POLICY BRIEF

DELIVERING PROVEN NUTRITION INTERVENTIONS IN UDAIPUR: RESOURCES AND GAPS 2019

INTRODUCTION

Udaipur district in Rajasthan bears a disproportionately high burden of undernutrition among its children and women. The latest round of National Family Health Survey (NFHS-4) revealed that almost half (47.5%) of the children under 5 years of age in the district suffer from chronic undernutrition or stunting (low height for age). Stunting is a result of poor nutrition, repeated infections, and inadequate psychosocial stimulation (WHO). Stunting among children leads to impaired growth, affecting cognitive development in a child, higher risk of nutrition-related chronic diseases in later life, higher morbidity and mortality. The issue is serious because the effects of stunting among children are often irreversible. In addition, Udaipur also has high proportion of wasting and underweight children. Almost one-third (29.9%) of the children under 5 years of age are wasted (low weight-for-height) and more than half (52%) are underweight (low weight for age) and almost 80% of children are anaemic. Women in the district fare no better; where around 38% women have BMI below normal and almost 70% women in reproductive age-group are anaemic.

Persisting high levels of undernutrition in all its forms is a major challenge confronting the district, which needs to significantly step-up its efforts towards addressing the issue. Globally, a set of nutrition interventions focused on the critical 1,000 day window of opportunity, have shown effectiveness in preventing undernutrition among children. These include interventions in the domain on micronutrient supplementation and deworming, behaviour change and counselling, supplementary feeding for pregnant and lactating women and children, facility based management of severe acute malnutrition (SAM) and few health-related interventions such as mosquito treated bed-nets for pregnant women and conditional cash transfers for pregnant women aimed at promoting better nutrition behaviour (Bhutta et at. 2013)[1]. In Indian context, these interventions included in the government's policy framework and delivered through the schemes and programmes, were categorised in a study by IFPRI, as India Plus Interventions (Menon et al. 2015)[2].

While the government through its schemes and programmes is implementing the nutrition interventions, their outreach, uptake and effectiveness is dependent, among other factors, on the investment made by the government for their implementation. The investment by the government should be in sync with the need on ground, to ensure universal coverage of the interventions. This brief thus analyses the quantum of resources required for implementing the India Plus interventions in Udaipur district and the actual investment made by the district for their implementation.

1. Bhutta, Z A, J K Das, et al (2013): "Evidence-based Interventions for Improvement of Maternal and Child Nutrition: What Can be Done and at What Cost?," The Lancet, Vol 382, No 9890, pp 452–77.
2. Menon, P., C. McDonald, & S. Chakrabarti (2015): Estimating the cost of delivering direct nutrition interventions at scale: National and subnational level insights from India, POSHAN Report, India: IFPRI.

Methodology

The note has followed the methodology adopted in the note on estimating resource gap at the State level for Rajasthan, which may be referred to for details. Unit costs for interventions delivered through the health department were taken from the Menon et al (2015) study on costing for India Plus Interventions. An important reason for adopting their methodology and unit cost was that their cost estimates for each nutrition intervention includes the associated costs of human resources, infrastructure, procurement, IEC, etc. which are necessary costs for implementing any intervention on ground. The unit cost for provision of supplementary nutrition to children and pregnant and lactating women was taken from the Government of India guidelines for Integrated Child Development Services scheme. The unit cost for conditional cash transfer to pregnant women has been taken from the National Food Security Act 2013 i.e. Rs. 6000/-.

The budget outlays for the the district have been taken from the Decentralized Annual District Plan 2017-18[3].

The target population for each intervention was estimated, after projecting the 2011 population levels for year 2017. The estimates have been computed for universal coverage for all interventions. The detailed methodology is given in the state resource gap note. A simple method of multiplying the unit cost for each intervention with their respective target population was used to arrive at the resource requirement.

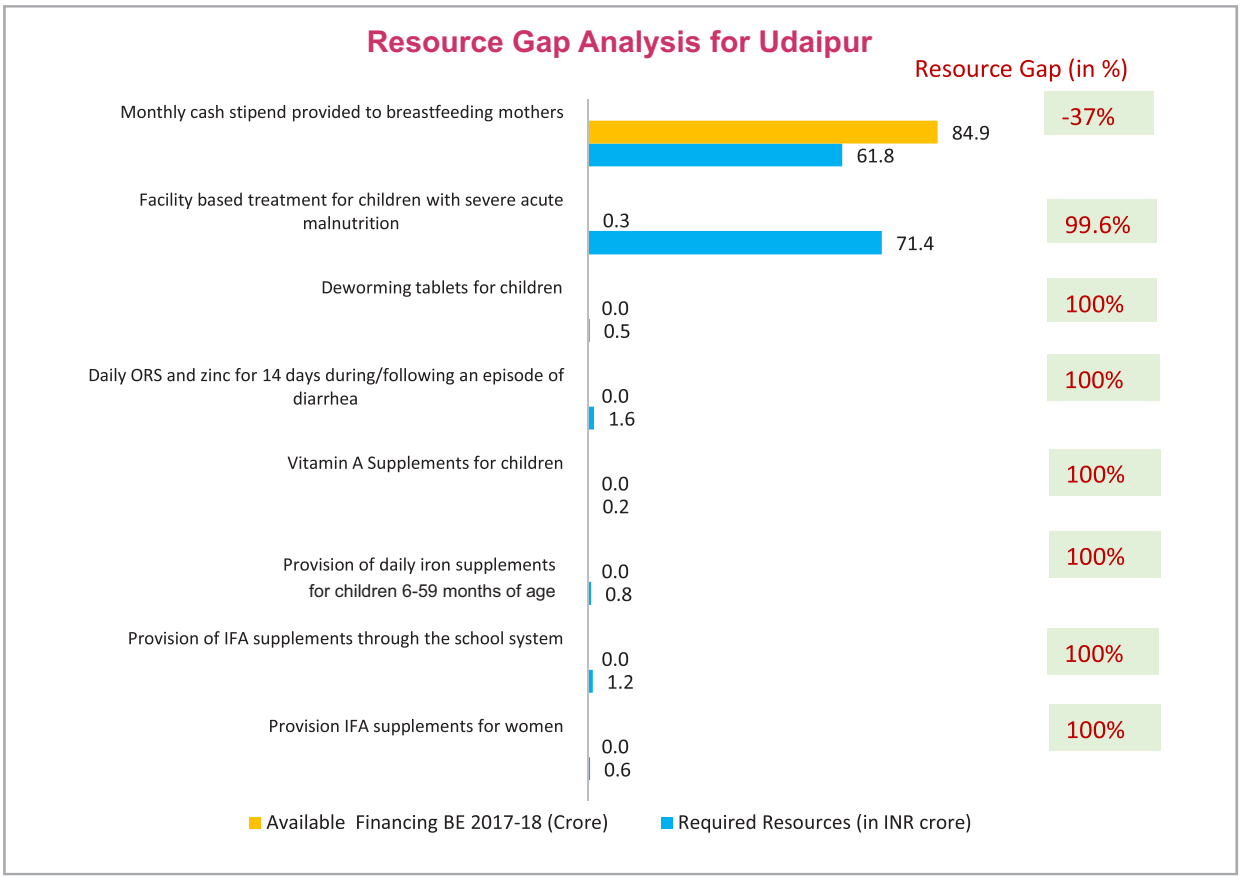
The resource gap was arrived at by:

Resource Gap = [(Resource Requirement – Budget Outlay)/ Resource Requirement]*100

The analysis has been done for the year 2017-18, using the indicative Budget Estimates and comparing it with the resource requirements to arrive at the potential resource gap. The Decentralized Annual District Plan from where the indicative budget estimates have be taken does not provide data on actual expenditure.

Results and Policy Implications

The analysis highlights some important findings with respect to scaling up critical nutrition interventions in the district. These are discussed below:



Note: (i) A part of the budget for Conditional cash transfer scheme – PMMVY - goes to beneficiaries of PMMVY and is not visible in budget books; (ii) Negative values in resource gap analysis indicate resource surplus for the given interventions.

3. Available on: http://www.rajpanchayat.rajasthan.gov.in/Portals_default/Ceiling_Annual_Plan_2017-18.pdf

Resource Requirements:

The district requires a total of Rs. 303.68 crore to implement the nutrition interventions at scale. Of this, more than half the resource requirement, i.e. Rs. 161 crore, is for provision of supplementary feeding to children and pregnant and lactating women in the district through Supplementary Nutrition Programme. Facility-based treatment of SAM children requires the second maximum resources at Rs. 71 crore and conditional cash transfers requires Rs. 62 crore. The three interventions taken together require a total of Rs. 294 crore, implying very less resources are needed for delivering the remaining nutrition interventions. The district thus requires only Rs. 9.25 crore for delivering micronutrient supplementation, treatment of diarrhoea and for investing in behaviour change counselling.

Budget Outlays

The district a total of allocated Rs. 106 crore in year FY 2017-18 for provision of these essential nutrition interventions. Of this, highest allocation is for conditional cash transfers to pregnant women of Rs. 85 crore. The second highest budget allocation is for supplementary feeding at Rs. 12 crore, followed by behaviour change counselling at Rs. 8 crore. The nutrition interventions delivered by the health department, including delivering micronutrient supplementation and treatment of diarrhoea do not receive any allocations in FY 2017-18.

Resource Gap:

Against a requirement of Rs. 304 crore in FY 2017-18, the district allocated only Rs. 106 crore, indicating a resource gap of 65%. The two interventions receiving budgets greater than the resource requirement are behaviour changes counselling (85%) and conditional cash transfers (37%). There is a resource deficit of almost 100% for micronutrient supplementation, treatment of SAM, and diarrhoea treatment (zinc and ORS). Supplementary feeding for children and P and L women face a resource deficit of 92%.

Implications:

The district of Udaipur has an overall resource deficit of around 65% in provisioning for these proven nutrition interventions. While provisioning for two interventions is above the requirement, all other interventions suffer from huge resource gaps, indicating apathy of the government towards addressing the issue resulting in inadequacy and ineffectiveness of the existing measures to overcome the problem. Most of these interventions require very less resources and even those limited resources have not been adequately provisioned for in the district.

However, one important point to be kept in mind while carrying out such an analysis is that this follows a strict nutrition-science intervention framework. However, the government schemes are designed with a broader perspective and hence provide a more holistic set of services, which may not be directly included in nutrition framework, but still contribute significantly towards improving nutrition. For example, ICDS is a large programme providing six important services for early childhood development and nutrition of children and women. However the present analysis only includes the budgets for supplementary feeding programme. Other important components of the scheme such as counselling, growth monitoring, and health check-up etc. which form a part of the ICDS-General schemes, are included in the analysis. Some of these form a part of the usual responsibilities of the ICDS workers and hence do not get provisioned for separately in the budget. These interventions however contribute significantly towards better children's healthy growth and development. Thus, resource gap for such interventions should be seen in context of the total magnitude of the scheme's provisioning.

Also, while the Udaipur district has very high levels of undernutrition in all its forms, the district has not instituted any additional measures for addressing the issue and is carrying out the implementation of the interventions through the existing schemes in the business-as-usual approach.

The district administration should thus-

- Raise the issue of inadequate funding for these critical interventions with the State Government and ensure that the same get adequately funded. The effective implementation of the same should then be ensured by the district administration, through adequate manpower, infrastructure support and regular monitoring.
- Another important aspect of this analysis is the paucity of relevant budget data at the district level for the different schemes in public domain. as mentioned above the study team procured the district level data for nutrition and health interventions available in the consolidated district plan. The district administration should thus make pro-active disclosure of the relevant budget data in public domain to enable an informed independent analysis. This will in turn contribute towards supporting the district policies and plans in this domain.
- The district administration should adopt a mission-mode approach to addressing persisting undernutrition by developing and implementing a comprehensive, multi-sectoral plan through convergence between different departments and schemes. While this brief discusses the Direct Nutrition Interventions, nutrition outcomes are also impacted by the indirect factors in the realm of socio-economic and political spheres of well-being. These sectors too, must be tapped for addressing undernutrition holistically. An important factor in this would also be conducting regular nutrition surveys in the district to capture the intra-district disparities in nutrition outcomes. This will help the district administration focus on the hotspots of undernutrition within the district.
- Undernutrition, manifests in various forms, both visible and invisible. The nutrition interventions discussed in the brief are low-cost proven interventions, which if scaled-up can lead to significant impact on undernutrition in all its forms. The government should thus take concerted actions to address the issue in all its forms through requisite investments across sectors.
- Apart form the state budget, other resources available in the district like DMFT and resources available with urban and rural local bodies can also be utilised for improving nutrition in the district.

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