

Fiscal Bottlenecks Constraining Delivery of Nutrition Interventions for Pregnant Women in Purnea, Bihar

Policy Brief 3 | 2017



Background

Purnea district in Bihar has high levels of undernutrition. Almost 72% of pregnant women are anaemic, and BMI of ~39% women is below normal (IIPS 2016). A set of nutrition interventions during pregnancy can address the high levels of undernutrition among pregnant women. However, the uptake of these interventions remains limited due to various reasons. We attempted to document the nutrition interventions for pregnant women delivered by the health department in Purnea district and assess the fiscal and procedural bottlenecks that constrain their implementation and uptake.

Methods

Six nutrition interventions that are delivered through National Health Mission (NHM) were selected from a set of 17 nutrition interventions for pregnant women for a detailed budget and expenditure analysis. These interventions are: Iron folic acid (IFA) supplementation, calcium supplementation and deworming, as per protocol; early registration of pregnancy for inclusion in outreach services; recording and monitoring of nutritional status (pre-pregnancy weight, pregnancy weight gain monitoring); quality and full reproductive health and ANC; and promotion of institutional delivery. The analysis is based on the study of district NHM

budgets and fieldwork undertaken in the district. The fieldwork consisted of interactions with officials of District Health Society (DHS) and Block Health Society (BHS); frontline functionaries, and beneficiaries to understand the issues constraining the uptake of nutrition interventions in the district. The budget data analysis has been done for three fiscal years (FYs): 2014-15, 2015-16 and 2016-17. The budgets for health-related nutrition interventions for pregnant women were clubbed in the following three categories: ANC, Safe delivery, and micronutrient supplements components to understand the expenditure priorities of the government.

Results

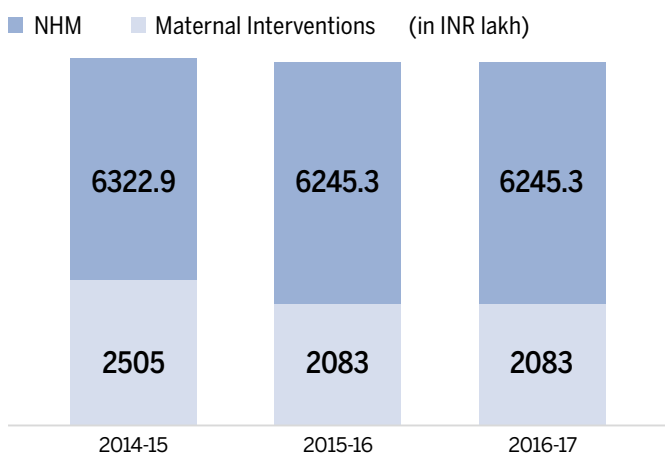
I. Budgets for health-related nutrition interventions for pregnant women are very low

Budget allocations for NHM for the district, within which nutrition interventions for pregnant women are included, are low and have decreased during 2014-15 to 2016-17 (Fig. 1). Accordingly, budgets for health-related nutrition interventions for pregnant women have also decreased in the study period.

II. A major portion of nutrition interventions' budget was allocated for the safe delivery component; budgets for nutrition supplements could not tracked

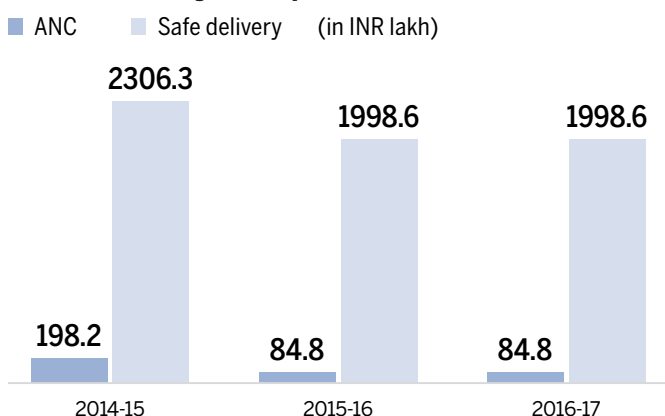
Almost 92% of total funds for nutrition interventions

Figure 1: Budget allocations for maternal nutrition interventions as proportion of NHM budget



Source: DHS Purnea

Figure 2: Budget allotted for ANC and Safe Delivery components



Source: DHS Purnea

for pregnant women were allocated for safe delivery¹ component in FY 2014-15, which increased to 95% in 2015-16 and 2016-17 (Fig. 2). Allocations for JSY and JSSK constituted about 98% of budget under the safe delivery head. While priority for safe delivery is good but minimal funding for ANC² (Fig. 2) is a concern in the district given that coverage of maternal interventions in Purnea are low. Also, as the budgets for micronutrient supplements are reported under JSSK, the detailed budgets of which could not be procured from the DHS, the allocations for IFA,

deworming, and calcium tablets for pregnant women could not be tracked.

There were no allocations for the following activities in the last two years: Monthly VHNDs, Line listing and follow-up of severely anaemic women, and printing of Mother and Child Protection Card (MCP) cards. These services are intrinsic to provision of ANC services in the village.

III. Overburdened health services delivery infrastructure

The funds allocated for the peripheral health facilities, such as HSC, PHC and FRU were low in the three fiscal years (Fig. 3). Moreover, the fund utilisation for HSCs and Non-24*7 PHC was also low (Fig. 3). Only half of the budget allotted for HSCs was spent in FY 2016-17. The low levels of fund allocation and utilisation is also reflected in the shortage of health centres in the district. The number of HSC and PHC are below the IPHS norms, thus serving a population more than their capacity. Each HSC serves a population of 10-12,000 whereas the norm is 5,000 per HSC. Similarly, PHC serves about 2,60,000 people, against the norm of 1,00,000 / PHC.

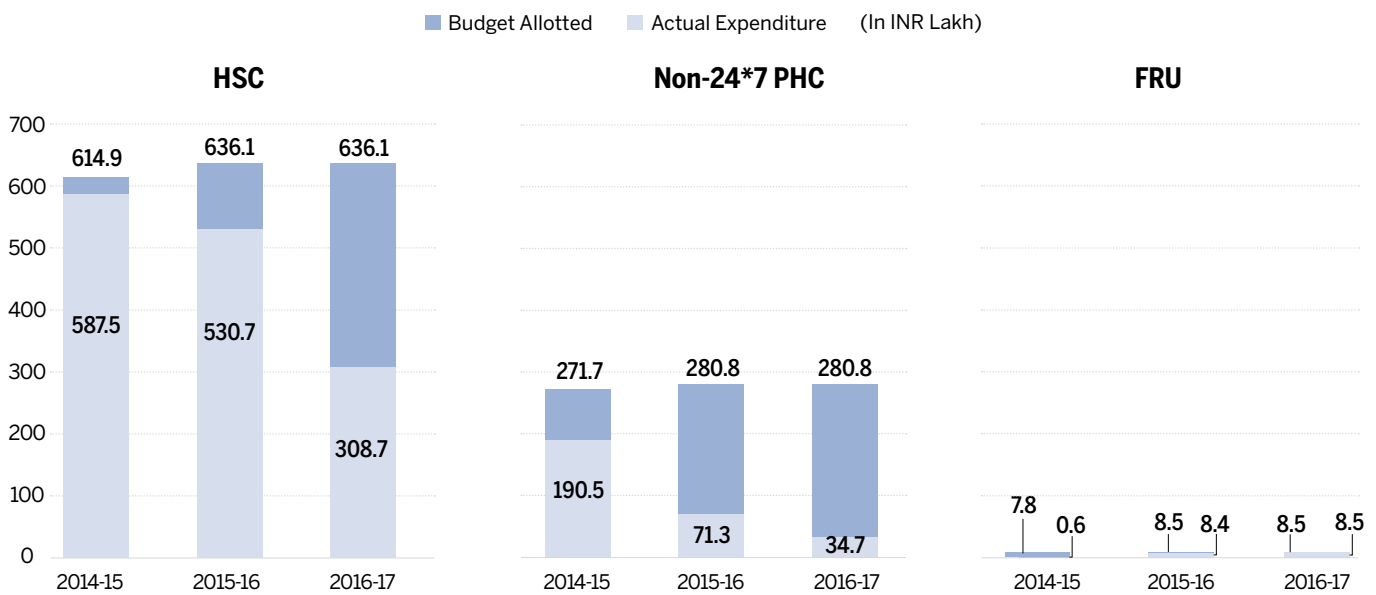
IV. Health workforce for delivering maternal nutrition interventions is inadequate

In Purnea, if we include ANM, doctors, and Grade A nurses, both contractual and permanent, then in rural areas there is only one health worker employed for every 4,620 people and one health worker sanctioned for a population of 1,900. This is highly inadequate. At the same time, high levels of vacancies for ANMs (Fig. 4) results in tight weekly schedule of employed ANMs and irregularity in functioning of HSCs. Most ANMs are contractual employees and often not trained in maternal healthcare. Moreover, there were no gynaecologists at the block level health facilities in the two blocks we visited.

¹ The allocations for safe delivery component include allocation for Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK) (for pregnant women), Maternal Death Review, incentives to Auxiliary Nurse Midwife (ANM)/staff for conducting delivery at Health Sub Centre (HSC) and Additional Primary Health Centres (APHC), infrastructure for Maternal and Child Health (MCH) centres, National Mobile Medical Vans and National Ambulance services.

² Budget outlays on ANC includes budgets for Monthly VHNDs, line listing and follow-up of severely anaemic women, identification of high-risk pregnancy, training and incentives for Accredited Social Health Activist (ASHA), ANM, Mamta for ANC related activities, and IEC-BCC activities for ANC.

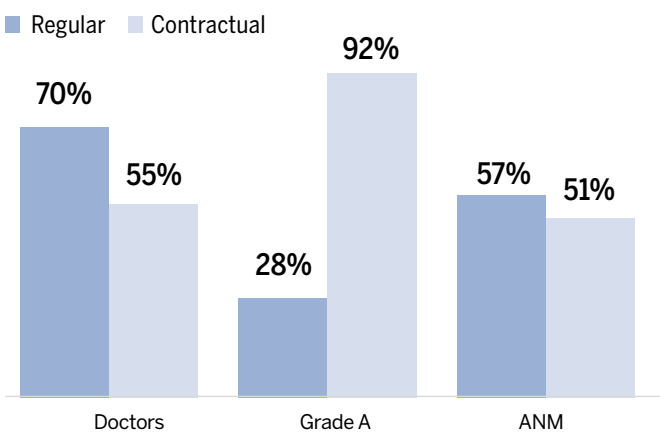
Figure 3: Budget allotted and expenditure on health centres through NHM



Note: This includes budget outlays for human resource (ANM), rent and contingencies, expenses incurred through untied grants.

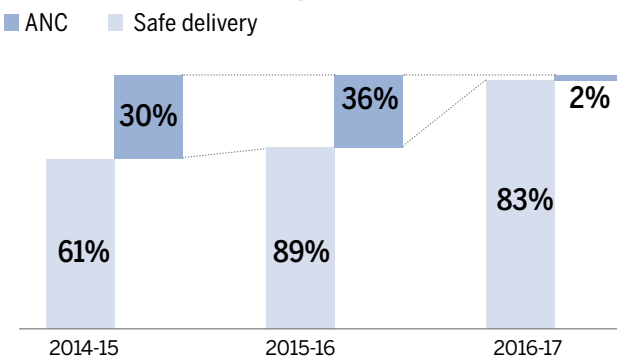
Source: DHS Purnea

Figure 4: Percentage shortage of employees for various health posts (April-September 2016)



Source: Economic Survey Bihar, 2016-17; NHM PIP Purnea 2012-13

Figure 5: Proportion of funds utilised for different components of nutrition interventions' budgets



Source: DHS Purnea

V. Nutrition interventions for pregnant women through outreach activities is weak

Village Health and Nutrition Day (VHND) are conducted on a fixed day at anganwadi centres (AWCs) in each village. It is a regular feature of the ANMs activities during the week in the district. However the services delivered through VHND remains weak. Among the supplements, only IFA was being provided to pregnant women regularly, but the dosage provided was below the recommended amount. The kits and equipment used by ANMs for ANC were either not in working order (e.g. weighing scales and BP machines) or of deficient quality (e.g. Haemoglobin testing strips). Moreover, most AWCs, which is the hub for VHND, visited by the team lacked basic materials such as chair, table, carpet, etc. to conduct VHND. Unless, proper infrastructure is created and minimum basic amenities provided, the services provided through AWCs will remain weak.

VI. Fund Utilisation for nutrition interventions is skewed

Overall the fund utilisation for nutrition interventions was 58% in FY 2014-15 which improved to more than 80% in the FYs 2015-16 and 2016-17. Within nutrition interventions' budgets, the fund utilisation for safe

delivery was much higher than ANC (Fig. 5). Better fund utilisation levels under JSY, which constitutes bulk of safe delivery budget, pushes up the overall fund utilisation for safe delivery. The fund utilisation for ANC services was very low. It was 30%, 36% and 2% in FY 2014-15, 2015-16 and 2016-17 respectively.

VII. Inadequate or weak planning for nutrition interventions

Although NHM by design follows bottom-up approach in planning, District Health Action Plan (DHAP) does not include inputs from the blocks or the villages (CAG, 2015), and the State Programme Implementation Plans (SPIPs) do not consider DHAPs in their plans (NHM, 2016). As a result, the budget allocations are not as per the needs of a district.

VIII. Delay in budget approval and release of funds for nutrition interventions

The approval of NHM budget often gets delayed, with the NHM budgets for FY 2015-16, 2016-17 and 2017-18 being approved in September, November and August of the respective years. Moreover, after approval it takes time for funds to reach the district, which in turn adversely affects scheme implementation. District officials shared that in case of delay of funds, temporary diversion of funds between different NHM components (or sub-programmes within NHM) was a common practice to meet the current expenditure requirements.

Policy Asks

- I.** A decentralised, participatory planning process needs to be followed to ensure need-based budgeting for nutrition interventions.
- II.** The budget outlays for NHM, and within it nutrition interventions, need to be increased significantly to improve the coverage and implementation of these interventions in Purnea.
- III.** The efforts to improve the delivery of nutrition interventions need to be complemented with strengthening of the overall health systems in the district. This requires addressing a range of issues, such as overcoming procedural challenges pointed out in the paper (like delay in release of funds, etc.), recruiting adequate number of skilled health personnel, providing 24x7 accessible health facilities, enhancing budgets for system strengthening, etc. Without improving the overall delivery system, focus on a set of interventions will have only a limited impact on the uptake of nutrition.
- IV.** Better coordination between the Health and WCD department is needed to ensure creation of requisite infrastructure for VHND and delivery of ANC services at AWCs.

