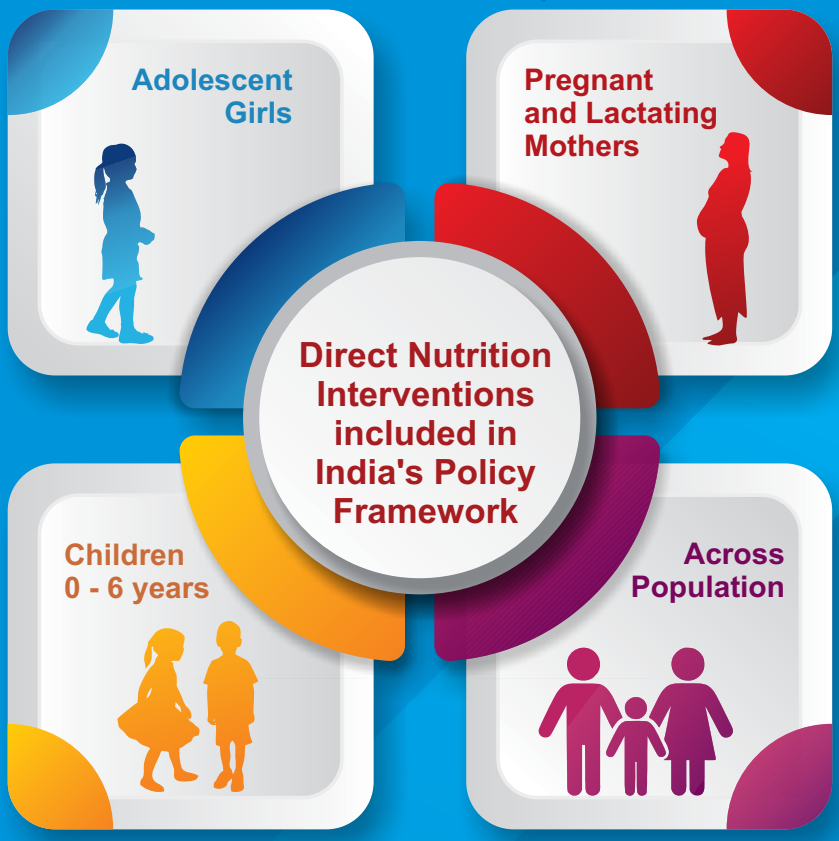
POLICY BRIEF

DELIVERING PROVEN NUTRITION INTERVENTIONS IN RAJASTHAN: RESOURCES AND GAPS

2019



Budget Analysis and Research Centre Trust

DELIVERING PROVEN NUTRITION INTERVENTIONS IN RAJASTHAN: RESOURCES AND GAPS

Rajasthan is one of the largest states in India, with a population of close to 7.5 crore (projected) in year 2017. However, it is also one state with poor nutritional indicators for both its children and women, showing slow improvements in the under nutrition levels. Latest round of National Family Health Survey (NFHS-4) shows that of the 73 lakh children under five years of age residing in the state, almost 39% are stunted (low height for age), which is indicative of chronic under nutrition among children. The reduction in the levels of stunting in the state has just been around 4.6 percentage points, much below the 10 percentage points reduction seen at the All-India level (stunting levels for India reduced from 48% in 2005-06 to 38% in 2015-16). At the same time, other forms of under nutrition remain high in the state with ~20% children under five years of age being wasted, almost 40% being underweight and close to 70% being anaemic as of 2015-16 (IIPS 2016[1]). With almost 47% of women being anaemic, the nutrition indicators for women too, are poor with little improvements since last round of NFHS survey. This thus calls for urgent attention by the state government to step up its investment in improving nutrition levels of the people.

Globally, there are a set of direct nutrition interventions or nutrition-specific interventions which have demonstrated effectiveness in reducing the under nutrition and hence morbidity and mortality levels among children and women. These interventions include interventions in the domain of behaviour change counselling for caregivers of children (for better feeding and care giving practices), supplementary feeding, management of several acute malnutrition (SAM), micro nutrient supplementation and deworming and conditional cash transfers for pregnant and lactating women[2]. In the Indian context, Menon et al. (2015)[3] list out a set of 14 nutrition interventions included in India's policy framework. These are referred to as India Plus Interventions and are delivered through the existing schemes of the Union Government and the Government of Rajasthan.

The delivery of these interventions depends strongly on the fiscal resources being made available for their delivery by the government. It is thus important that the state government prioritises the scaling up, and effective delivery of these proven nutrition interventions, in its state budget. However, whether and how well, have they been provisioned for in the government's budget remains to be seen.

This note analyses the resource requirement for delivering the 14 India Plus Interventions at scale, in the state of Rajasthan. It further studies the budgetary outlays by the Rajasthan government for delivery of these interventions in the state. The note examines whether there are any resource gaps for delivery of these interventions, and if yes, then for which interventions.

METHODOLOGY

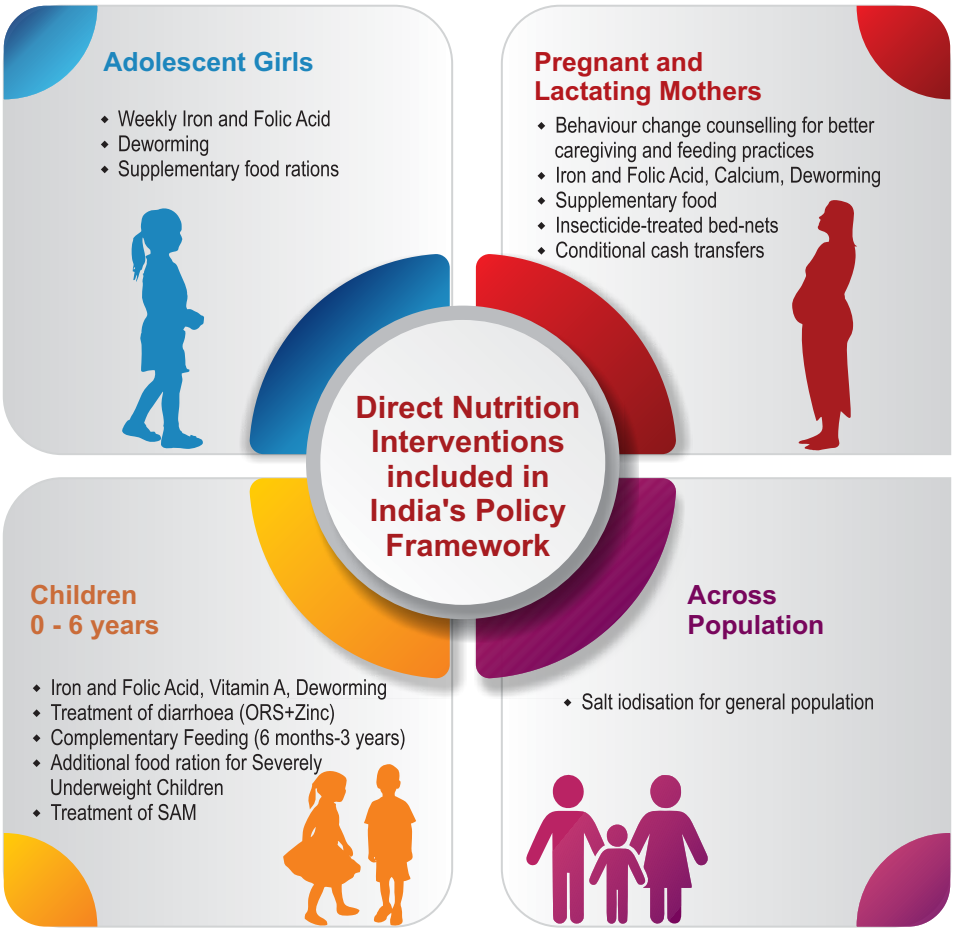
ARRIVING AT THE RESOURCE REQUIREMENT

The study assesses the resource requirement for scaling up a set of India Plus interventions at the state level in Rajasthan. A simple method of multiplying the unit cost for each intervention with the target population for that intervention is used for computing the resource requirement. The resource requirement is computed for the period 2017-18. The details of the unit cost used for each intervention and the computation of the target population for each intervention is given the detailed annexure to this note.

Unit costs for nutrition interventions:

The note uses three different sets of unit costs for the analysis. First, for the health related interventions, we have used the methodology and unit costs developed by Menon et al (2015) in their costing study of India Plus Interventions. An important reason for adopting their methodology and unit cost was that the cost estimates for each nutrition intervention includes the associated costs of human resources, infrastructure, procurement, IEC, etc. Moreover, composite government unit costs do not exist / are difficult to arrive at for some interventions such as counselling activities. We may note here that these unit costs have not been adjusted for inflation. This is because the unit costs are a complex mix of various inputs such as training, evaluation etc. and have been computed using varied data sets and different methodologies. It may also be mentioned here that the unit cost mentioned in Menon et al. (2015) are given in dollars and they use the exchange rate of Rs. 62/dollar in their study. Following the same exchange rate, we have computed our resource estimated in Indian rupee.

1. International Institute for Population Sciences (2016): “National Family Health Survey (NFHS–4), 2015–2016: State Fact Sheets,” Mumbai, India: International Institute for Population Sciences.
2. 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.
3. 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.



Second, for assessing resource requirement for Supplementary Nutrition Programme under the Integrated Child Development Services scheme, the study has used the unit costs of the scheme, which were revised in 2017 for all the three categories of beneficiaries – pregnant and lactating women, severely underweight children and normal children. The number of days for which meal is to be provided is taken as 300, as mentioned in the ICDS guidelines. Also, it may be noted that the unit cost doesn't include the cost of infrastructure and human resource in the delivery of services.

Third, the unit cost for maternity benefit uses the amount (Rs. 6000 lump sum) as mentioned in the National Food Security Act 2013, instead of the recently revised entitlement amount of Rs. 5000 as per the Pradhan Mantri Matru Vandana Yojana.

The target population for each intervention was projected for year 2017 and used to compute the resource requirements.

TRACKING BUDGET OUTLAYS FOR NUTRITION INTERVENTIONS

The budget outlays for these nutrition interventions were collated for the nutrition interventions for three fiscal years – 2016-17, 2017-18 and 2018-19. While the budget outlays for nutrition interventions delivered by the health department were collated from Record of Proceedings (ROPs) under the National Health Mission, budget outlays for interventions delivered by the Women and Child Development (WCD) department were collated from the state budget books of the Government of Rajasthan. The relevant budget heads and budget lines from the ROPs and the state budget books were studied and budget outlays tracked for the same.

ASSESSING RESOURCE GAP

The resource gap analysis was done by comparing the resource requirement estimated with the budget outlays tracked, for each intervention where both figures were available. 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, where both the Budget Estimates and Actual Expenditures were compared with the resource requirements to arrive at the potential resource gap.

KEY FINDINGS

Estimating the resource requirements and their corresponding budget outlays is a complex exercise whereby a range of unit costs obtained from different sources have to be used, and the budgets for which are also spread across a range of budget and programmatic documents. Key findings emerging from the analysis are given below-

Delivery of Nutrition Interventions

All nutrition interventions in the state are being delivered through Centrally Sponsored Schemes of health and WCD departments, with hardly any state schemes in the domain. These schemes include components within the National Health Mission (NHM) under the health department, and Integrated Child Development Services (ICDS) and Pradhan Mantri Matru Vandana Yojana (PMMVY) under the department of women and child development. Thus, the funding for these interventions is divided between the Union as well as the State Government, with both levels having a responsibility for financing these schemes, and hence interventions.

Resource Requirements for delivery of Nutrition Interventions

The resource requirements for the nutrition interventions vary considerably across the interventions. The interventions delivered by the health department through NHM are relatively low cost interventions. For example, only Rs. 3 crore is needed for Vitamin A supplementation and only Rs. 32 crore is needed for treatment of diarrhoea for children. The interventions by the WCD department need relatively higher quantum of resources for their delivery – Rs. 2940 crore is needed for provision of supplementary feeding for normal children and pregnant and lactating women. The difference in the costs lies in the nature of the interventions and the differences in the costs of inputs needed for their delivery.

The total resources requirement for delivering the DNIs at scale in Rajasthan is around Rs. 4741 crore. Of this the resource requirement for interventions delivered by the health department is around Rs. 314 crore, with the remaining resources to be provided by the WCD department.

Budget Outlays for Implementing Nutrition Interventions

The budget outlays for the nutrition interventions delivered by the health department are inconsistent across the three years of study. For example, budget for iron supplements and deworming for children (6-59 months of age) was Rs.13.4 crore in 2016-17 BE, which declined to 1.35 crore in 2017-18 BE.

The utilisation of budgets under the intervention delivered by the health department also remains low, and for some interventions, they are nil. For example budgets for IYCF did not get utilised in year 2016-17 and the utilisation was as low as 0.03 crore in 2017-18. Similar is the trend for interventions like Vitamin A supplementation, IFA supplementation, Treatment of SAM etc. This is also likely to adversely affect the budget outlays for the subsequent years. For instance, budget outlays for Iron supplementation and deworming for children in 2016-17 Rs.13.4 crore, of which only Rs. 1.28 crore was utilised during the fiscal year. Subsequently, the budget outlay for the intervention was reduced to Rs. 1.35 crore in 2017-18 and 2018-19.

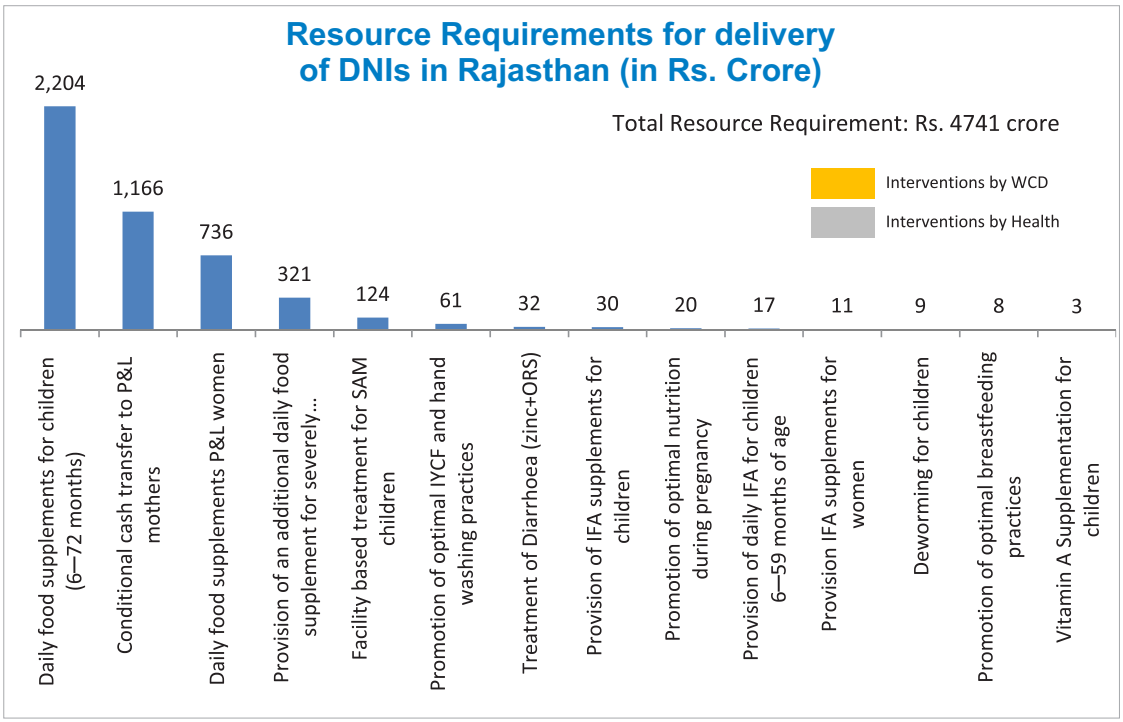
On the other hand, the budget outlays for interventions being delivered by the WCD department are relatively more consistent. The outlays for ICDS-SNP which is the scheme for implementing the supplementary feeding to children and P and L women, have remained between Rs. 600 crore to Rs. 650 crore in the three years studied. This budget however, does not include funds for the associated HR, infrastructure etc. which are necessary for the delivery of SNP to the beneficiaries, and the amounts reflected here are solely the funds earmarked for provisioning of supplementary nutrition i.e. the food part. This is effect, leaves out almost half of the budget for total ICDS scheme, a scheme which has a more holistic design for addressing multiple needs of children in their early childhood.

The budget outlays for PMMVY, the scheme for conditional cash transfer to P and L women however have seen some variations. This however, can be attributed to changes in the provisions of the scheme in January 2017, whereby the scheme was universalised (earlier it was implemented in pilot mode) and the norms for availing the scheme changed. One important point to note here is that a part of the funds for PMMVY are routed outside the state budget through an escrow account and transferred directly to the bank account of the beneficiaries. Hence, the entire amount is not reflected in the State budget documents. Attempt has been made to track the amount going via escrow account as well for this analysis.

Resource Gap Analysis for Delivering Nutrition Interventions in Rajasthan

The resource gap analysis shows significant resource gaps for most interventions studied. While the resource gap was higher for interventions delivered by the health department, it was also significant for the ones delivered by the WCD department (almost 80% for supplementary nutrition and almost 90-98% for conditional cash transfers). This is a cause of concern as some of these interventions do not require much resource for their delivery, and even those small amounts are not provisioned for. Adequate investment in these low-cost nutrition interventions can have far reaching impact on improving nutritional outcomes, and they should thus be prioritised by the government.

The resource gap is much higher when comparing resource requirement with Actual Expenditure, as compared to Budget Estimates for the year 2017-18, owing to poor fund utilisation trends across interventions. For example, for Vitamin A supplementation, resource gap was ~50% when comparing resource requirement with the Budget Estimates, but this increased to 100% as the allocated budget was not utilised during the year. Thus, even if the initial resource gap is not much, owing to poor utilisation, the gap between what is needed, and what is spent on ground is significant for most interventions. One of the possible reasons of underutilisation of budget is large scale vacancies in key positions in the two concerned departments. According to the annual reports of Departments of Women and Child Development and Health and Family Welfare, 38% of CDPO, 35% of Lady Supervisor, and 13% of the posts of Ashas are vacant. About 5% of Anaganwadi Workers and Helpers are also vacant. Similerly, in the Medical and Public Health Department, 28% posts of the doctors are vacant.



Note: * A part of the budget for Conditional cash transfer scheme – PMMVY - goes to beneficiaries of PMMVY and is not visible in budget books.

Details about HR position at district/block levels in ICDS Directorate.

S.No.	Position	Sanctioned	In-position	Vacant Post
1	Deputy Director	33	24	9
2	CDPO	304	189	115
3	Lady Supervisor	2197	1417	780
4	AWW	62020	59451	2569
5	AWH	55816	53243	2573
6	ASHA	55816	48639	7177

Source: Data taken from the department in January 2019

Details about HR position in Health and Family Welfare Department.

S.No.	Position	Sanctioned	In-position	Vacant Post
1	Director	4	4	0
2	Additional director	4	4	0
3	State Leprosy Officer	1	1	0
4	Joint director	21	21	0
5	Deputy director and equivalent	94	94	0
6	Senior specialist	376	309	67
7	Junior specialist	3111	2016	1095
8	Senior medical officer and equivalent	1112	777	335
9	Deputy Chief Medical and Health Officer	52	52	0
10	Medical officer	6108	4542	1566
11	Senior Medical Officer (Dental)	12	11	1
12	Medical Officer (Dental)	401	298	103
	Sub Total	11296	8129	3167
13	Under E.S.I.	354	163	191
	Grand Total	11650	8292	3358

Source: Annual Report, Health and Family Welfare, 2017-18

Due to significant variations in funding for interventions across years, it is entirely possible that the resource gap analysis for another year throws up different findings across interventions. This is especially the case for health department interventions.

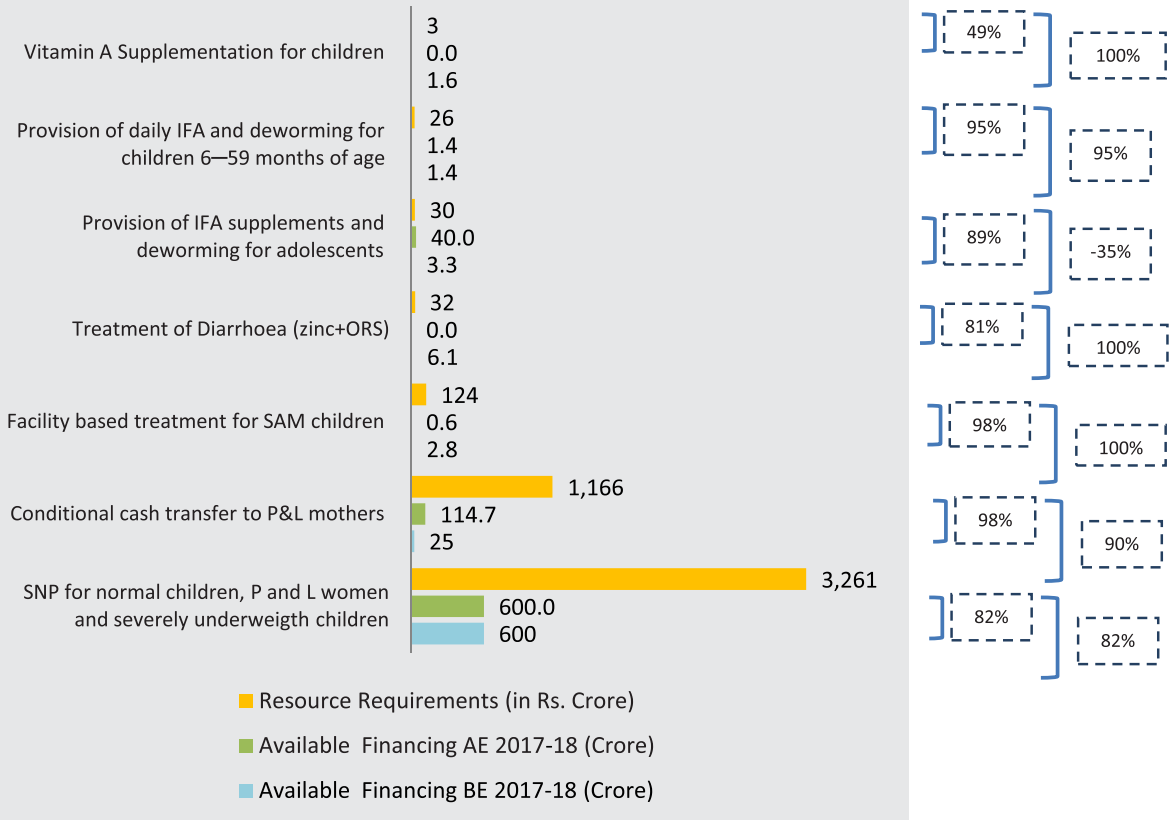
Another point to note here is that, in the case of budgets of the WCD schemes, especially the ICDS-SNP, only the budget allocated for food component has been included in the analysis. Other supporting components which form a part of the ICDS-General, receive bulk of the scheme funds but are not reflected in the SNP outlays. These nevertheless, are extremely important for effective delivery of supplementary nutrition to the target beneficiaries. Thus, the resource gap for this intervention needs to be seen in the context of missing associated HR, infrastructure and other systemic budgets, which are included for interventions delivered by the health department.

Complexities in Assessing Resource Gap for Nutrition Interventions

A larger finding from the analysis pertains to the challenges confronted in tracking budgets for nutrition interventions as (i) there may not be corresponding scheme for each intervention and one might have to combine budgets for more than one intervention to make it comparable to resource requirement; (ii) budgets for each interventions are spread across several heads of accounts / FMR codes and need to be collated from various places in the budget; (iii) the budget data from ROP and state budget books is not strictly comparable, but the two data numbers need to be combined to enable a meaningful analysis (Shrivastava et al. 2017[3]).

3 Shrivastava S, et al (2017): "Budget Outlays for Nutrition-Specific Interventions: Insights from Bihar, Chhattisgarh, Odisha and Uttar Pradesh", Centre for Budget and Governance Accountability and UNICEF India, New Delhi.

Resource Gap Analysis



Case Studies

Brick Kiln Workers

The research team visited a brick kiln Tasimo village of Dholpur district to understand the access of the children of brick kiln workers to the govt. nutrition schemes, and the situation of anganwadi centres and health facilities and the status of implementation of ongoing government schemes for women. At this brick kiln, local as well as migrant labourers work. The migrant workers working on this kiln are about 200-250 families coming from Chhattisgarh and local labourers are also from 50-60 families. Both these type of labourers live around the brick kiln. The situation of the children of migrant labourers was found to be very poor. Because of their migrant status, they live in the village only for a few months after which they return to Chhattisgarh. As a result, they are not registered in schools and anganwadi centres. In fact, they end up working with their families at the brick kiln. The government health care centres are also located very far away from the brick kiln as a result they have to depend on private doctors/quacks. The situation of the local labourers was found to be as bad. Since they also reside near the brick kiln, schools, anganwadi centres and government health care centres are out of their reach. Some male members told that they have heard about the Rs. 5000 being given to women who are pregnant and going to become mother.

Marginalised Communities

The research team visited a basti of Gadiya Lohar, a noadic community, in Sainpau village of Dholpur district. It was found that the children of the nomadic communities are unable to take advantage of the anganwadi centre which is nearby. Due to their marginalized status, the anganwadi workers fail to visit these communities to spread awareness and help these families send their children to the anganwadi. On the other hand, the families also do not take any initiative on their part because of their own inhibitions. Many from these families usually do not have any form of an identity document as a result of which they are unable to benefit from the government schemes. Those families and specifically the females who do have an identity document are unaware of any scheme. Therefore, the reach of government schemes was found to be dismal. The lack of an identity document, lack of awareness about government schemes and poor access to anganwadi centre contribute to a very poor nutritional and educational status amongst these communities, specifically among the children and women of these communities. Most of the women here are not aware about the PMMVY.

RECOMMENDATIONS

Based on the above findings, it is clear that a lot more needs to be done for enhancing public investment in delivery of nutrition interventions.

- The government needs to significantly step up its investment for effective delivery of proven nutrition interventions in the state. For this both the Union Government and the Government of Rajasthan need to increase their budgets for the nutrition interventions. The existing resource gaps for delivery of all nutrition interventions need to be addressed at the earliest, by increasing the budget outlays for the same. Most of the interventions are low cost interventions, requiring very less resources when seen in the context of overall funding for the nodal departments of health and WCD. What is required is greater priority for these interventions in the respective budgets of the two departments.

- The health department needs to ensure consistency in budgeting for nutrition interventions across years. This is critical for sustained delivery of interventions across the state and would also help the officials plan the implementation of these interventions better for the coming year. At the same time, if the people are assured of the public service delivery for these interventions, their uptake for the same will also improve.

- Low level of fund utilisation is a serious problem constraining the delivery of nutrition interventions, especially the ones delivered by the health department. The department needs to identify and address the factors constraining the utilisation of budgets for these interventions in the state and address the same at the earliest. Without effective utilisation of resources, the delivery of the interventions would continue to suffer, even if the allocations are increased.

- Most importantly, these interventions need to be seen as a comprehensive package for addressing undernutrition. These interventions, often sub-components within larger schemes, do not get the requisite attention for their implementation. Policy makers need to prioritise the implementation of these interventions for bringing about tangible improvements in the nutrition levels in the state.

- The better implementation also requires filling the vacant positions in the key departments like WCD and Health and Family Welfare.

- There is also a need to pay spcial attention to the marginalised groups like migrant workers, brick kiln workers, and nomadic and semi nomadic communities.

Note: The annexrure mentioned in the Policy Brief can be found in the nutrition section of BARC Trust's website: www.barctrust.org/NutritionInRajasthan.jsp

Budget Analysis Research Center Trust (BARC)

E - 758 -759, 2nd floor, Nakul path, Lal kothi Scheme,
Lal kothi, Jaipur 302015, Rajasthan, India
E-mail: barctrust@gmail.com | Website: www.barctrust.org