

Challenges in Analysing Public Expenditure for Nutrition in Bihar

Policy Brief 4 | 2017



Why we did it?

Bihar is the third most populous state in India, with high levels of maternal and child undernutrition. Almost 48% of children under 5 years of age are stunted, 60% women in the state are anaemic and 30% women have below normal body mass index (i.e. BMI < 18.5 kg/m²).

Nutrition interventions – specific and sensitive – which can address undernutrition are being delivered in the state through a mix of Centrally Sponsored Schemes (CSS) and state-specific schemes. Besides the Union and the state, districts have an important role in planning, budgeting and implementation of these schemes. However, the governance structures, availability and timeliness of budget documents, transparency, etc. differ at different levels.

In this context, we studied the nutrition budgets at the state and district level (Purnea district) and documented the challenges faced in the process.

How we did it?

The process followed for the budget analysis is shown in **Figure 1**.

State-level:

- Budgets were collated for set of nutrition-specific and nutrition-sensitive programmes at the state level for 4 fiscal years – 2014-15, 2015-16, 2016-17

and 2017-18. Fund utilisation was also assessed wherever possible.

- Adequacy analysis was undertaken by comparing outlays with cost estimates developed by Chakrabarty and Menon (2017) for micronutrient supplementation and with government cost norms for ICDS-SNP.

District-level

- Budgets for nutrition interventions for pregnant women were collated from the district NHM budgets. Budget outlays and expenditure data was tracked for 3 fiscal years – 2014-15, 2015-16 and 2016-17.
- Field work was undertaken to understand the bottlenecks in planning and budgeting for these interventions.

What we found

- The DNIs in Bihar are delivered through 4 CSS, while the NSP are delivered through a set of 18 CSS and 30 state level schemes spread across six sectors (**Figure 2**).
- The health related maternal nutrition interventions are implemented by the District Health Society - the nodal agency for implementing NHM. The nutrition interventions for pregnant women are largely delivered through fixed-day outreach activities such as Village Health and Nutrition Day

Figure 1: Process followed for analysing nutrition budgets in Bihar



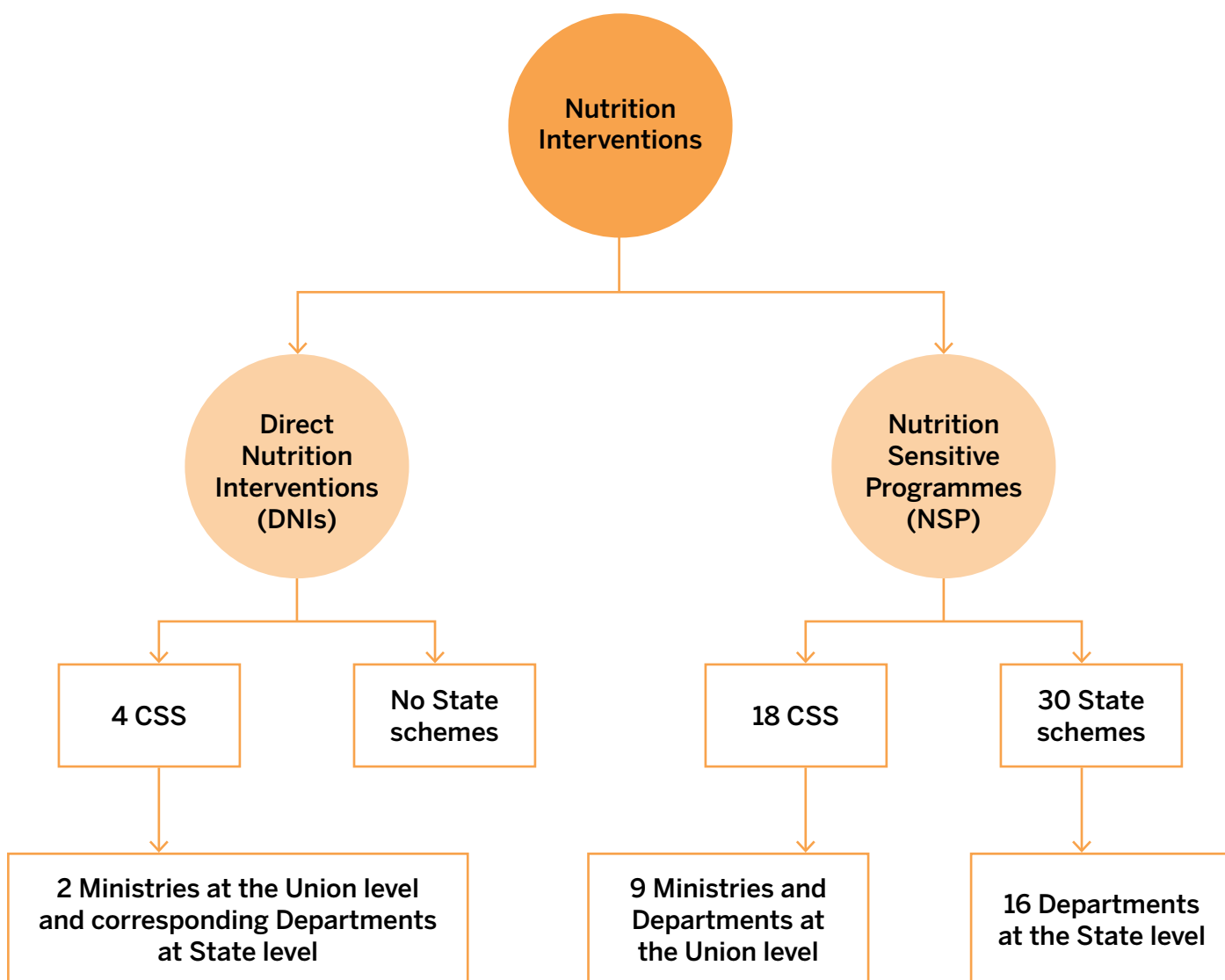
(VHND) and *Pradhan Mantri Surakshit Matritva Abhiyaan* (PMSMA).

- The share of DNIs budget has remained <2% of the total state budget, with a decline from 1.9% in FY 2014-15 to 1.5% in FY 2017-18. The share of NSP budget in state's total budget ranged between 12 - 14% during FY 2014-15 and FY 2017-18.
- The total budget for the maternal nutrition

interventions at the district-level was INR 2,5 crore in FY 2014-15, it increased to INR 20.8 crore in FY 2015-16 and remained unchanged in FY 2016-17. The component of safe delivery has the higher share (more than 90%) in the budget for maternal interventions and has increased in the last 3 years.

- The multiplicity of agencies / departments involved in the delivery of nutrition interventions

Figure 2: Delivery Platforms for DNIs and NSP in Bihar



makes the process of budget tracking complex. The budget outlays and expenditure data has to be computed from across a range of departments.

- To compile the Actual Expenditure for health interventions, we had to use FMRs, which are not publically available in a regular and timely manner and are not audited figures, therefore not comparable with the ones reported in DDGs.
- The disaggregated budget data for *Janani Shishu Suraksha Karyakram* (JSSK), which has budget information for maternal supplements such as maternal IFA, calcium and deworming, could not be accessed either from the State Health Society or from the District Health Society (Purnea). This makes it difficult to know the budget outlays and

actual budget spent on such interventions.

- Population-wise disaggregated budget data for different interventions is not available; however most of the nutrition interventions, especially DNIs, are for different population groups such as children (0-6 years), adolescent girls, pregnant and lactating women, etc. For example, while studying budgets for Supplementary Nutrition Programme (SNP), it is not possible to get segregated budget outlays for providing SNP to normal children (6 months to 6 years), severely underweight children (6 months to 6 years) and pregnant and lactating women.
- Non-availability of district-wise budget data in public domain was a major challenge in Bihar.

Thus to analyse the district budgets for any sector, budget has to be obtained from the nodal agency / departmental unit.

- Assessing nutrition-sensitive budgets is difficult due to the inability to segregate specific budgets for the nutrition-component within the larger scheme, from the total scheme budgets. Thus, the total budgets for the programmes and schemes have to be taken, which leads to an over-estimation of the nutrition budgets.
- Data on physical coverage of schemes in Bihar is difficult to obtain, which restricts an independent assessment of the outreach and efficacy of schemes. For example, we tried to access beneficiary data for ICDS in Bihar, but were unable to access this data for the most recent years. This information was available in public domain till FY 2015¹ (Ministry of Women and Child Development 2017).
- Data on nutrition indicators is important for policy perspective, however, there are several limitations here:
 - The nutrition data sets are not uniform or comprehensive across all surveys. For example, RSOC 2013-14 reports information on severely stunted and severely underweight children, the same is not available in NFHS-4.
 - Absence of information on nutritional indicators at the sub-district level. While NFHS-4 gives data on nutritional indicators for national, state and district levels, it does not capture the block-wise variations in nutritional outcomes.

- The indicators and definitions used in different surveys as well as the computation methods differ. For example, NFHS-4 provides proportion of women who 'consumed' IFA during pregnancy (9.7%); HMIS provides proportion of women who 'received' IFA during pregnancy (45.4%). Similarly, while recording number of home deliveries attended by a skilled birth attendant, NFHS-4 computes this from 'total deliveries', while HMIS 2015 reports this out of 'total home deliveries'.

Policy Asks

- Like the Union and state government budgets, district budgets should also be published annually and made available in public domain. This would facilitate better analysis of the important government services and also improve the transparency and accountability of the government systems.
- All line departments should make the physical data of their schemes and programmes available in public domain, in a timely manner.
- Strengthen the data collection systems capturing information on nutritional and health outcomes. Developing a basic standard set of indicators, with uniformity in definitions, periodicity, methods, indicators captured, etc. This would help streamline the surveys and ensure comparability in their findings.

¹ The last data on number of beneficiaries under SNP that is available online was for 31st March 2015 (as on September 20, 2017; available on: <http://icds-wcd.nic.in/icds/icdsdatatables.aspx>).



For details please refer to: Working Paper 4.

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