2021/22 Child Nutrition Budget Brief
Investing for achieving Child Nutrition Outcomes in Madhya Pradesh

Submitted to UNICEF (Bhopal)
2024

Key messages and recommendations

1. The nutrition situation in Madhya Pradesh has improved. There is the need to accelerate the pace and focus for realising the vision of State Nutrition Policy 2020-2030.
   Recommendation: Nutrition should continue to be the top priority of the government agenda. Ensure that 2% of the state GDP is allocated for implementation of the nutrition policy.
2. Allocations for Child Nutrition and Health Interventions (CNHI) at INR 5,859/- per child is a positive step. Higher proportion of nutrition specific interventions from the existing 12.14% is needed.
   Recommendation: Allocations for nutrition specific interventions should be prioritized. Dependency on central schemes for these should be reduced and state share be increased.
3. At INR 3,289 crores the allocated nutrition specific allocations fall slightly short of the required INR 5,448 crores.
   Recommendation: Increase the allocations through efficient budgeting practices to atleast INR 4,445 crores in the coming budget with a gradual focus to bring it up to INR 5,448 crores. Ensure 80% of the allocations are child focused (100% target).
4. Per child allocations for reduced undernutrition for children under-5 at INR 1533/- and for children aged 6 to 18 years at INR 371/- needs improvement.
   Recommendation: Bring back per child allocations for under-5 children to 2019-20 levels of INR 1,731/, while atleast doubling the allocations for children aged 6 to 18 years.
5. Allocations for anaemia control are increasing at the rate of 110% but per capita amount is still low.
   Recommendation: Improve planning and budget allocation for Anemia Mukt Bharat (AMB) within National Health Mission (NHM). Advocate with national government for higher approvals. Consider a dedicated programme for adolescent girls, especially from Scheduled Tribe (ST) community.
6. Efficient and adequate planning of nutrition budgets requires availability of more accurate and reliable data in public domain.
   Recommendation: State has improved CNHI data availability through HMIS and Poshan tracker. Need to harmonise the databases for uniformity and ensure data-led budget planning.
7. The state has already developed District Nutritional Management Plans. These need to be effectively pursued.
   Recommendation: Ensure adequate financial backing and implement the plans through a strong convergence approach at Gram Panchayat and Black Panchayat levels.

PART 1 INTRODUCTION

The state of Madhya Pradesh has demonstrated substantial improvement in terms of child nutritional outcomes. However, there is still a long way to go in achieving the desired state vision. Addressing this would require a more nuanced approach to planning and budgeting for the various determinants of child nutrition. This brief aims to assesses the extent to which the state budget 2022-23 addresses the nutrition needs of children. It provides an analysis of the size and composition of budget allocations for nutrition programmes. The brief makes a case for improved investments to achieve the state's vision on child nutrition especially SDG targets 1.3, 2.1 and 2.2.

The brief builds on conceptual framework on the determinants of maternal and child nutrition, proposed by UNICEF Nutrition Strategy 2020-2030. to map nutrition outcome indicators for the state. The framework broadly divides the determinants of malnutrition into three categories – immediate, underlying and enabling. While immediate determinants act at individual level and are related to dietary intake and diseases; the underlying causes act at family / household level pertaining to food security, feeding practices / behaviours, access to nutrition and health services and healthy environment. The enabling determinants are at community level- pertaining to socio-cultural practices and norms and governance level- including public policies and resource allocation.

Building on this framework, nutrition outcome indicators (figure 1) was developed. This was further intersected to identify milestone or output indicators and interventions for achieving the same. The nutrition interventions thus identified were cross referenced with state budget line items as presented in the Child Budget Statement (CBS), 2022-23. The interventions were further classified into:

A. Nutrition Specific Interventions that target the immediate determinants like Saksham Anganwadi and Poshan 2.0, PM Poshan, IFA supplementation, Atal Bal Arogya Mission, Nutrition Rehabilitation Centre, Food fortification, Minimum Needs Programme, etc; and
B. Nutrition Sensitive Interventions that target the underlying determinants like National Health Mission (non-nutrition components), construction of Anganwadi Centre (AWC), Honorarium of AWC worker, Maternity Support, Public Distribution Scheme, Antyoydav Yojana, Health Care, Water and Sanitation; etc. [i]

With an emphasis on the need to focus more on Category A interventions, a resource estimation exercise for interventions falling in this category was undertaken and gaps in financial allocations for the previous financial year was also assessed.

Outcomes for Children	1. Reduced proportion of children under-5 years, who are stunted, wasted and/or underweight 2. Increased proportion of boys and girls aged 6 to 18 years with normal BMI (25 > X >18.5) and Waist to Hip Ratio (>0.85 for females and >0.9 for males) 3. Reduced prevalence of anaemia (Hb <11.0 g/dl) among children under-5 years; from 6 to 13 years and adolescents (14-18 years)		
Immediate Determinants	1. Improved access to optimum nutrition for pregnant women and lactating mothers (PW/LM) 2. Early initiation and exclusive breastfeeding for children under 6 months 3. All children receive adequate diet		1. Increased proportion of children, adolescents and PW/LM have access to IFA and other micro nutrient supplements 2. Increased access to care and treatment for severely and moderately malnourished children 3. Increased access to care and treatment for children suffering from diarrhoea
Underlying Determinants	1. Increased social protection coverage (access to maternity benefits) 2. Increased food security and social protection (food safety nets)	1. Increased access to nutrition services (infrastructure and staff) 2. Improved community knowledge, behaviour and practices on balanced diet and nutrition	1. Increased access to health and child care services 2. Improved access to water, sanitation and hygiene (WASH)
Enabling Determinants	1. Prioritized allocations for Child Focused/ 2. Adequate allocations for other child and nutrition programmes		1. Child nutrition policy in place 2. Appropriate dietary allowances and nutrition recommendations 3. Decline in societal (mis) conceptions
	1. Child nutrition is placed on high priority in the development agenda 2. Evidence based child nutrition planning and monitoring processes in place		

Figure 1: Child Nutrition Outcome Indicators

PART 2 CONTEXT AND OVERVIEW OF CHILD NUTRITION IN MADHYA PRADESH

The Government of Madhya Pradesh (GoMP) has adopted the State Nutrition Policy (2020-2030), which envisages reducing all forms of child malnutrition complying with the SDG targets by 2030 as well as reducing anaemia as per World Health Assembly (WHA) targets. In this line, line departments like state Women and Child Development (WCD), Public Health and Family Welfare (HFW), Rural Development and Panchayati Raj (RD&PR) and Food and Civil Supplies (FCS), have also developed detailed State SDG Action Plans.

The state has already been undertaking significant steps towards addressing malnutrition, results of which can be observed in the changes from NFHS-3 (2005-06) to NFHS-4 (2015-16) and NFHS- 5 (2019-20). A review of past trends in child nutrition indicators (figure 2) shows impressive improvements on all parameters except anaemia.

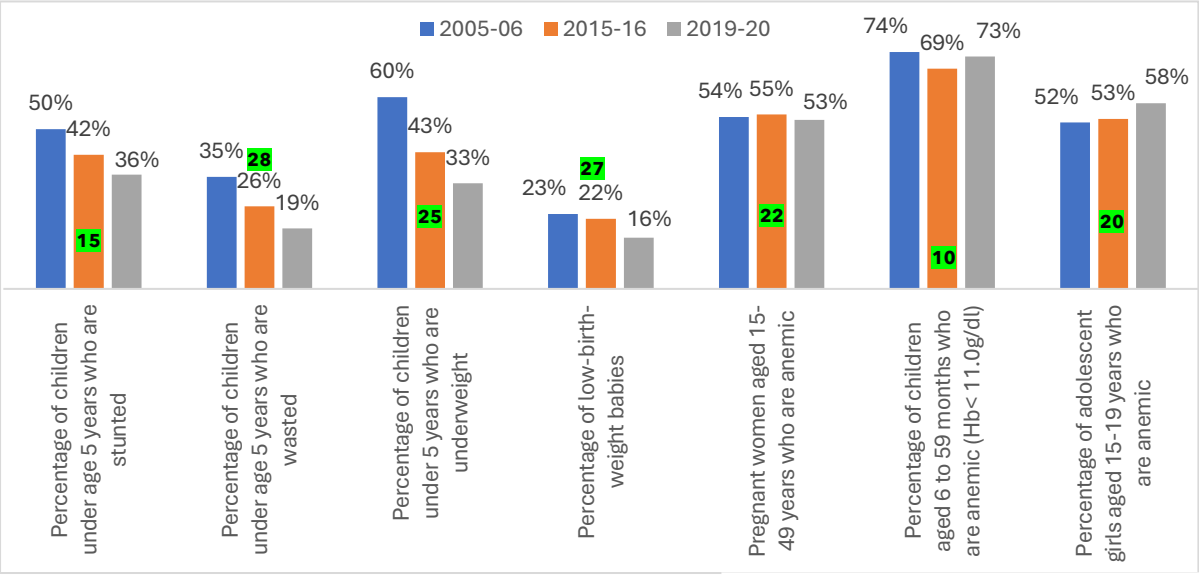

Figure 2: Progress on Child Nutrition Indicators in MP since 2005-06

XX State targets

Source: NFHS reports

Stunting has declined by 14.3 percentage points, between 2005-06 and 2019-20, much of it coming in the last 5 years, with an average annual rate of decline after 2015-16 being 1.26%. At this rate the state is likely to meet the 2024-25 target for stunting. However, it will have to intensify its efforts towards an annual decline rate of 1.37% if it aims to meet the 2030 target.

The proportion of wasted children has also shown a decline of 16.1 percentage points between 2005-06 and 2019-20, with an average annual decline rate after 2015-16 being around 1.38%. If the annual decline continues at this rate, the state could achieve its wasting target by 2026. What would be critical here though is to eliminate the presence of severe acute malnourished (SAM) children. The current baseline as reflected in NFHS-5 shows a high 6.5% of SAM children in the state.

Madhya Pradesh has also almost halved the proportion of children who are underweight, from 60% in 2005-06 to 33% in 2019-20. This has been achieved through consistence improvement with an average annual decline rate of 1.80% in the last 15 years. At this rate the state should be able to also achieve its target related to underweight children under-5 years.

Prevalence of anaemia among pregnant women, and all age-groups of children, however, is still very high. Anaemia among adolescent girls has in fact increased over the years. This will not only have impact on the current health status of girls but also on the nutritional outcomes in future as these girls' become mothers. The state, however, needs to strongly intensify its efforts to curb anaemia to achieve the desired targets related to nutrition. Reducing anaemia is also important as it has an important impact on learning levels of children.

Another important aspect to consider is the growing trend of increase in obesity among children. Although a higher BMI is not yet a matter of concern currently with the proportion of children and adolescents with a BMI greater than 25 being very less in the state. However, unhealthy waist to hip ratio reported in NFHS-5 is a matter of concern especially for adolescent girls and children in urban areas. Only 64.5% of the adolescent girls aged 15 to 19 years had a normal waist to hip ratio, while 35.4% had a ratio pointing to substantially increased risk of metabolic complications (≥0.85).

Among equity considerations, social dimensions especially caste and tribe connections, have a major impact on the nutritional outcomes. Children from Scheduled Castes (SC) and Scheduled Tribe (ST) communities lag most behind on all nutritional parameters than their counterparts (table 1). Interestingly, gender inequality shows a decline with boys showing higher levels of malnourishment than girls on many parameters except anaemia levels in the NFHS-5 report. Field studies (V. Sangeetha, et al, 2018) conducted in Dhar and Datia districts of the state, however, reveal a wide gender gap in the very severely and severely underweight categories- 6.67% and 13.3% for girls' vs zero and 6.67% for boys respectively. Another study by Pillai and Kuchenbecker (2016) conducted in Sheopur and Chhatarpur districts also pointed that caste was the most negative influence on minimum dietary diversity. This once again highlights the importance of understanding of local context, especially in the context of gender and social inequalities, with the need for targeted planning and resource allocation.

District-wide variations is also prominent in all three indicators of stunting, wasting and underweight children under 5 years. A district-wise malnutrition index was developed for the state using NFHS-5 data for stunting, wasting and underweight. The state average was 0.48, with a high standard deviation of 0.16, highlighting district level disparities. The bottom 10 districts reporting high malnourishment were Shahdol. Harda, Ujjain, Barwani, Jhabua, West Nimar, Balghat, Panna, Katni and Burhanpur which had the highest score of 0.85. Guna district reported the lowest malnutrition with a score of 0.17, followed by Mandsaur, Bhind, Neemuch, Sehore, Bhopal, Ratlam, Anuppur, Morena and Indore, among the top10.

Not undermining any of the above though, it needs to mentioned that these trends are based on the status before 2019-20 and do not take into account for the impact of Covid-19. Evidence points out that the pandemic has had significant impacts on food security and nutrition levels across the world. Kapur (2020) has reported a potential decline of 9.5% in Gross Domestic Product (GDP) in India could result in 1.322 million moderately wasted and 2.08 million severely wasted children. And while state specific data is not available, Madhya Pradesh will be no exception to seeing an increase in malnourishment among children. The impacts of covid-19 will thus have to be taken into consideration by the state while planning its

strategy to meet the 2030 targets on child nutrition. Thus, much still needs to be done if the state needs to end all forms of malnutrition among children by 2030.

Table 1: Performance on nutrition outcomes across social groups

Indicator	Male	Female	SC	ST	OBC
Children under 5 years who are stunted	37.3	33.9	40.5	40	33.8
Children under 5 years who are wasted (MAM)	12.9	12.1	12.8	14.2	12.1
Children under 5 years who are severely wasted (SAM)	6.6	6.3	6.3	7.2	6.3
Children under 5 years who are underweight	34.4	31.6	36	39.8	31.1
Children aged 6-59 months who are anemic	72.1	73.2	74.5	76.9	70
Adolescents aged 15-19 years who are anemic	30.4	58.1	NA	NA	NA

Source: NFHS- 5, 2019-20

PART 3 SIZE AND TRENDS OF NUTRITION BUDGET

For the first time in 2022-23, the GoMP introduced Child Budget Statement (CBS) to track child focused and child responsive allocations[ii] for children across five child rights domain areas- child health and survival, nutrition and child care, education and skill development, child protection and child participation.

The state accorded a high priority to allocations for children, with 5% of the GDP and 23% of the state's annual budget being the total allocations for children under all five domains. The per child allocations has grown from INR 13,203/- in 2019-20 to INR 18,527/-(based on projected population 2021). A high INR 12,411/- is for child focused (100% targeted) allocations. These are good signs as it shows that the state continued to prioritize children's needs through the pandemic period.

The total identifiable budget for child nutrition and health interventions (CNHI)[iii] in 2022-23, was 31% of the total child budget[iv]. The CNHI allocation amounts to only 7.25% of the annual state budget and 1.56% of the state GDP. The CNHI allocation stands at INR 5,859/- per child (0 to 18 years) and is recommended to be increased to INR 9,336/- per child (0–24 months) for just nutrition specific interventions (Chakrabarty, et al. 2017).

A very high proportion of the total CNHI allocations is nutrition sensitive (87.86%) rather than nutrition specific (12.14%)[v]. When analysed further in terms of child focus, the share of child focused nutrition specific allocations further reduces to only 4.84%. The per child allocations for nutrition specific allocations is about INR 711/-, of which INR 283/- is child focused and INR 428/- is under responsive category. Interestingly, these figures when assessed against recommended benchmarks like INR 867.86 per child for a set of core direct nutrition interventions at scale per child[vi] (Kapur et al., 2020) point out to the fact that the overall allocations for nutrition specific interventions are somewhat in line with the requirement.

The changing priority focus for child focused nutrition specific allocations is also a matter of concern. In the last 4 years, the total allocations for CNHI have been increasing. However, while there has been an increase in allocations by 137% and 207% for child responsive nutrition specific and nutrition sensitive allocations respectively between 2019-20 to 2022-23, the child focused and responsive nutrition specific allocations in the

Table 2: Budget Allocation vs Utilization in 2020-21 **(INR Crores)**

Budget Categorization	Budget Estimate (2020-21)	Revised Estimate (2020-21)	Actual Expenditure (2020-21)	Percentage Utilization (2020-21)
Child Focused Nutrition Specific	1111	1108	1072	96.5
Child Responsive Nutrition Specific	1510	1510	1212	80.3
Child Focused Nutrition Sensitive	2987	2052	3025	101.3
Child Responsive Nutrition Sensitive	6942	6391	7705	111.0
TOTAL	1111	1108	1072	96.5

Source: State Budget Documents (also see exhibit 1 for schemes in each category)

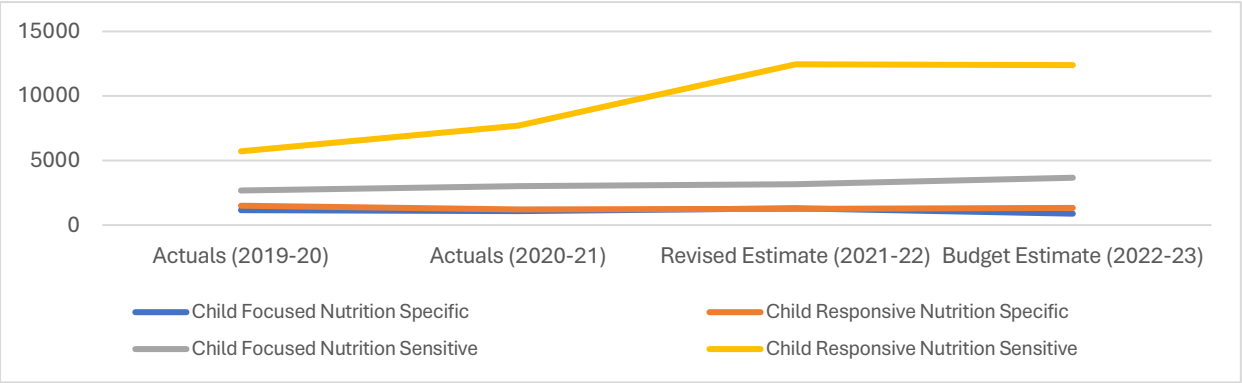

Figure 3: Trends in Child and Nutrition Targeting Allocations
Source: State Budget Documents

same period have reduced to 76.5% and 89% respectively (figure 3).

The utilization rates of 2020-21 budget further highlights the focus gap in expenditure on child nutrition. As can be seen from table 2, while overall utilization is good (above 95%), the utilization rate for child-responsive nutrition specific allocations is below 90%. There is an important need to review and strengthen the implementation status of these schemes.

One visible constraint seems to be the delayed fund transfer from central to state for nutrition specific interventions (e.g. Special Poshan Aahar- Minimum Needs Programme) compared to nutrition sensitive interventions (e.g. National Health Mission). For example, in 2020-21 while almost all of the expected funds under NHM were received by the state by 31st July 2021; it was nil or very low for most nutrition specific interventions except National Nutrition Mission.

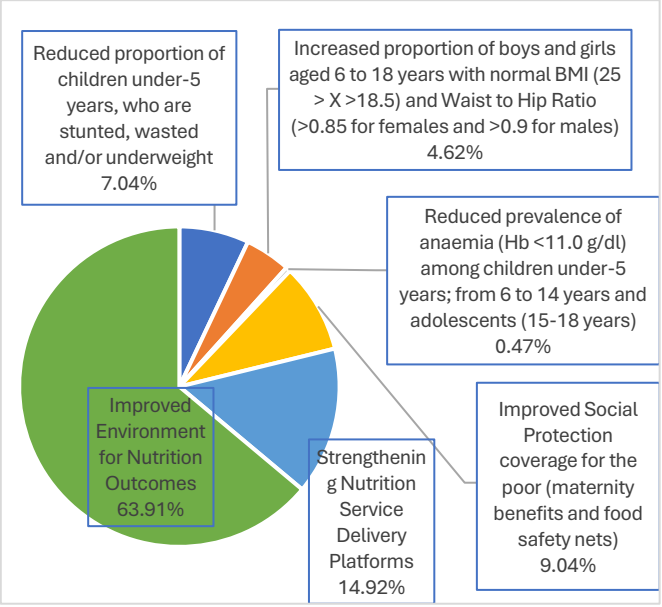

Figure 4: Outcome-wise allocations of CNHI budget in 2022-23

The state has a high dependence on central for nutrition specific interventions, as compared to nutrition responsive interventions, which makes its interventions vulnerable to such fund delays. While the average state share of allocations for nutrition sensitive budget has been around 25%, for nutrition specific interventions it is only 5%. This points to the need to increase state's own budget allocations for nutrition specific interventions.

PART 4 COMPOSITION OF SPENDING

Analysis of the composition of the nutrition resources brings to light the budgetary challenges to achieving child nutrition outcomes. Nearly 63.91% of the nutrition resources is for improved environment- water, sanitation and health care. Allocations for the most important outcome- reduced proportion of children under-5 years, who are stunted, wasted and/or underweight, is only 7.04%. Another important concern area is the share of allocations for anaemia related outcome, which is less than half of a percent (figure 4).

And this is when the state has actually increased its focus on anaemia, with allocation for this outcome increasing at the rate of 110%. This, however, is no match for the 156% and 226% increases for social protection and improved environment outcomes. Declining allocations for outcomes related to nutrition levels of children under-5 years by 88.6% as well as for children aged 6 to 18 years by 75.2% are a matter of concern. The state achieved results in reducing malnutrition between 2015-16 and 2019-20, through policy focus and higher budgetary allocations. The shift in the allocation towards social protection and health, probably due to

covid-19 is understandable, but needs to be tracked for return back to the pre-pandemic levels.

In absolute terms, only INR 1288 crores were allocated for reduced proportion of children under-5 years, who are stunted, wasted and/or underweight. Around 98% of the allocations is for supplementary nutrition- Special Poshan Aahar under the Minimum Needs Programme; and 1.2% under the Atal Bal Arogya Mission. Both these programmes are run by WCD Department. In terms of per capita for children in this age-group (0.84 crores), this comes to INR 1533/-, a decline from INR 1731/- in 2019-20.

INR 845 crores have been allocated for the indicator "increased proportion of boys and girls aged 6 to 18 years with normal BMI (25 > X >18.5) and Waist to Hip Ratio (>0.85 for females and >0.9 for males". In terms of per capita, when analysed for the 2.28 crore children in this age group, this not only very less at INR 371 in 2022-23; but it has also significantly declined from INR 493/-, 462/- and 599/- in 2019-20, 2020-21 and 2021-22 respectively. These includes allocations for three programmes PM Poshan or MDM which is almost 95% of the allocations; the state scheme on milk distribution under MDM which is 5%, and the Kishori Balika Yojana (KBY) which is almost negligible. The decline in the allocations have come from the decline in MDM allocations by 77% and reduction of KBY allocations to a token INR 19,000/- in BE 2022-23.

Again, the allocations for anaemia while increasing are still substantially low at INR 27 per child (BE 2022-23). Almost 70% of the state allocations are for distribution of double fortified iodised salt, which is at the household level and hence the actual reach to children is limited. Allocations have also been made for the rice fortification scheme of the GoI[vii] from 2022-23, but it is limited to pilot in one district only. The state also had a focused Lalima Yojana for targeting anaemia among girl children, however, the scheme has no allocations post 2019-20.

As is clear from earlier analysis a huge proportion of the child nutrition allocations is for underlying determinants or nutrition sensitive outcomes. In Budget 2022-23, this was around INR 16,062 crore. Of this, however only INR 3668 crore (22.8%) was all child focused, rest was allocations for household or community-based services which also have a significant impact on children (responsive).

In terms of outcomes- INR 1653 crores (10.29%) were allocated for social protection; INR 2727 crores (16.98%) for nutrition services; and INR 11683 crores (72.73%) for improved environment. It is interesting to further analyse these allocations in terms of intermediate outcomes/ programme objectives (figure 5).

As can be seen, the allocations for social protection are divided between provision of food security for poor and maternity benefits for women. Between 2019-20 and 2022-23, there has also been an increase in allocations for these outcomes at the rate of 127% and 190% respectively. The provisions for food security are mainly household oriented including schemes like Annapurna Yojana, PVTG Food Subsidy Scheme or Community based like the Deendayal Antoyday Rasoi Yojana of the Urban Development and Housing Department (UDHD). Only one scheme of the FCS Department- provision of subsidised foodgrains to students, is targeted at children.

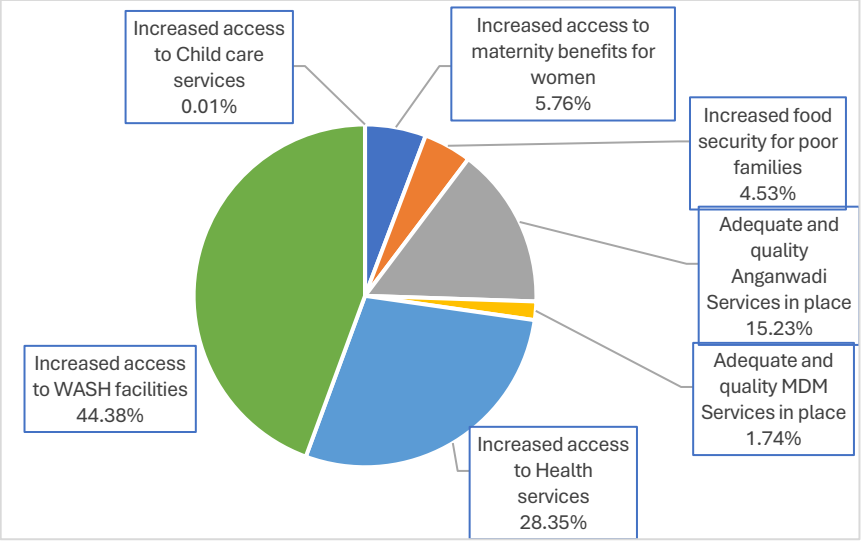

Figure 5: Proportion of different intermediate outcomes in allocations for nutrition sensitive services (BE 2022-23)

Maternity benefits, on the other hand, are very child focused, and an increase in allocations for the same is commendable. It is also important to note here that the allocations for the same are not limited to GoI's PMMVY but the state has its own maternity benefit scheme named "Mukhya Mantri Shramik Seva Prasuti Sahayata Yojana

(MMSSPSY)". While allocations for this scheme have been stagnant, the actual expenditures have been higher, showing an improving trend.

Another important child focused outcome is adequate and quality anganwadi services in place. There has been a steady flow of allocations for this outcome. A major share of the allocations under this is for Anganwadi Services (48.7% in BE 2022-23); followed by the state scheme for Additional Honorarium to Anganwadi Workers and Helpers (35.6%); National Nutrition Mission (7.6%); Building Construction for Anganwadis (4.6%); Maintenance of Departmental Assets (3.4%); and Electricity Connections in Anganwadis (0.2%). Earlier the state also had a budget head under PHED for provision of drinking water facilities at AWCs, however, there are no allocations reported in the same in 2022-23.

The state has also seen a huge jump in allocations for health interventions as part of NHM and Ayushman Bharat, in the last four years, understandably as it dealt with the covid-19 pandemic. However, the proportion of allocations for RMNCAH+N interventions, which is critical for child health and thereby nutrition, remains limited. A review of the Framework of Implementation of Record of Proceedings, NHM (2021-22) shows that around 30.57% of the total NHM budget is allocated to RMNCAH+N interventions. It is important to undertake a more detailed analysis of the NHM budget from a child health perspective to understand the trends and adequacy of the budget.

And although WASH is an important underlying determinant of child nutrition, a high focus on the same without corresponding increase in addressing immediate determinants will not achieve the desired results

PART 5 Equity Considerations

Given that nutrition outcomes differ amongst districts there is also the need for differentiated financial programming. Lack of data made it difficult to do a more comprehensive analysis of spatial budgetary trends. The district-wise allocations and expenditure of funds under the Special Poshan Aahar programme[viii] was however analysed to map the variation in financial inputs. A review of status in 2020-21 show that the allocation and expenditure of funds was highest in Shivpuri district (2464.19 crores), and lowest in Harda district (310.9 crores). In terms of spending efficiency, the districts of Alirajpur, Ashoknagar, Chhatarpur, Dhar, East Nimar, Guna, Indore, Katni, Mandsaur, Rewa, Shahdol, Shajapur, Sidhi and Umaria had more than 99% expenditure in 2020-21. The districts of Barwani, Neemuch and Seoni had low expenditures at the rate of 80.7%, 76.5% and 59% respectively.

To get a more realistic estimation of the adequacy and uniformity of the fund allocation, district-wise per child allocations were analysed. This was estimated using district population and proportion of child population in the age group 6 to 72 months (since this was the core target beneficiary group for the programme). The review shows that the state average was INR 694.50 per child with a high district-wise variation (figure 6).

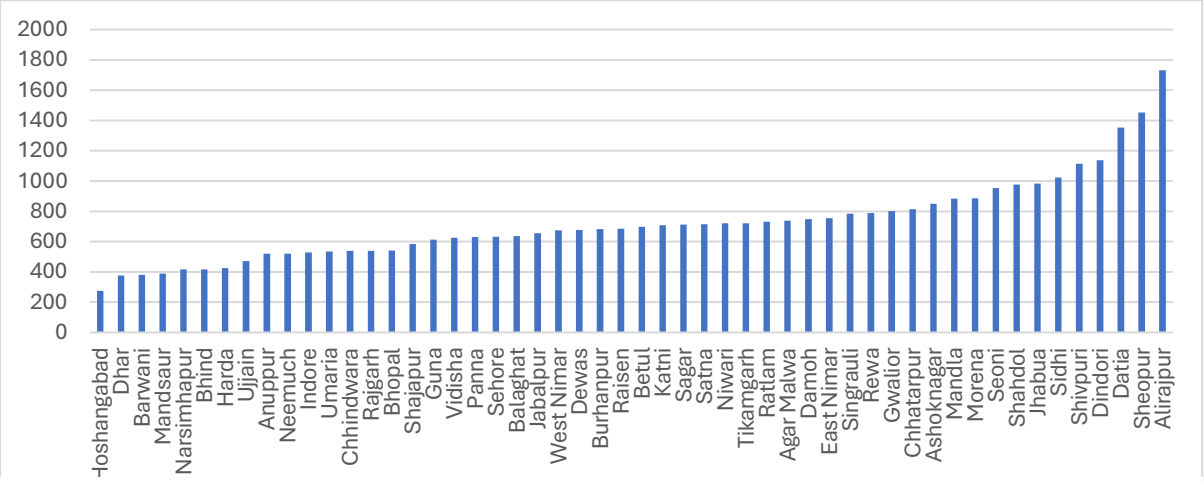

Figure 6: District wise Per Child Allocations under Special Poshan Aahar 2021-22

As can be seen from the figure the districts of Alirajpur, Sheopur, Datia, Dindori, Shivpuri, Sidhi,

Jhabua, Shahdol, Seoni and Morena fall among the top 10 districts in terms of per child allocation with allocations ranging from INR 1731 to 884 per child, much higher than the state average. The bottom ten districts include Hoshangabad, Dhar, Barwani, Mandsaur, Narsimhapur, Bhind, Harda, Ujjain, Anuppur and Neemuch with allocations ranging from INR 275 to 521 per child, much lower than the state average.

It is very important to understand the reasons behind these variations and target interventions in those districts based on the local context assessment. Given the disparities in the per child allocations within the various districts, it is important to assess the targeting of allocations against the malnutrition status. For this the district-wise per child allocation in the state was compared with the district malnutrition index. A review of the data shows a complete lack of any correlation between budgetary allocations and malnutrition status, with a Pearson correlation of 0.076. There is in fact a high level of anomaly with districts like Harda, Ujjain and Barwani which rank high on malnutrition falling among the bottom ten districts in terms of per child allocations, on one hand, while on the other a district like Morena which ranks low on the malnutrition index ranks among the top 10 districts in terms of per child allocation.

A critical strategy thus required is developing District Nutritional Management Plans. Most districts have already developed strategic documents towards this in 2020. It is now important to target the state-level allocations to the districts in line with these plans. Of these, only Chhatarpur, Damoh, West Nimar (Khargone), Barwani, Singrauli, are aspirational districts already under specific focus. Most of the others - Agar Malwa, Burhanpur, Balaghat, Umaria, Dhar, Gwalior, Harda, Jhabua, Katni, Sheopur, Morena, Panna, Sagar, Satna, Shahdol, Ujjain, are non-aspirational districts and need additional focus on nutrition aspects.

Another aspect to consider in terms of equity is the gaps in age-group wise allocations. While lack of data again prevents a more accurate estimation, analysing the allocations for the two major malnourishment outcomes (other than anaemia) for the two age groups children under 5 years and children aged 6 to 18 years shows a marked difference. While the average allocations in 2022-23 for the former was INR 1533/-, the average allocations for the later was very less at INR 371/-. While addressing under-5 malnourishment is important, equally important is to focus on young children and adolescents between 6 to 18 years.

Addressing gender and social equity dimensions within budgets is also important. Currently there are only three targeted budget lines addressing the needs of girl child- the Kishori Balika Yojana, Lalima Yojana and Project Udita. Of this project Udita is focused more on menstrual hygiene and has limited implications on nutrition. Kishori Balika Yojana is an important scheme but the allocations have declined drastically as it is being subsumed in Poshan 2.0. Lalima Scheme run by WCD is no longer operational. Thus in 2022-23, only around INR Two crores were allocated specifically for girl child nutrition. Similarly, there are no specific allocations for SC and ST children inspite of the criticality of caste and ethnicity on child nutrition in the state. There is only one PVTG Food Subsidy Scheme, with an allocation of 300 crores, run by the Tribal Affairs Department, which provided targeted food grain allocation for primitive tribe families. While much required this is still a household level programme, highlighting the need for child focused allocations.

PART 6 RESOURCE REQUIREMENT AND FINANCING GAPS

Both nutrition specific and nutrition sensitive allocations are important. However, given the lower allocations for nutrition specific allocations and their relative higher criticality for achieving child nutrition outcome targets, an assessment of resource requirement for the same was undertaken. This was based on target beneficiary population estimates based on census, HMIS and WCD MIS data and unit costs assumptions using the expenditure approach from existing government programmes and schemes. The unit costs were then multiplied it with the proposed target population to arrive at the required annual budget for each intervention. This was then mapped with the allocations for financial year 2021-22, to understand the financing gaps.

Analysis shows that current budget allocations to nutrition fall short of financial requirements. Overall, it is required for the state to earmark atleast 5,448 crores annually for nutrition-specific interventions to meet full coverage as per HMIS data. This would mean a focused investment of around INR 1747 per child. The corresponding allocations by the state for these interventions, however, was only INR 3289 crores or 1055 per child in budget 2021-22. There is thus the need for more resources to be allocated for nutrition of the state has to achieve its desired nutrition targets. This could be achieved in the coming budget itself by ensuring efficient budgeting practices- department data-based target estimations and approved unit costs. Gradually the line departments will need to work towards improving adequacy of the budget heads for more accurate evidence based budgeting and improved unit cost approvals.

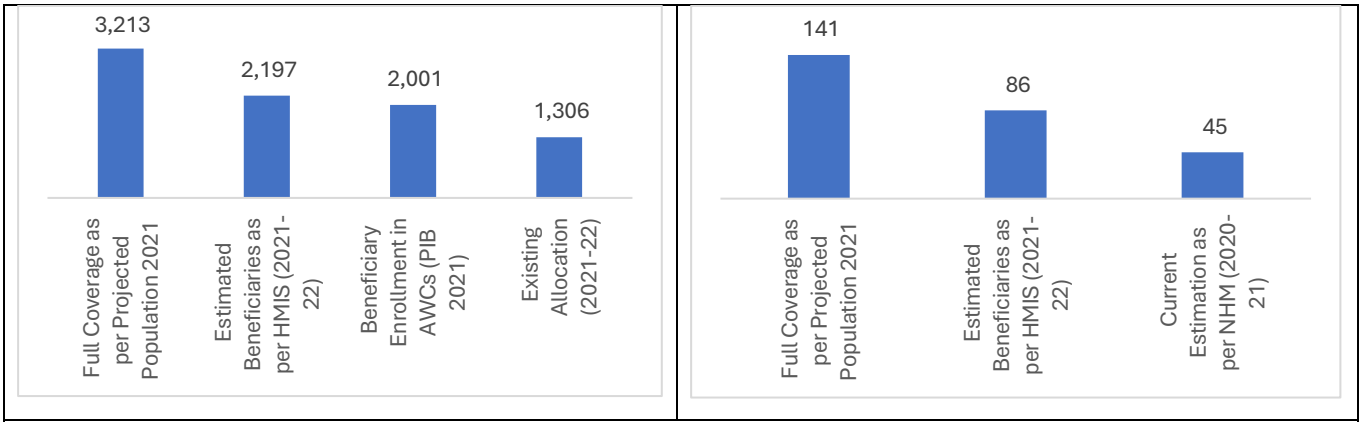

Figure 7: Estimated SNP (left) and micro nutrient supplementation (right) allocations based on various population estimations

Reprioritization of budget heads is also required to ensure that maximum child nutrition specific interventions are covered as per the desired policy outcomes. It is recommended to ensure that 80% of the nutrition specific allocations are child focused. The resource requirement vs current allocations for major nutrition specific interventions would need to be:

- INR 274.94 crore for Intensified interpersonal counselling on nutrition as against the current allocation of INR 212.69 crores.
- A high increase in allocations is required for Group-level Interpersonal Communication from the current INR 2.74 crores to INR 109.74 crores.
- INR 151.53 crores to be allocated for replenishing growth monitoring devices.
- SNP allocations need to be doubled from INR 1,306.08 crores to INR 2,197 crores.
- PM Poshan allocations need to be sustained based on the revised unit costs.
- Allocations for Nutrition Interventions for Older Children (other than PM POSHAN) needs to be increased from INR 237.5 crores to INR 462.0 crores.

Important to note is that these investment requirements would increase further if the calculations were to consider the 100% or universal coverage of nutrition interventions based on census population data. For example, allocations for SNP or micro nutrient supplementation calculated as per HMIS population would increase drastically if budgeted for universal coverage (figure 7).

There are gaps in unit cost of schemes, which need to be revised. PMMVY, for example, with a cash transfer of INR 5000 provides. only 11% minimum wages for unskilled labour in the state (Rs 250 as of Oct 2020) for a 6-month (180 days) period. A similar state-level scheme, the Mukhya Mantri Shramik Seva (Prasuti Sahayata) Yojana, with a cash incentive of INR 16,000 providing a slightly better wage compensation of around 35% for 6 months.

For Anemia targeting not only does the budget proposals and state allocation needs to be improved but advocacy with the Ministry of Health and Family Welfare at the national level would be important for better allocations in Anemia Mukth Bharat under NHM PIP/ROP.

UNICEF studies have shown that in 2019-20, the state proposed only 62% of what should have been budgeted as per the AMB 2018 guidelines. But

more importantly, what was approved was even lesser-only 55.6% of the eligibility.

PART 7 COVERAGE AND DATA CHALLENGES

Micro-level analysis also brings to light the challenges of aligning planning and budgeting. For example, as per the state HMIS reports there could be approximately 18.52 lakhs pregnant women and lactating mothers annually in the state. However, as per the state DWCD MIS (2020-21), only around 14.25 lakh PW/LM were enrolled with anganwadis, indicating an enrolment rate of 76.9%.

Furthermore, the number of SNP beneficiaries reported in the state is only 10.47 lakhs indicating a coverage of only 73.5% among the enrolled beneficiaries. A review of the MPR of March 2022, shows only 2.05 lakh PW/LM being provided THR regularly pointing to a very low coverage of 19.6% among SNP beneficiaries and 14.4% coverage among enrolled beneficiaries.

Coverage of SNP interventions under ICDS for children aged 6 to 59 months has been high in the state as per NFHS-5 report. However, the number of SNP beneficiaries has been declining over the years. Also, the DWCD-MIS Data for March 2022 shows only 15.07% coverage of THR- covering only around 4.69 lakh children against the enrolled 29.89 lakhs SNP beneficiaries in that age-group.

The coverage of hot-cooked meal, including breakfast and lunch, was found to be higher at 89.2% than the THR as per the state DWCD-MIS Data (March 2022). A total 27.47 lakh children aged 3 to 6 years were reported to have been provided HCM as against the enrolled 30.81 lakhs.

The state also has a high coverage under MDM. On an average basis 41.25 lakh children (99.5%) in primary schools and 24.58 lakh children (99.1%) in upper primary schools have been covered during the year 2021-22. However, there has been a drastic drop of around 20% in the proposed number of students for 2022-23, which needs to be probed further.

The subsuming of SAG into Sakhsham Angawadi has resulted in a huge drop in the number of beneficiaries to only 15252 during 2020-21. This cover hardly 8% of the estimated 1.18 lakh out-of-school girls aged 14 to 18 years in the state.

Evidence also suggests that insufficient numbers, trainings, supportive supervision and motivation of FLHWs impedes the coverage and quality of counselling provided to caregivers on IYCF.

The state also has all the sanctioned 97135 AWCs operational. Of these, around 74% were running in government or community owned buildings. And while quality of the infrastructure is questionable in many places- around 2140 AWCs were running in kutcha buildings which needs urgent attention. Around 89% had drinking water facilities, while only 70% had toilet facilities.

Frontline staff is position in the state. The proportion of in-position AWW and AWH is at 98.5% and 97% respectively. However, as per TUS in the state, only 27% of her time is dedicated to nutrition related activities like home-visits, feeding and growth monitoring.

There is an average of one ASHA for every 1194 people in the state which is much in line with the guidelines of one ASHA per 1000 rural population and 1000-2500 urban population. Even more commendable is that 95% of the ASHAs have received updated trainings of the 6th and 7th modules (as per NHM mandate).

The most critical gap, however, was in the quality of the Anganwadi infrastructure and the regularity of beneficiary coverage for growth monitoring and THR/HCM provision.

The role of Gram Panchayats in Anganwadi running was also found to be very less. Other than undertaking construction (where funds have been channelised under MGNREGA) there is very less formal engagement. Furthermore, there is less clarity on maintenance of such structures created. This was also found true for some of the older structures constructed by NABARD, which have now depilated. The need of the day is to harmonise the macro level budgets with micro level requirements building on evidence-based planning and field realities.

ACKNOWLEDGEMENTS

This budget brief was developed by Dharmistha Chauhan, Consultant UNICEF. The brief is based on the study "*Budgeting for SDG Outcomes on food security and nutrition for children: A case study of Madhya Pradesh*" undertaken jointly by UNICEF Bhopal Office and AIGGPA, MP. The report findings were presented and submitted to sections in UNICEF; the Directorate of Women and Child Development, GoMP; as well as in a multi-stakeholder roundtable on child nutrition organized by the State Niti Ayog. Comments received were incorporated accordingly.

For more information, contact:

Pooja Singh
Programme Specialist
posingh@unicef.org

End Notes

[i] It is important to mention here that while NHM and PMMVY have been considered by most other analysis as nutrition specific schemes- they have been included here as nutrition sensitive to specifically understand the actual flow of funds for nutrition outcomes. The analysis highlights that only 0.66% of NHM allocations is for nutrition specific components. Similarly, while PMMVY has an impact on child nutrition, it addresses a larger objective of maternity benefits for women and does not specifically focus on breast feeding.

[ii] Child focussed allocations are those wherein 100% of the funds allocated are used for child development objectives, while child responsive allocations are those wherein at least 30% of the allocations are considered to be flowing for children.

[iii] Overall, there are 44 schemes numbers (budget codes) which have been considered under child nutrition and health interventions (CNHI). The budget for the nutrition-specific interventions is mostly allocated for four programmes: a) Saksham Anganwadi and Poshan 2.0 (earlier Integrated Child Development Services and Poshan Abhiyan) implemented by Women and Child Development; b) PM Poshan (earlier Mid-Day Meal) implemented in the state by Rural Development and Panchayati Raj; c) Food fortification programme of the Food and Civil Supplies department; and d) National Health Mission (NHM) implemented by Health and Family Welfare. While the former two (a and b) are clearly child focused allocations (100% for children); the third (c) has mixed targeting at household and children and can thus only be considered as child responsive (30% or more for children). NHM, on the other hand, is a much larger health programme, with a significant component for Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCAH+N), an important nutrition sensitive allocation. Within these, there are sub-line items which cover nutrition specific interventions like promoting IYCF, treatment of SAM children, IFA supplementation, etc. Thus, a very small component of NHM budget is actually child focused nutrition specific allocation. Among the nutrition sensitive interventions, maternity cash transfers strengthening of anganwadi services and child care, are the major child focused allocations; while the rest, including provision of subsidised food grains, access to general health, water, sanitation and hygiene services are all child responsive allocations.

[iv] It needs to be mentioned here that the CBS (2022-23) reports on 42 schemes. It did not report INR 325 crores of PMMVY (BE 2022-23)- a very crucial CNHI allocation. Allocations for another important scheme Lalima Yojana was also not included as the scheme is no longer operational post 2019-20. However, the allocations (as applicable) for both these schemes have been included in the analysis here for a more holistic picture.

[v] To get a more realistic perspective, NHM allocations have been divided into two parts; Nutrition Specific Allocation; and Other RCMCH+A and General Health (rest of NHM) Allocation. The nutrition specific allocations have been calculated based on the approved budget as per State NHM Framework of Implementation, Record of Proceedings (RoP), 2020-21, as is only 0.66% of the NHM annua budget.

[vi] INR 2647 crores annually with 98 crores for counselling, 1475 crores for food supplementation, 67 crores for micro-nutrients, 317 crores for health interventions and 690 crores for maternity benefits. Further food fortification programmes of FCS Department are not child focused but child responsive covering the entire household.

[vii] A scheme implemented by the Department Food, Civil Supplies and Consumer Protection, GoI.

[viii] The study had proposed to collate district-wise fund allocation for the 5 nutrition sensitive programmes/schemes with the highest allocations at state level. Unfortunately, district-wise data for only one programme- Special Poshan Aahar (budget code 9050), was available. Considering that the scheme does have a major allocation, it was considered as a proxy for mapping the district-wide variation in allocation.