state budgets it is evident that not enough is being done to prioritise DNI in the overall state budgets. Budget outlays for interventions by health department in particular are negligible and require greater outlays. The budget outlays for supplementary nutrition too, are inadequate.

The relevant departments should adopt a nutrition-lens while planning for various schemes and programmes. The Union and state governments should augment financing of these interventions and ensure effective utilisation of earmarked funds by creating the requisite infrastructure for their delivery.

The health departments need to: (i) strengthen the interventions in domain of micronutrient supplementation and deworming, treatment of SAM among children and promotion of better infant and young child feeding practices, through higher budget outlays; (ii) ensure consistency in budgets proposed (by states) and approved (by Union Government) for various DNI across years; (iii) ensure availability of disaggregated data on the budgets earmarked and actual expenditure for its schemes in a timely manner.

The WCD departments should ensure: (i) adequate budget outlays for SNP to at least meet the resource requirements as per the scheme norms and stated number of beneficiaries; (ii) the unit costs for SNP themselves need to be revised regularly and be inflation-indexed (iii) ensure availability of data on the physical progress (number of beneficiaries, number of Anganwadi centres, data on personnel etc.) under various schemes across states and districts, on a regular basis.

Since the DNI are divided across departments, greater coordination between the respective departments would help in accelerating the delivery of these interventions. Bringing these DNI, specifically for health, under one umbrella programme for nutrition would ensure a more streamlined approach towards nutrition. The state governments need to give higher priority for scaling-up the delivery of these DNI, as an immediate measure to prevent stunting among children.

The Union and state governments should augment financing of these interventions and ensure effective utilisation of earmarked funds by creating the requisite infrastructure for their delivery.

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Figure 1: Restructuring of Centrally Sponsored Schemes: Division of Existing CSS and their Fund Sharing Pattern

Core of the Core Schemes

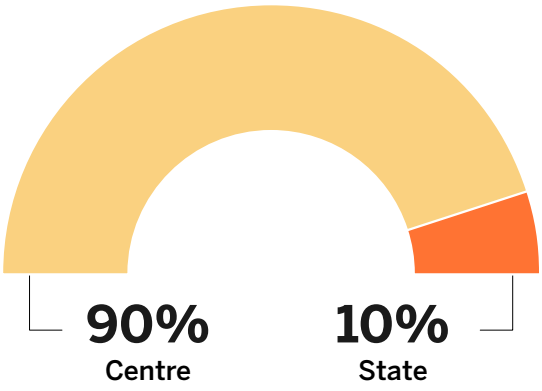
Funding pattern: No change in Centre-State fund sharing pattern

Schemes:

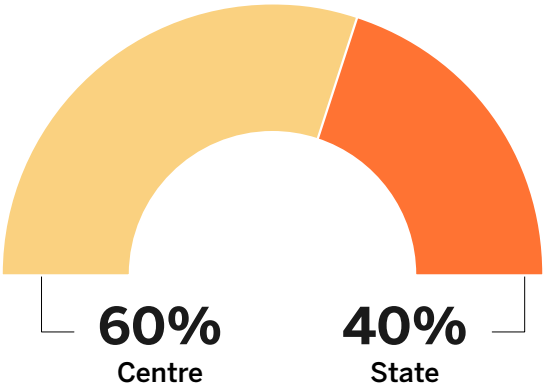
1. National Social Assistance Programme
2. Mahatma Gandhi National Rural Employment Guarantee Programme
3. Umbrella Scheme for Development of Scheduled Castes
4. Umbrella Scheme for Development of Scheduled Tribes
5. Umbrella Scheme for Development of Minorities
6. Umbrella Scheme for Development of Backward Classes, Differently Abled and other Vulnerable Groups

Core Schemes

Funding pattern of Core schemes for 8 North-east States and 3 Himalayan States:



Funding pattern of Core schemes for Other States (Centre: State share):



Schemes:

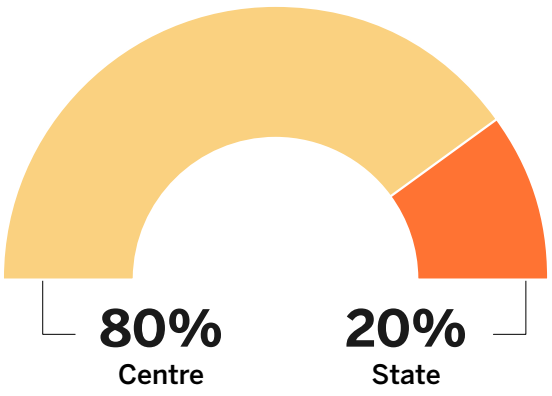
1. Green Revolution (Krishi Unnati Schemes and Rashtriya Krishi Vikas Yojana)
2. White Revolution (Animal Husbandry and Dairying)
3. Blue Revolution (Integrated Development of Fisheries)
4. Pradhan Mantri Krishi Sinchai Yojana
5. Pradhan Mantri Gram Sadak Yojana
6. Pradhan Mantri Awas Yojana
7. National Rural Drinking Water Mission
8. Swachh Bharat Mission
9. National Health Mission
10. National Mission in Education through Information Communication Technology
11. Mid-Day Meal Programme
12. Integrated Child Development Services (National Nutrition Mission, Maternity Benefits Programme, Scheme for Adolescent Girls, Integrated Child Protection Scheme)
13. National Crèche Scheme for the children of working women

Figure 1 (Continued)

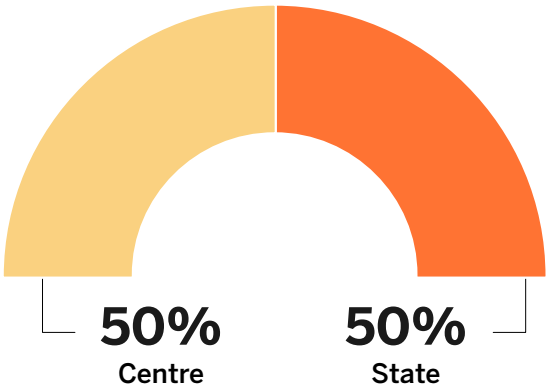
14. Nutrition Education and Training though Community Food & Nutrition Extension Units
15. Mission for Protection and Empowerment for Women
16. National Livelihood Mission (Rural and Urban)
17. Jobs and Skill Development (Employment Generation Programmes; Pradhan Mantri Kaushal Vikas Yojana)
18. Environment, Forestry and Wildlife (National Mission for a Green India, Integrated Development of Wildlife Habitat, Conservation of Natural Resources and Ecosystems and National River Conservation Programme)
19. Urban Rejuvenation Mission (AMRUT and Smart Cities Mission)
20. Modernization of Police Forces (includes Security Related Expenditure)
21. Infrastructure for Judiciary (including Gram Nyayalayas and e-courts)

Optional Schemes (All Non-core)

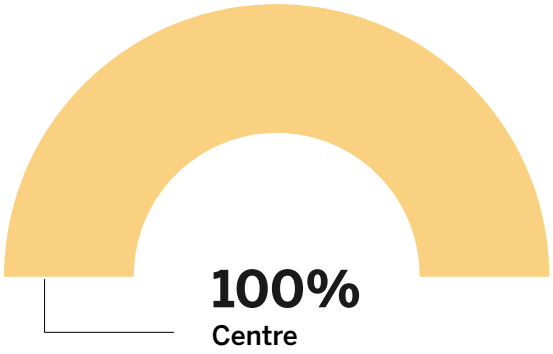
Funding pattern of Optional schemes for 8 North-east States and 3 Himalayan States (Centre: State share):



Funding pattern of Optional schemes for Other States (Centre: State share):



Funding pattern of Optional schemes for Union Territories (Centre: State share):



Schemes:

1. Border Area Development Programme
2. Shyama Prasad Mukherji Rurban Mission

Figure 2: Direct Nutrition Interventions studied: schemes/programmes, responsible ministry/division, budget heads and cost norms

Behaviour Change Interventions

Direct Nutrition Interventions: Counselling during pregnancy; Counselling for breastfeeding to caregivers of children; Counselling for complementary feeding and hand-washing to caregivers of children 0-6 months

Scheme/Programme: Infant and Young Child Feeding (IYCF) - IYCF counselling centres
Ministry/Division: M/o Health and Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool, Maternal Health
Cost Norms:
At District level: (i) Health facility = INR 7.7 lakhs (ii) Community outreach = INR 7.92 lakhs (iii) Trainings= Not Available (NA)
State Level: NA
Source: Ministry of Health and Family Welfare, 2013b

Scheme/Programme: MAA (Mother's Absolute Affection) Programme (Introduced in 2016)
Ministry/Division: M/o Health and Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool, Maternal Health
Cost Norms:

I. Demand Generation: INR 0.5 lakh per district for IEC
II. Community Mobilisation: INR 3.2 lakh per district (Estimated 1066 ASHA/ district x INR 300 for 3 quarters in 2016-17; sub-centres/delivery points. Already an ongoing activity by States under PIP
III. Capacity Building at Delivery Points: INR 0.5 lakhs per district
IV. Awards: INR 0.1 lakhs per district.

Source: Ministry of Health and Family Welfare, 2016c

Scheme/Programme: IEC component under ICDS
Ministry/Division: M/o Women and Child Development
Major budget head: Major Head 2235, 4235 - Social Security and Welfare
Cost Norms:
INR 1 Lakh per district per annum
INR 50,000 per project per annum
INR 1000 per AWC per annum
Source: Ministry of Women and Child Development, 2012

Complementary/ Supplementary Feeding

Direct Nutrition Intervention: Complementary food supplements for children 6-36 months of age

Scheme/Programme: Supplementary Nutrition Programme (SNP) under ICDS (300 days/year)
Ministry/Division: M/o Women and Child Development
Major budget head: Major Head: 2236 Nutrition; Minor Head 101 Supplementary Nutrition programme
Cost Norms: INR 6 per child per day (6 months-6 years)
Source: Ministry of Women and Child Development, 2012

Direct Nutrition Intervention: Supplementary food rations for pregnant and lactating women for 6 months after delivery

Scheme/Programme: Supplementary Nutrition Programme (SNP) under ICDS (300 days/year)
Ministry/Division: M/o Women and Child Development
Major budget head: Major Head: 2236 Nutrition; Minor Head 101 Supplementary Nutrition programme
Cost Norms: INR 7 per woman per day

Figure 2 (Continued)

Source: Ministry of Women and Child Development, 2012

Direct Nutrition Intervention: Additional food rations for severely underweight children 6-59 months
Scheme/Programme: Supplementary Nutrition Programme (SNP) under ICDS (300 days/year)
Ministry/Division: M/o Women and Child Development
Major budget head: Major Head: 2236 Nutrition; Minor Head 101 Supplementary Nutrition programme
Cost Norms: INR 9 per child (6 months to 6 years) per day
Source: Ministry of Women and Child Development, 2012

Direct Nutrition Intervention: Supplementary food for Adolescent girls
Scheme/Programme: Rajiv Gandhi Scheme for Empowerment of Adolescent Girls --"SABLA"
Ministry/Division: M/o Women and Child Development
Major budget head: Major Head: 2236 Nutrition; Minor Head 101 Supplementary Nutrition programme
Cost Norms: INR 5 per adolescent per day for 300 days
Source: Ministry of Women and Child Development, 2010

State Specific Schemes: Complementary / Supplementary Feeding
Scheme/Programme: Hausla Poshan Yojana (Nutrition Scheme)
Ministry/Division: Government of UP – D/O of Women and Child Development
Major budget head: Major Head 2235 – Social Security and Welfare
Cost Norms: Unit costs differ for different components and for children and pregnant women. In addition, cost norms, have been specified for components such as cooks, vessels etc.
Source: Government of Uttar Pradesh, 2016a

Scheme/Programme: Mahatari Jatan Yojana – Nutritious Diet for Pregnant Women
Ministry/Division: Govt. of Chhattisgarh - D/o Women and Child Development
Major budget head: Major Head 2236 - Nutrition
Cost Norms: Information not available
Source: Government of Chhattisgarh, 2016a

Scheme/Programme: Mukhyamantri Amrit Yojana
Ministry/Division: Govt. of Chhattisgarh - D/o Women and Child Development
Major budget head: Major Head 2236 - Nutrition
Cost Norms: Information not available
Source: Government of Chhattisgarh, 2016b

Scheme/Programme: Phulwari Yojana (State Specific Scheme)
Ministry/Division: Govt. of Chhattisgarh - D/o Women and Child Development
Major budget head: Major Head 2236 - Nutrition
Cost Norms: INR 6 per child per day provided for food (by District Panchayat); INR 15 per pregnant women per day provided to the Phulwaris for food. A budget of INR 50,000 per Phulwari allocated by State Government
Source: Government of Chhattisgarh, 2014

Micronutrient Supplementation And Deworming

Direct Nutrition Intervention: Vitamin A supplementation for children 6–59 months
Scheme/Programme: Vitamin A Supplementation Programme
Ministry/Division: M/o Health and Family Welfare

Figure 2 (Continued)

Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool and Mission Flexi-Pool
Cost Norms: Information not available
Source: Ministry of Health and Family Welfare, 2006b

Direct Nutrition Intervention: ORS for treatment of diarrhoea for children under 5 years
Scheme/Programme: Management of Childhood Diarrhoea through scaling-up Zinc and ORS – procurement of ORS
Ministry/Division: M/o Health and Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool and Mission Flexi-Pool
Cost Norms: Approx. INR 1 per ORS packet
Source: Ministry of Health and Family Welfare, 2016b

Direct Nutrition Intervention: Therapeutic zinc supplements for treatment of diarrhoea for children under 5 years
Scheme/Programme: Childhood Diarrhoea through scaling-up Zinc and ORS – procurement of Zinc tablet for Diarrhoea programme
Ministry/Division: M/o Health and Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool and Mission Flexi-Pool
Cost Norms: 0.50-0.75 paisa per tablet
Source: Ministry of Health and Family Welfare, 2016b

Direct Nutrition Intervention: Therapeutic ORS and zinc supplements for treatment of diarrhoea for children under 5 years
Scheme/Programme: Intensified Diarrhoea Control Fortnight (IDCF)
Ministry/Division: M/o Health and Family Welfare
Cost Norms: Approx. INR 13 lakh for a district with a population of 20 lakhs
Source: Ministry of Health and Family Welfare, 2016b

Direct Nutrition Intervention: Deworming for children 12–59 months
Scheme/Programme: Albendazole tablet under NIPI
Ministry/Division: M/o Health and Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool and Mission Flexi-Pool
Cost Norms: Information not available

Scheme/Programme: National Deworming day
Ministry/Division: M/o Health and Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool and Mission Flexi-Pool
Cost Norms:
At state level: INR 2,00,000 for dissemination of IEC, training, orientation and supervisory field visits.
At district level: INR 9,24,000 for ASHA incentives, printing, media activities, orientation mobility, clean glasses etc. Procurement of Albendazole tablets as per the state procurement guidelines
Source: Ministry of Health and Family Welfare, 2016d

Direct Nutrition Intervention: Deworming for adolescents 10-19 years
Scheme/Programme: Albendazole tablet under WIFS
Ministry/Division: M/o Health and Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool and Mission Flexi-Pool
Cost Norms: Information not available

Direct Nutrition Intervention: Deworming for pregnant women
Scheme/Programme: Deworming in Pregnancy: Albendazole tablet
Ministry/Division: M/o Health and Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool and

Figure 2 (Continued)

Mission Flexi-Pool
Cost Norms: Cost of Albendazole tablet reflected under Janani Shishu Suraksha Karyakram (JSSK). Procurement of Albendazole tablets as per the state procurement guidelines
Source: Ministry of Health and Family Welfare, 2014b

Direct Nutrition Intervention: Iron Folic Acid (IFA) supplements for children 6–59 months
Scheme/Programme: National Iron Plus Initiative (NIPI)
Ministry/Division: M/o Health and Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool and Mission Flexi-Pool
Cost Norms: Procurement of the IFA supplements as per the state procurement guidelines. There is a dedicated budget line.
Source: Ministry of Health and Family Welfare, 2013a

Direct Nutrition Intervention: Iron Folic Acid supplements for pregnant women and breastfeeding mothers
Scheme/Programme: National Iron Plus Initiative (NIPI)
Ministry/Division: M/o Health and Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool and Mission Flexi-Pool
Cost Norms: Cost reflected under Janani Shishu Suraksha Karyakram (JSSK)
Source: Ministry of Health and Family Welfare, 2011, 2013a

Direct Nutrition Intervention: IFA supplements for adolescents 10-19 years
Scheme/Programme: Weekly Iron and Folic Acid Supplementation
Ministry/Division: M/o Health and Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool and Mission Flexi-Pool
Cost Norms: As per the state procurement guidelines

Direct Nutrition Intervention: Calcium supplementation for pregnant women and breastfeeding mothers
Scheme/Programme: Tab Calcium Carbonate 500 mg
Ministry/Division: M/o Health and Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool and Mission Flexi-Pool
Cost Norms: Procurement of calcium as per the state procurement guidelines
Source: Ministry of Health and, 2014a

Direct Nutrition Intervention: Salt iodization for general population
Scheme/Programme: NIDDCP
Ministry/Division: M/o Health and Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool and Mission Flexi-Pool
Cost Norms: Guidelines provide setting up of an IDD Cell (with 1 technical officer, 1 statistical analyst, 1 LDC), IDD monitoring lab, with 2 staff, INR 25,000/- per district for survey, and grants to the GoI's Salt Commissioner's office.
Source: Ministry of Health and Family Welfare, 2006a

Treatment of Severe Acute Malnutrition

Direct Nutrition Intervention: Facility-based treatment for children 6–59 months for children with severe acute malnutrition
Scheme/Programme: Facility-based management of

Figure 2 (Continued)

children with Severe Acute Malnutrition (SAM)
Ministry/Division: M/o Health and Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool and Mission Flexi-Pool
Cost Norms: INR 2 lakh as one-time, INR 7.8 lakh as recurrent expenditure, INR 11.64 lakh as expenditure on HR. It also has varying costs on kitchen and pharmacy supplies, consumables and other supplies.
Source: Ministry of Health and Family Welfare, 2011

Others

Direct Nutrition Intervention: Insecticide treated nets for pregnant women in malaria areas
Scheme/Programme: Impregnation of bed nets Under NVBDCP
Ministry/Division: M/o Health and Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; National Vector Borne Disease Control Programme
Cost Norms: Information not available
Source: Ministry of Health and Family Welfare & State Vector Borne Disease Control Programme, 2010

State Specific Schemes
Scheme/Programme: Mo Masari
Ministry/Division: Govt. of Odisha; D/o Health and Family Welfare
Cost Norms: Nominal amount for LLINs : (Rs10 from BPL family and Rs20-30 from APL family). Pregnant women and boarders of tribal residential schools are exempted.
Source: National Rural Health Mission et al., 2010

Direct Nutrition Intervention: Maternity Entitlements / Conditional Cash Transfers to pregnant Women and breastfeeding mothers
Scheme/Programme: Indira Gandhi Matritva Sahyog Yojana (IGMSY)
Ministry/Division: M/o Women and Child Development
Major budget head: Major Head 2235, 4235 - Social Security and Welfare; Minor Head 103: Women Welfare
Cost Norms: INR 6000 per beneficiary in three instalments subject to compliance with 16 conditions
Source: Ministry of Women and Child Development, 2011

Scheme/Programme: Janani Suraksha Yojana (JSY) under NHM
Ministry/Division: M/o Health & Family Welfare
Major budget head: Major Head 2210, 4210 - Medical and Public Health; RCH Flexi-Pool
Cost Norms:
For Low Performing states: Rural areas: INR 2000 (Mother INR 1400, ASHA incentive - INR 600); Urban: INR 1400 (Mother INR 1000, Asha INR 400);
For High Performing states: Rural areas: INR 1300 (Mother INR 700, Asha - INR 600); Urban: INR 1000 (Mother INR 600, Asha INR 400).
Cash assistance for home delivery: BPL pregnant women INR. 500 per delivery regardless of the age of pregnant women and number of children.
Source: Ministry of Health and Family Welfare, 2015a

State Specific Schemes
Scheme/Programme: MAMATA
Ministry/Division: Govt. of Odisha; D/o Women and Child Development
Major budget head: Major Head 2235, 4235 - Social Security and Welfare; Minor Head 103: Women Welfare
Cost Norms: INR 3,000/- in two instalments
Source: Government of Odisha, 2014

Figure 3: Availability of comparable budget data for India Plus Interventions

India Plus Interventions	Matching budgets for interventions
Counselling during pregnancy and breastfeeding and for complementary feeding and WASH	Not comparable with budget items due to inability to find disaggregated data in our estimates.
Food Supplementation for children (6-36 months), pregnant women, lactating mothers and severely malnourished children	Not comparable with budget items as age-wise disaggregated data was not available; compared the number of reported beneficiaries of SNP with government cost norms for all beneficiaries not age-wise
Micronutrient supplements and deworming	
IFAs for pregnant women and lactating women	Budgets routed through JSSK not available
Iron supplements for children (6–59 month) and adolescents	Available (funds reported under NHM)
Vitamin A supplements (6–59 months)	Available (funds reported under NHM)
ORS and therapeutic zinc supplements for treatment of diarrhoea in children under 5 years	Available (funds reported under NHM)
Deworming for children and adolescents	Available (funds reported under NHM)
Health Interventions	
SAM treatment for children 6-59 months	Not comparable to IFPRI estimates
Insecticide-treated nets for pregnant women	Not comparable with budget items due to inability to find budget on World Bank's programme on treated bed-nets
Maternity benefits for breastfeeding	Not comparable with budget items as scheme (IGMSY) was not universal till 2016-17. IFPRI on other hand is using cost estimates for universalisation of the scheme.

Figure 4: Uttar Pradesh-Budget outlays for Direct Nutrition Interventions

Direct Nutrition Interventions		Budget Outlay (in INR crore); figures in parenthesis indicate sectoral share in total DNI budget		
		2014-15	2015-16	2016-17
I. Behaviour Change Interventions		**6.79 [0.2%]**	**24.06 [0.6%]**	**25.45 [0.6%]**
Combined budget outlays for three interventions:				
1. Counselling for mothers during pregnancy 2. Counselling for optimal breastfeeding to caregivers of children 0–6 months	IYCF	1.69	0	1.42
3. Counselling for complementary feeding and hand washing to caregivers of children 6-23 months, under schemes IYCF and IEC-ICDS	IEC-ICDS	5.1	24.06	24.03
II. Micronutrient Supplementation and Deworming Interventions		**67.7 [1.6%]**	**58.9 [1.5%]**	**56.5 [1.2%]**
4. Vitamin A supplementation for children 6-59 months		7.4	7.5	7.6
5. ORS for treatment of diarrhoea for children under 5 years		11.5	1.5	7.6
6. Therapeutic zinc supplements for treatment of diarrhoea for children under 5 years		0	0	0
Intensified Diarrhoea Control Fortnight (IDCF)		0	0	8.6
7. Deworming for children 12-59 months		3.3	4.3	3.2
8. Deworming for adolescents 10-19 years		2.3	2.3	1.9
National Deworming Day (NDD)		0	0	0
9. Deworming for pregnant women		0	0	0
10. IFA supplements for children 6-59 months		21.8	24.6	5.5
11. IFA supplements for adolescents 10-19 years		18.7	17.5	21.9
12. IFA supplements for pregnant women and breastfeeding mothers of children 0-6 months		0	0	0
13. Calcium supplementation for pregnant women and breastfeeding mothers		0	0	0
14. Salt iodization for general population		2.8	1.21	0.28
III. Supplementary/Complementary Feeding		**3,769 [86.5%]**	**3,440 [84.8%]**	**3,967 [86.7%]**
15. Complementary food supplements for children 6-36 months of age 16. Supplementary food for PLW for 6 months after delivery 17. Additional food ration for severely underweight children 6-59 months		3,549	3,220	3,220
18. Supplementary food rations for adolescent girls 11-18 years		220	220	222
State-funded schemes				
Feeding programme for severely underweight children: Hausla Poshan Yojana		—	—	125
Feeding Programme for pregnant women: Hausla Poshan Yojana		—	—	400

Figure 4: Uttar Pradesh-Budget outlays for Direct Nutrition Interventions (Contd.)

Direct Nutrition Interventions	Budget Outlay (in INR crore); figures in parenthesis indicate sectoral share in total DNI budget		
	2014-15	2015-16	2016-17
IV. Severe Acute Malnutrition Treatment	**4.53 [0.1%]**	**4.89 [0.1%]**	**6.34 [0.1%]**
19. Facility-based treatment for children 6-59 months with severe acute malnutrition	4.53	4.89	6.34
V. Others	**510 [11.7%]**	**527 [13%]**	**518 [11.3%]**
20. Insecticide-treated nets for pregnant women in malaria-endemic areas	0.0	0.0	0.0
21. Conditional cash transfers (CCT) to pregnant women and breastfeeding mothers for the first 6 months after delivery			
Indira Gandhi Matritva Sahyog Yojana	1.0	15.0	7.0
Janani Suraksha Yojana	509.0	512.0	511.0
Total DNI Budget (I + II + III + IV + V)	**4,358.1**	**4,054.9**	**4,573.3**
Total State Budget	**2,35,608.0**	**3,30,430.0**	**3,46,935.0**
Total DNI budget as a % of Total State Budget	**1.8**	**1.2**	**1.3**
Per Capita DNI Budget*	**495.2**	**460.8**	**519.7**
Total DNI Budget (Excluding CCT to women)	**3,848.0**	**3,527.9**	**4,055.3**
Total DNI Budget as a % of Total State Budget (Excluding CCT to women)	**1.6**	**1.1**	**1.2**
Per Capita DNI Budget* (Excluding CCT to women)	**437.3**	**400.9**	**460.8**

* Per capita figures have been computed by taking the population of children in age group 0-6 years and number of females in age group 11 years to 49 years, from Census of India 2011.
Figures for Per Capita DNI budget are in INR
Severely underweight implies WAZ < 3
Source: Compiled by authors from Detailed Demand for Grants for DWCD 2016-17, Govt. of Uttar Pradesh and Record of Proceedings 2014-15, 2015-16 and 2016-17, National Health Mission, Govt. of India

Figure 5: Bihar-Budget outlays for Direct Nutrition Interventions

Direct Nutrition Interventions		Budget Outlay (in INR crore); figures in parenthesis indicate sectoral share in total DNI budget		
		2014-15	2015-16	2016-17
I. Behaviour Change Interventions		**5.4 [0.3%]**	**39.3[1.6%]**	**81.7 [4.1]**
Combined budget outlays for three interventions: 1. Counselling for mothers during pregnancy 2. Counselling for optimal breastfeeding to caregivers of children 0-6 months	IYCF	1	0	1
3. Counselling for complementary feeding and hand washing to caregivers of children 6-23 months, under schemes IYCF and IEC-ICDS	IEC-ICDS	4.4	39.25	80.68
II. Micronutrient Supplementation and Deworming Interventions		**37.3 [2.1%]**	**65.2 [2.7%]**	**66.1[3.4%]**
4. Vitamin A supplementation for children 6-59 months		8.2	10	6.5
5. ORS for treatment of diarrhoea for children under 5 years		0	11.7	9.3
6. Therapeutic zinc supplements for treatment of diarrhoea for children under 5 years		0	1.6	1.8
Intensified Diarrhoea Control Fortnight (IDCF)		0	1.1	0
7. Deworming for children 12-59 months		0.9	1.1	2.9
8. Deworming for adolescents 10-19 years		2.7	2.8	4.4
National Deworming Day (NDD)		0	0.5	2.7
9. Deworming for pregnant women		0	0	0
10. IFA for children 6-59 months		9.9	10.7	14.5
11. IFA for adolescents 10-19 years		15.4	22.2	26.5
12. IFA for pregnant women and breastfeeding mothers of children 0-6 months		0	0	0
13. Calcium supplementation for pregnant women and breastfeeding mothers		0	0	0
14. Salt iodization for general population		0.3	0.5	0.1
III. Supplementary/Complementary Feeding		**1,314.4 [73.9%]**	**1,896.8 [78.2%]**	**1,403.1 [71.2%]**
15. Complementary food supplements for children 6-36 months of age 16. Supplementary food for pregnant and lactating women for 6 months after delivery 17. Additional food ration for severely underweight (WAZ< -3) children 6-59 months		1198.4	1756.18	1273.1
18. Supplementary food rations for adolescent girls 11-18 years		116	140.6	130
State-funded scheme: Spot feeding for pregnant and lactating mothers		NA	NA	NA
IV. Severe Acute Malnutrition Treatment		**6.82 [0.4%]**	**6.28 [0.3%]**	**7.4 [0.4%]**
19. Facility-based treatment for children 6-59 months for children with severe acute malnutrition		6.82	6.28	7.4

Figure 5: Bihar-Budget outlays for Direct Nutrition Interventions (Contd.)

Direct Nutrition Interventions	Budget Outlay (in INR crore); figures in parenthesis indicate sectoral share in total DNI budget		
	2014-15	2015-16	2016-17
V. Others	**414 [23.3%]**	**417.99 [17.2%]**	**414 [21%]**
20. Insecticide-treated bed nets for pregnant women in malaria-endemic areas	0	0	0
21. Conditional cash transfers (CTT) to pregnant women and breastfeeding mothers for the first 6 months after delivery			
Indira Gandhi Matritva Sahyog Yojana	27	105	71
Janani Suraksha Yojana	387	313	343
Total DNI Budget (I + II + III + IV + V)	**1778**	**2425**	**1972**
Total State Budget	**94698**	**132849**	**144696**
Total DNI budget as a % of Total State Budget	**1.9**	**1.8**	**1.4**
Per Capita DNI Budget*	**378.3**	**516**	**419.6**
Total DNI Budget (Excluding CCT to women)	**1363.9**	**2007.6**	**1558.3**
Total DNI Budget as a % of Total State Budget (Excluding CCT to women)	**1.4**	**1.5**	**1.1**
Per Capita DNI Budget* (Excluding CCT to women)	**290.2**	**427.1**	**331.6**

* Per capita figures have been computed by taking the population of children in age group 0-6 years and number of females in age group 11 years to 49 years, from Census of India 2011. Figures for Per Capita DNI budget are in INR

Source: Compiled by authors from Detailed Demand for Grants for DWCD 2016-17, Govt. of Bihar and Record of Proceedings 2014-15, 2015-16 and 2016-17, National Health Mission, Govt. of India

Figure 6: Odisha-Budget outlays for Direct Nutrition Interventions

Direct Nutrition Interventions		Budget Outlay (in INR crore); figures in parenthesis indicate sectoral share in total DNI budget		
		2014-15	2015-16	2016-17
I. Behaviour Change Interventions		**4.73 [0.4%]**	**11.59 [1.2%]**	**13.52 [1%]**
Combined budget outlays for three interventions: 1. Counselling for mothers during pregnancy 2. Counselling for optimal breastfeeding to caregivers of children 0-6 months	IYCF	0.24	0.38	0.14
3. Counselling for complementary feeding and hand washing to caregivers of children 6-23 months, under schemes IYCF and IEC-ICDS	IEC-ICDS	4.49	11.21	13.38
II. Micronutrient Supplementation and Deworming Interventions		**16.3 [1.4%]**	**4.17 [0.4%]**	**5.85 [0.4%]**
4. Vitamin A supplementation for children 6-59 months		1.04	0	0.02
5. ORS for treatment of diarrhoea for children under 5 years		0.1	0	0.12
6. Therapeutic zinc supplements for treatment of diarrhoea for children under 5 years		0	0	0
Intensified Diarrhoea Control Fortnight (IDCF)		0.39	0.93	1.57
7. Deworming for children 12-59 months		0.55	0	0
8. Deworming for adolescents 10-19 years		0.46	0	0
National Deworming Day (NDD)		0	0	1.89
9. Deworming for pregnant women		0	0	0
10. IFA supplements for children 6-59 months		7.02	2.11	1.27
11. IFA supplements for adolescents 10-19 years		4.88	0.62	0.62
12. IFA supplements for pregnant women and breastfeeding mothers of children 0-6 months		0	0	0
13. Calcium supplementation for pregnant women and breastfeeding mothers		0	0	0
14. Salt iodization for general population		1.86	0.51	0.37
III. Supplementary/Complementary Feeding		**752.4 [63.3%]**	**525.7 [4.7%]**	**933.7 [71.7%]**
15. Complementary food supplements for children 6-36 months of age 16. Supplementary food for pregnant and lactating women for 6 months after delivery 17. Additional food ration for severely underweight (WAZ< -3) children 6-59 months		682.4	444	843.7
18. Supplementary food rations for adolescent girls 11-18 years		70	82	90
State-funded scheme: Spot feeding for pregnant and lactating mothers		NA	NA	NA

Figure 6: Odisha-Budget outlays for Direct Nutrition Interventions (Contd.)

Direct Nutrition Interventions	Budget Outlay (in INR crore); figures in parenthesis indicate sectoral share in total DNI budget		
	2014-15	2015-16	2016-17
IV. Severe Acute Malnutrition Treatment	**6.09 [0.5%]**	**4.15 [0.4%]**	**4.56 [0.4%]**
19. Facility-based treatment for children 6-59 months for children with severe acute malnutrition	6.09	4.15	4.56
V. Others	**408.91 [34.4%]**	**415.13 [43.2%]**	**344.46 [26.5%]**
20. Insecticide-treated bed nets for pregnant women in malaria-endemic areas	0	0	0
State-funded scheme: **Mo Masari**	70	0.0003	0.0003
21. Conditional cash transfers (CCT) to pregnant women and breastfeeding mothers for the first 6 months after delivery			
Indira Gandhi Matritva Sahyog Yojana	18	17	19
Janani Suraksha Yojana	98.28	102.19	95.46
State-funded scheme: MAMATA	222.63	295.94	230
Total DNI Budget (I + II + III + IV + V)	**1188.43**	**960.74**	**1302.09**
Total State Budget	**66680**	**84695**	**94053**
Total DNI budget as a % of Total State Budget	**1.8**	**1.1**	**1.4**
Per Capita DNI Budget*	**660.2**	**533.7**	**723.4**
Total DNI Budget (Excluding CCT to women) 849.5	**545.6**	**957.6**	
Total DNI Budget as a % of Total State Budget (Excluding CCT to women)	**1.3**	**0.6**	**1.0**
Per Capita DNI Budget* (Excluding CCT to women)	**471.9**	**303.1**	**532.0**

* Per capita figures have been computed by taking the population of children in age group 0-6 years and number of females in age group 11 years to 49 years, from Census of India 2011. Figures for Per Capita DNI budget are in INR

Source: Compiled by authors from Detailed Demand for Grants for DWCD 2016-17, Govt. of Odisha and Record of Proceedings 2014-15, 2015-16 and 2016-17, National Health Mission, Govt. of India

Figure 7: Chhattisgarh-Budget outlays for Direct Nutrition Interventions

Direct Nutrition Interventions		Budget Outlay (in INR crore); figures in parenthesis indicate sectoral share in total DNI budget		
		2014-15	2015-16	2016-17
I. Behaviour Change Interventions		**1.4 [0.2%]**	**50.06 [6.1%]**	**46.6 [4.9%]**
Combined budget outlays for three interventions:				
1. Counselling for mothers during pregnancy				
2. Counselling for optimal breastfeeding to caregivers of children 0-6 months	IYCF	1.4	0.76	1.3
3. Counselling for complementary feeding and hand washing to caregivers of children 6-23 months, under schemes IYCF and IEC-ICDS	IEC-ICDS	0	49.3	45.3
II. Micronutrient Supplementation and Deworming Interventions		**8.18 [1.3%]**	**10.38 [1.3%]**	**19.93 [2.1%]**
4. Vitamin A supplementation for children 6-59 months		0.64	0.5	0.62
5. ORS for treatment of diarrhoea for children under 5 years		0	0.75	0.75
6. Therapeutic zinc supplements for treatment of diarrhoea for children under 5 years		0	0	0
Intensified Diarrhoea Control Fortnight (IDCF)		0	0.77	0.7
7. Deworming for children 12-59 months		0.37	0.07	0.07
8. Deworming for adolescents 10-19 years		0.4	0.2	0.2
National Deworming Day (NDD)		0	0.69	1.62
9. Deworming for pregnant women		0	0	0.46
10. IFA supplements for children 6-59 months		4.89	0.86	1.08
11. IFA supplements for adolescents 10-19 years		1.19	5.95	6.03
12. IFA supplements for pregnant women and breastfeeding mothers of children 0-6 months		0	0	7.85
13. Calcium supplementation for pregnant women and breastfeeding mothers		0	0	0
14. Salt iodization for general population		0.68	0.57	0.54
III. Supplementary/Complementary Feeding		**541 [86.6%]**	**647 [79.1%]**	**739 [77.8%]**
15. Complementary food supplements for children 6-36 months of age				
16. Supplementary food for pregnant and lactating women for 6 months after delivery		455	490	509
17. Additional food ration for severely underweight (WAZ< -3) children 6-59 months				
18. Supplementary food rations for adolescent girls 11-18 years		77	147	150
State Plan Schemes				
Phulwari Yojana		9	10	30
Mahtaari Jatan Yojana		—	—	25
Mukhyamantri Amrit Yojana		—	—	25

Figure 7: Chhattisgarh-Budget outlays for Direct Nutrition Interventions (Contd.)

Direct Nutrition Interventions	Budget Outlay (in INR crore); figures in parenthesis indicate sectoral share in total DNI budget		
	2014-15	2015-16	2016-17
IV. Severe Acute Malnutrition Treatment	**4.8 [0.8%]**	**4.5 [0.6%]**	**5.6 [0.6%]**
19. Facility-based treatment for children 6-59 months for children with severe acute malnutrition	4.8	4.5	5.6
V. Others	**69.1 [11.1%]**	**105.9 [12.9%]**	**139.1 [14.6%]**
20. Insecticide-treated bed nets for pregnant women in malaria-endemic areas	0	0	0
21. Conditional cash transfers (CCT) to pregnant women and breastfeeding mothers for the first 6 months after delivery			
Indira Gandhi Matritva Sahyog Yojana	9	45	70
Janani Suraksha Yojana	60.1	60.9	69.1
Total DNI Budget (I + II + III + IV + V)	624.5	817.9	950.3
Total State Budget	46207	65898	70059
Total DNI budget as a % of Total State Budget	1.4	1.2	1.4
Per Capita DNI Budget*	567.7	743.5	863.9
Total DNI Budget (Excluding CCT to women) 555.4	**711.9**	**811.1**	
Total DNI Budget as a % of Total State Budget (Excluding CCT to women)	**1.2**	**1.1**	**1.2**
Per Capita DNI Budget* (Excluding CCT to women)	**504.9**	**647.2**	**737.4**

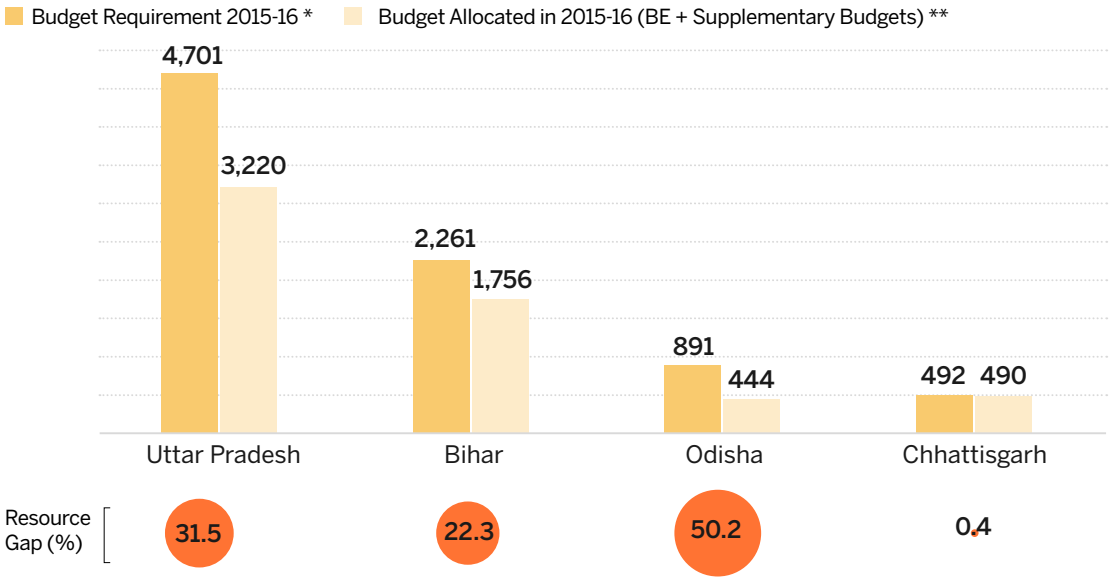
* Per capita figures have been computed by taking the population of children in age group 0-6 years and number of females in age group 11 years to 49 years, from Census of India 2011. Figures for Per Capita DNI budget are in INR

Source: Compiled by authors from Detailed Demand for Grants for DWCD 2016-17, Govt. of Chhattisgarh and Record of Proceedings 2014-15, 2015-16 and 2016-17, National Health Mission, Govt. of India

Figure 8: Comparison of annual cost of delivering select micronutrient and deworming related nutrition interventions and their respective budgets for 2014 in four States

All figures in INR crore unless mentioned Cost Estimates for 2014, Budgets for FY 2014-15
Resource Gap: cost estimate minus budget outlay; figures in negative indicate outlays > cost estimate
* includes budget for IDCF; ** includes budget for NDD
Source: Budget data from Figures 4 to 7; Cost estimates from Menon et. al. 2015.

Figure 9: Difference in the Budget Outlay for SNP and funds required as per the Scheme Norms



Figures in INR crore unless mentioned
Resource Gap = Budget required - Budget Allocated
Source: * Data on Beneficiaries from Lok Sabha Unstarred Question No.4556, answered on August 12, 2016; ** State Budget documents of various states

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