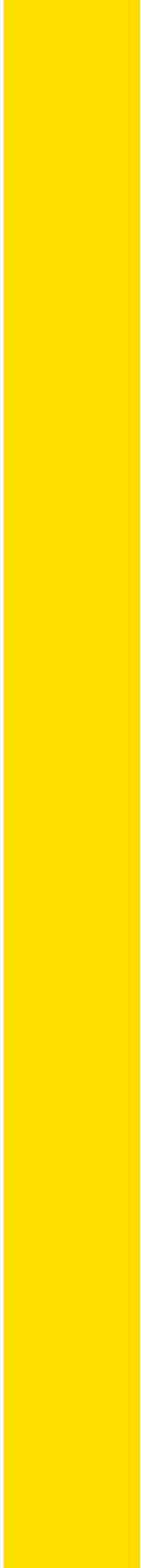


INDIA'S INVESTMENT IN NUTRITION
STATES' ROLE AND RESPONSE

Challenges in Tracking Nutrition Budget Outlays at the National and State Level in India

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List of Abbreviations

AE:	Actual Expenditure	IYCF:	Infant and Young Child Feeding
BE:	Budget Estimates	MWCD:	Ministry of Women and Child Development
CSNSI :	Coalition for Sustainable Nutrition Security in India	NCD:	Non-Communicable Diseases
CSS:	Centrally Sponsored Schemes	NHM:	National Health Mission
DCP:	Disease Control Programmes	PIP:	Programme Implementation Plans
DDGs:	Detailed Demands for Grants	PLW:	Pregnant and Lactating Women
FMG:	Financial Management Group	RCH:	Reproductive and Child Health
FY:	Financial Years	ROP:	Record of Proceedings
ICDS:	Integrated Child Development Services	SC:	Scheduled Castes
IDSP:	Integrated Disease Surveillance Project	SCSP:	Scheduled Castes Sub-Plan
IEC:	Information, Education and Communication	SNP:	Supplementary Nutrition Programme
IFA:	Iron and Folic Acid	ST:	Scheduled Tribes
IGMSY:	Indira Gandhi Matritva Sahyog Yojana	TSP:	Tribal Sub-Plan
		UP:	Uttar Pradesh



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Abstract

Background:

While administrative logjams and capacity gaps in delivering nutrition specific and sensitive interventions in India are known, fiscal constraints to deliver these interventions remain under-researched. Most fiscal analytic work on nutrition that has been undertaken to date is number driven, missing reporting on operational challenges encountered while collating and reporting those numbers with accuracy.

Methods:

We systematically documented the problems encountered while studying budget outlays for nutrition-specific and nutrition-sensitive interventions at state-level (Bihar, Chhattisgarh, Odisha and Uttar Pradesh) for three financial years (2016-17 BE, 2015-16 RE and 2014-15 AE).

Results:

Budgets of 20 centrally sponsored programmes across 9 Ministries/ Departments and more than 100 state-specific schemes were studied to arrive at nutrition budget at the state level, which was <2% for nutrition-specific interventions and varied across states for nutrition-

sensitive interventions. Complexities encountered while collecting figures included: (i) absence of a standard set of nutrition-specific and nutrition-sensitive interventions for assessing nutrition budget outlay, (ii) nutrition interventions being spread across a large number of government programmes, as sub components of larger programmes, (iii) differential understanding of "nutrition" as seen by nutritionists and by the budget experts, and (iv) allocations for most interventions not available in the budget books across departments, and (v) lack of clarity on weightage for nutrition-sensitive interventions.

Conclusion:

A common framework for multi-sector nutrition budget analyses, contextualized for India and agreed by experts (nutrition and budget alike) will be critical for strengthening an open evidence-based accountability measure for its tracking and adequacy.

Key words: nutrition-specific, nutrition-sensitive, budget outlays, budgets, interventions, schemes, tracking funds



Introduction

Stunting in young children adversely affects their ability to survive and grow to their full development potential. It is pervasive and caused by nutrition deprivation in-utero, early years or both (Aguayo & Menon, 2016). India is among those countries that have continued to be afflicted by high levels and burden of child stunting and is home to 29% of the world's stunted under-fives (46.8 million of 159 million) (Ministry of Women and Child Development, 2015; IFPRI, 2016).

For reducing child stunting in Indian children, the essential nutrition specific and sensitive interventions are known (Black et al., 2013) and included in India's policy frameworks (Menon, McDonald, & Chakrabarti, 2015). Constraints are largely in the manner in which nutrition programmes are prioritized, reported, and financed. Delivery of nutrition interventions is also contingent upon a host of programmes and schemes

implemented by a range of ministries / departments leading to a complex delivery structure resulting in issues of coordination, overlapping efforts, and lack of streamlined response and accountability structure.

Adequate financing is essential if nutrition interventions are to be delivered at scale. Fiscally, "nutrition" falls under the ambit of both Union and State governments. However, following the changes in fiscal architecture of India post Fourteenth Finance Commission Report in 2015, states have significant fiscal autonomy (CBGA, 2015), which they can use to prioritize nutrition in their state plan. While administrative logjams and capacity gaps in delivering nutrition specific and sensitive interventions in India are widely documented, fiscal constraints to deliver these interventions remain under-researched as it is complex.

Most recent fiscal analytic work on nutrition that has been undertaken to date is also number driven (Mahbub, Ryckman, Dathan, & Hecht, 2016), missing out on highlighting the operational problems encountered by researchers/analysts in collating and reporting these numbers with accuracy. Hence, this paper assumes relevance as it attempts at systematically documenting the problems encountered by a six member team of budget analysts (n=4) and public nutritionists (n=2) while studying budgets for nutrition-specific and nutrition-sensitive interventions at

Delivery of nutrition interventions relies upon a host of schemes, implemented by several departments leading to a complex delivery structure.

Union and state level.



Methods

We first listed the set of proven nutrition-specific and nutrition-sensitive interventions from global evidence and national programmes (Bhutta et al., 2013; Ruel, Alderman & the Maternal and Child Nutrition Study Group, 2013; Coalition for Sustainable Nutrition Security in India (CSNSI), 2008). Then we mapped Ministries (and within Ministries schemes/programmes) delivering nutrition-specific and nutrition-sensitive interventions. Once the programmes/schemes were identified, we identified budget heads (Major/Minor) from the budget documents for the respective schemes and then dugged down to line items to study budget for nutrition interventions within the scheme.

We referred to Union budget documents for collating budget data of relevant nutrition interventions (Ministry of Finance, 2016). In case,

the data was not available from the budget documents, other sources of information were relied upon such as NHM Record of Proceedings (ROP) (Ministry of Health and Family Welfare, 2014, 2015, 2016) and Lok Sabha questions.

Examining Union Government figures alone does not give a complete picture of funds allocated and spent for nutrition interventions as implementation of social sector programmes, including nutrition, has and continues to be, the primary responsibility of the states. Hence, we conducted state budget analysis of four relatively poorer Indian states – Bihar, Chhattisgarh, Odisha and Uttar Pradesh (UP) – housing 45% of stunted Indian children (Ministry of Women and Child Development, 2015). We referred to Detailed Demands for Grants (DDGs) of the respective state departments (Government of Bihar, 2016; Government of Chhattisgarh, 2016; Government of Odisha, 2016; Government of Uttar Pradesh, 2016). The analysis has been done for three financial years: 2016-17, 2015-16 and 2014-15. These are the years for which the coverage of information in state budget documents is complete; until 2013-14, state budgets did not capture the central share of funds in many of the schemes designed by Union Ministries since these shares used to bypass the state budgets. Since 2014-15, however, the entire funds for all central schemes (i.e. central share and state's matching share) are reported in state budget

Based on global framework for nutrition, we studied nutrition budgets (both specific and sensitive) of four states for three financial years – 2014-15, 2015-16, 2016-17.



Budget analysis includes Actual Expenditures for FY 2014-15; Budget Estimates + Supplementary Budgets for FY 2015-16 and Budget Estimates for FY 2016-17.

documents, i.e. the DDGs mentioned above (Figure 1).

The data for 2014-15 are actual expenditure (AE) for that year – this is the latest financial year for which expenditure figures audited and certified by the country's supreme audit institution were available in public domain. The data for 2015-16 are budget estimates and additional outlays approved through supplementary budgets (BE + Supplementary Budgets) for the year – this was the first year of implementation of 14th Finance Commission recommendations and hence many states made adjustments during the course of the financial year through additional outlays for various departments and schemes in two to three Supplementary Budgets for the year.

The data for the latest financial year, 2016-17, are budget estimates (BE) for the year.

It could be argued that since the figures for 2016-17 and 2015-16 are approved outlays / allocations, we should compare those with the approved outlays for 2014-15 instead of actual expenditures for that year. However, in the process of budgeting for various sectors and government interventions, state finance departments usually refer to the actual expenditures in the previous years while determining allocations for the most recent or the ensuing financial years.

Hence, taking the actual expenditures for 2014-15 in the analysis enables us to clearly identify the priorities of the state finance

departments for various sectors and interventions in their respective State Budgets for 2015-16 and 2016-17 – the first two years of implementation of the 14th Finance Commission recommendations which have given the states a lot more flexibility in deciding budget priorities for different areas.

For nutrition-specific interventions budget analysis has been carried out along the 1000 days period (i.e. from conception to two years of age), which is considered the proven window of opportunity period to reduce child stunting (Aguayo & Menon, 2016), and for adolescents.

We report budget outlays for nutrition interventions, with a lens to highlight operational hurdles we faced and suggest possible solutions thereof.



Results

Nutrition Interventions- how many and where are they housed

Nutrition-specific interventions (for our analysis we considered 14 India Plus Interventions and three other interventions; N=17) are delivered through four Centrally Sponsored Schemes (CSSs) by two Ministries of Health and Family Welfare (National Health Mission(NHM)), and Women and Child Development (Integrated Child Development Services (ICDS) Scheme, Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA), and Indira Gandhi Matritva Sahyog Yojana (IGMSY)). Nutrition interventions within NHM are managed by seven programme officers/Divisions in-charge, which include Child Health, Maternal Health, Adolescent Health, Integrated Disease Surveillance Project (IDSP), Non-Communicable Diseases (NCD), Disease Control Programmes (DCP), and Financial Management Group (FMG). A large portion of nutrition-specific interventions are delivered through the child, maternal and adolescent health divisions of NHM. The interventions with respect to complementary feeding and some maternity entitlements are delivered through the Ministry of Women and Child Development (MWCD).

Delivery of nutrition-sensitive interventions is even more complex as they are delivered through 18 CSS of nine Ministries/Departments. These are Consumer Affairs, Food and Public Distribution, Urban Development, Rural Development, Agriculture and Farmer's Welfare, Drinking Water and Sanitation, Health and Family Welfare, AYUSH, MWCD and Human

Nutrition-specific interventions are delivered through 4 CSS of two Union ministries; nutrition-sensitive interventions through ~18 CSS of 9 Union ministries and ~100 state-specific schemes

Resource Development. In addition, state governments also implement state-funded schemes, specific to state needs which impact nutrition outcomes. In the States studied, the total number of nutrition-sensitive schemes introduced by state governments of Bihar, Chhattisgarh, Odisha, and UP were 29, 27, 15 and 32 respectively (Figure 2).

In total, nutrition interventions (specific and sensitive) are delivered by almost 20 CSS spread across 10 Ministries/departments and more than 100 state-specific schemes. Identification of nutrition intervention within a scheme was (and will remain) difficult as government programmes/schemes are part of a larger administrative and organisational structure, where schemes are often introduced by a Ministry and are not necessarily intersectoral in nature.

Line items studied to arrive at the Nutrition budget envelope across studied states:

Budget outlays for nutrition-specific interventions across four study states comprise <2% of the total state budgets. Nutrition-sensitive interventions (NSI) constituted about 12.5% of Union budget and varied across states in 2016-17. A major portion of NSI budget was for food security and poverty alleviation programmes. It was as high as 75% of total NSI budget for Union government and about 38% for Odisha in FY 2016-17. In order to arrive at these percentages of budget

outlays, we needed to track almost 20 NHM documents and approximately 67 state budget documents (apart from supplementary budgets, which were also studied) for all four states. Within the state budget documents almost 26 Major Heads for each state were tracked. Depending on the reporting format of the state budgets the scheme funds were tracked within these Major Heads. Nutrition-specific schemes were largely sub-components within the larger programmes of the Health and WCD departments (e.g. Iron Folic Acid (IFA) supplements for children 6–59 months are part of National Iron Plus Initiative, within NHM). Hence budgets for these were not necessarily reported in the detailed budget books. For these interventions, we needed to use either other sources of budget data (e.g. for tracking health related nutrition-specific interventions, one has to use the Record of Proceedings (ROPs) of NHM) or proxy budget data (e.g., Counselling itself, as an

Budgets for nutrition-specific interventions across 4 study states comprise <2% of total state budgets. Nutrition-sensitive interventions constituted ~12.5% of Union Budget and varied across states in 2016-17.





intervention is not budgeted and hence IEC budget was referred to). All data were not found online (e.g. second Supplementary budget of UP for FY 2015-16) and budget data disaggregated by age groups is also not available. For example, disaggregated data for different beneficiary groups of supplementary nutrition programme (SNP) programme under ICDS is not available in public domain.

Other challenges faced:

While tracking budgets for nutrition, we encountered several challenges. Some of these are: (i) absence of a standard set of nutrition-specific and nutrition-sensitive interventions to be used for assessing nutrition budget outlay, (ii) isolating nutrition-specific and nutrition-sensitive budgets from the budgets of the programmes within which they are embedded, (iii) differential understanding of “nutrition” as seen by nutrition and

budget experts, (iv) allocation not being available in the budget books across departments, and (v) lack of clarity on weightage for nutrition-sensitive interventions. These have been discussed in detail in the following section.

We faced several challenges pertaining to differences in frameworks for nutrition and budgets and availability of relevant disaggregated budget data.

Discussion

Several important findings emerged from this study, having implications



Absence of a standard set of nutrition-specific and nutrition-sensitive interventions in India complicates budget analysis for nutrition.

for nutrition budget outlay and analysis in India.

1. Need to endorse a standard set of nutrition-specific and nutrition-sensitive interventions:

The first problem that requires to be tackled is – “which are the standard set of proven nutrition interventions which budget groups may use for nutrition budget analyses”. Many in the global nutrition community use the Lancet Maternal and Child Nutrition Series 2013 framework, wherein determinants of undernutrition can be addressed by a set of ‘nutrition-specific’ interventions addressing immediate causes, ‘nutrition-sensitive’ interventions for addressing underlying determinants, and building an ‘enabling environment’ (Figure 3) (Black et al.,

2013). Then Menon et al. (2015) came up with 14 India Plus nutrition-specific interventions (based on Horton et al. (2010) framework for costing proven nutrition interventions), which excludes some other interventions included in national policy framework (maternal calcium, deworming and supplementary nutrition to adolescent girls). A standard set of nutrition-specific interventions for use by the budget community is not available. Then, on nutrition-sensitive interventions, the framework of interventions which India can use itself is not clear and requires discussion and deliberation.

2. Differential understanding of “nutrition” as seen by nutrition and budget experts:

Nutrition experts wish to have the budget analyses for nutrition done

intervention wise. Budgets experts, on the other hand, develop and analyse budgets by programmes – e.g., ICDS budget, RCH budget, and not nutrition budget within the RCH budget or counselling budget within the ICDS budget. To track nutrition budgets intervention-wise, budgets have to be tracked upto sub-minor or object head level across departments, which may prove to be cumbersome (Figure 4). While the nutrition experts emphasise on coordinated actions at multiple levels and across departments, the departmental structure of the government largely remains vertical, with little horizontal coordination across departments. An understanding of multi-sector framework for analyses of nutrition budgets is missing in budget groups and familiarity with the budgeting processes by nutrition groups.

An important step towards bridging the gap between the nutrition and budget domains would be to sensitise the nutrition professional and practitioners working with governments regarding budgets, and the budget groups regarding nutrition. Unless the two groups reach a consensus regarding a common framework for tracking nutrition budgets, efforts to push for better designed budgets for nutrition would remain weak. In this context, it will be also necessary to have relevant data in public domain in a timely manner.

3. Difficulties in assessing India's total budget for

'nutrition':

Union Ministry of Human Resource Development, since long, has been compiling information on the country's total budget for 'education', including not only the total outlays under education departments of the Union and state governments but also the education related outlays under other departments. Likewise, the Union Ministry of Health and Family Welfare has now started compiling information on India's total budget outlay for 'Health', including the health departments and several other departments (that spend on healthcare related services and interventions) in the Union and state governments.

However, no such attempt has been made yet by the Union Government to compile the total budget for 'nutrition'. Given that nutrition-specific and nutrition-sensitive interventions cut across several ministries (and departments in the state governments), it is all the more important to assess India's total budget for 'nutrition'. It would require the state governments to publish a lot more disaggregated budget data for a number of programmes and schemes, especially those in which some of the components are relevant for nutrition; but this kind of break up is not available in public domain at present. With the relevant disaggregated information made available, it would be possible to arrive at how much is the country spending from its budgets towards nutrition, following a multi-

Limited understanding of multi-sector framework for analysis of nutrition budgets among budget groups and of the budgeting processes by nutrition groups.



Due to absence of clear demarcation of nutrition activities in government programmes, budgets for nutrition are, at best, a close approximation.

sectoral approach. In the absence of any overall / ballpark figure for total budget for nutrition, it becomes even more difficult to assess the budgetary priority for this important sector in India.

4. Challenging to isolate the nutrition-specific and nutrition-sensitive budgets from the budgets of the programmes within which they are embedded:

Both nutrition-specific and nutrition-sensitive interventions are often only “a subset of the programmes covered” (Mahbub et. al., 2016) which needs to be identified and categorised appropriately for budget tracking. This increases chances for inaccuracy in estimation of nutrition budgets. Mahbub et. al. (2016) in their analysis of budgets for Rajasthan

State, noted that its budget estimates for Counselling Activities may be an overestimate as it had included the entire ASHA Honorarium, whose work involves activities other than counselling activities alone (Mahbub et. al., 2016).

Due to absence of clear demarcation of nutrition activities in the government programmes, budgets for nutrition are, at best, a close approximation and not the precise amount allocated. A possible solution could be to apply weights in assessing nutrition budgets.

5. The nutrition-sensitive interventions basket is puzzling and diverse

Nutrition-sensitive interventions are those “whose primary objective is not nutrition, but that have the

potential to improve the food and nutrition security” (Samba & Chahid, 2014). They address the underlying determinants of foetal and child nutrition and development, which relate to agriculture and food security; social safety nets; early child development; maternal mental health; women's empowerment; child protection; schooling; water, sanitation, and hygiene; and health and family planning services (Ruel et al. 2013). Lancet 2013 series points out that scaling up nutrition-specific to 90% coverage could reduce child stunting by about 20% (Bhutta, et al., 2013), for remaining 80%, nutrition-sensitive interventions/strategies are critical. Until recently, the evidence base for nutrition-sensitive interventions was weak and there was little consensus on which interventions should be counted as nutrition-sensitive (Samba & Chahid, 2014). The recent compendium of actions for nutrition (SUN/REACH, 2016) brings out some clarity on these interventions, however, consensus on nutrition-sensitive interventions for India still requires some deliberations. In budgetary parlance most nutrition-sensitive interventions fall under the larger ambit of social-sector schemes. The major challenge here is identifying or defining what constitutes a nutrition budget within these “nutrition-sensitive” schemes or which are the nutrition-sensitive schemes itself, leading to “diverging interpretations” (Fabregas, Rodriguez, & Mutuma, 2014). This restricts the budget analysis for schemes related

to employment, poverty alleviation, education, etc. While weights have been used for quantifying nutrition-sensitive budgets by some analysts, in Indian context applicability of uniform weights is still being deliberated upon.

6. Format for reporting budget outlays varies across states:

The reporting of budgets for schemes is based on the administrative or organisational structure of the government. Each activity of the government is classified as per its nature and purpose. The budget classification is divided across six tiers with each subsequent tier providing additional details regarding the purpose of the expenditure. These are Major Head, Sub-Major Head, Minor Head, Sub-Minor Head, Detailed Head and Object head. The budgets for Union Government and the states follow a similar structure only till a certain level of the budget classification (generally Minor Head level), beyond which the structure differs between the Union and the states and between states themselves.

The reporting of budgets for various schemes, thus, can differ across various state budgets. Budgets for nutrition are spread horizontally and vertically across departments, schemes, further complicating budget tracking.

7. Budget books not providing much disaggregation of the

Consensus on what constitutes nutrition sensitive interventions and ‘weighing’ the budget outlays for nutrition-sensitive interventions in India still requires some deliberations.

Reporting of budgets for various schemes differs across state budgets. Budgets for nutrition are spread horizontally and vertically across departments, schemes, further complicating budget tracking.

outlays / expenditures:

For certain nutrition interventions, budget allocations are not directly available in the budget books of the departments. In such cases, alternate sources of information have to be relied upon. For example, promotion of exclusive breastfeeding, which is an important nutrition-specific intervention, is delivered through Infant and Young Child Feeding (IYCF) scheme. IYCF is a small component within the overall budget of National Health Mission (NHM), disaggregated budget for which is not reported in budget books of the state health departments. To track budgets for IYCF, one has to rely on the Programme Implementation Plans (PIPs) or Record of Proceedings (ROPs) of NHM, where component-wise details are reported. However, the PIPs and ROPs merely provide estimates of the budget proposed and approved and do not report either the budget allocated or the funds actually spent by the states. Since the PIPs and ROPs are prepared state-wise, the aggregate data for the entire country is not available at one place. Similarly, we found that data for IEC component is not easily discernible from the budget documents.

We also tried to find out the break up of expenditures / budget outlays for SNP for three different categories of beneficiaries (children between 6-36 months, pregnant and lactating

women (PLW), and additional food rations for severely underweight), but received only the budgets proposed by Department of Women and Child Development (DWCD) of some states for some years¹ and not expenditures / budgets approved. Hence, it was not possible for us to provide the break up for this head across the three target groups (6-36 months, PLW, severely underweight children). As a result, we had to use the aggregate figures for SNP. Paucity of relevant data, therefore, is a difficult hurdle to cross for nutrition budget analysis.

8. Assessing adequacy of funds allocated:

Assessing adequacy using government norms indicate government's commitment towards its own programmes/schemes and gaps therein. Hence, it is an exercise that should be taken on a priority basis. Similarly, using independent cost estimates are helpful in questioning the existing unit cost norms in terms of their efficacy in providing the service. In our study, we have assessed adequacy for some of the nutrition-specific interventions using government costs norms for SNP and Menon et al. (2015) cost estimates for interventions related to micronutrient supplements. It was not possible to assess adequacy of all nutrition-specific programmes either due to lack of comparable budget data or due to absence of relevant cost

¹ U.P.: budgets proposed for 2014-15, 2015-16 and 2016-17; Chhattisgarh: budget proposed and budget approved for 2014-15, the budget proposed for 2015-16, and none for 2016-17; Odisha and Bihar: no breakup of the SNP budget was available for any of the three years, not even for the budget proposed.



estimates. Apart from these, there are other issues related to assessing adequacy, they are as follows:

- i) Existing unit costs of the government programmes are not inflation indexed and are generally revised after a considerable time lag. Therefore, measuring adequacy only in terms of government unit costs may not truly indicate the extent of investment required. Sinha and Bhattacharya (2014) estimated that the per day unit cost for providing supplementary nutrition (under ICDS) based on prevailing market price of the components (March 2013) would be: INR 12 for 6-72 months children; INR 24 for severely malnourished child, and INR 26 for PLW, in contrast respective government norms were INR 6, 9, and 7.
- ii) While generating new cost estimates has been recommended and researchers have initiated this work in India (Menon et al., 2015; Mahbub et al., February 2016), there are issues which require to be addressed before adopting these estimates:
 - a. The estimates often pertain to general population while the need may be much higher in some pockets (tribal, poverty pockets);
 - b. Focus remains on nutrition-specific, as costing nutrition-

While assessing adequacy of budget outlays for nutrition is important, lack of availability of relevant disaggregated data constraints such an analysis to a large extent.



Paucity of relevant data and complexities in fund flow till FY 2013-14 restricted the analysis of fund utilization for nutrition interventions in four study states.

sensitive interventions is constrained due to lack of clear definition;

- c. Local costs for some of the interventions may not be easily available. For example, while estimating costs for delivery of nutrition-specific interventions, Menon et al. (2015) used the costs estimates of Bangladesh for unit cost of counselling activities.

9. Assessing Fund Utilisation:

We did not study fund utilization in the present study, constrained by the paucity of relevant data. First, there is a time lag of at least one year in the availability of figures on Actual Expenditure for any given scheme or programme, both in Union and state budgets. Despite a lot of efforts we found it difficult to obtain more recent utilisation data. Then, data available with the respective

ministries/departments is also not often times audited figures (i.e. the actual expenditure figures certified by the CAG of India).

This analysis is even more difficult when carried out for entities below the state level, as district or block-wise data often have to be obtained from the respective departments at local level.

Second, as was mentioned earlier, prior to 2014-15 budgets for a number of CSSs (many of which are nutrition related) were flowing outside the state treasury route, i.e. directly to the State Autonomous Societies of the respective schemes. The central share of CSSs was, thus, not reflected in the state budget documents prior to the FY 2014-15. Thus, the assessment with comparable budget data is constrained to years starting 2014-15.

10. Differential budgeting for socially disadvantaged groups:

The extent of undernutrition varies across social groups. The extent of undernutrition among the Scheduled Tribes (STs) and Scheduled Castes (SCs) is much higher as compared to other social groups. Even within these groups, there are large variations. While there are dedicated budget heads for tracking budgets for SCs and STs, viz. Scheduled Castes Sub Plan (SCSP) and Tribal Sub Plan (TSP) respectively, both at Union Government and states level, respective physical parameters (like number of beneficiaries for a programme, coverage of a scheme, etc.) are difficult to obtain (Khan & Das, 2014). The analysis is even more difficult for other groups such as women, religious communities, and children, as disaggregated budget data is not available.



Conclusion

The overall budget for nutrition remains low across studied states suggesting nutrition is still not a priority area despite its relevance to human capital enhancement. A common framework for multi-sector nutrition budget analyses agreed by experts (nutrition and budget alike) will be critical for strengthening an open evidence-based accountability measure for its tracking and adequacy.

Analysis of nutrition budget outlays for socially disadvantaged groups is difficult due to lack of disaggregated budget data and respective physical parameters.

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Figure 1: Fund flow of Government Funds

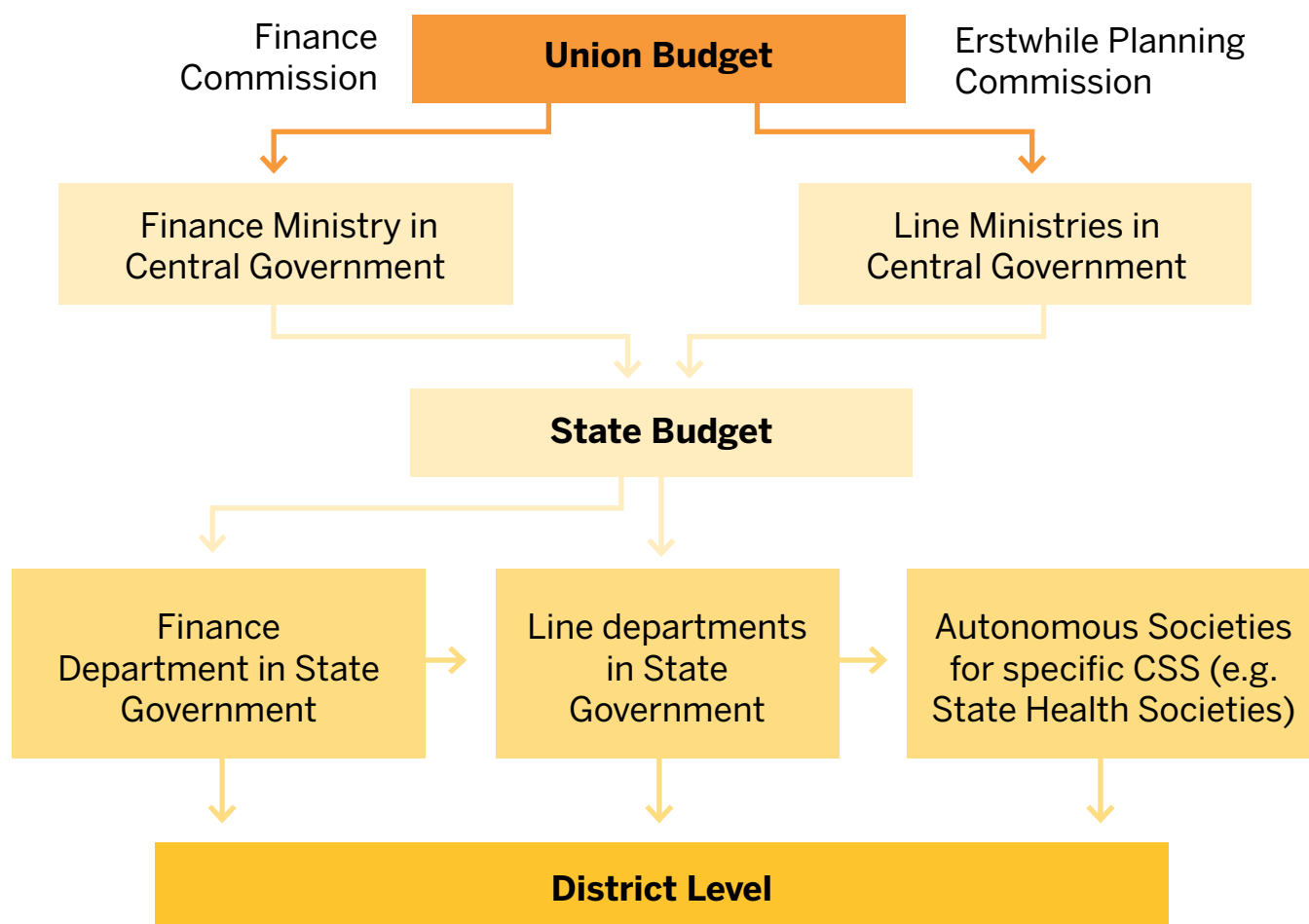
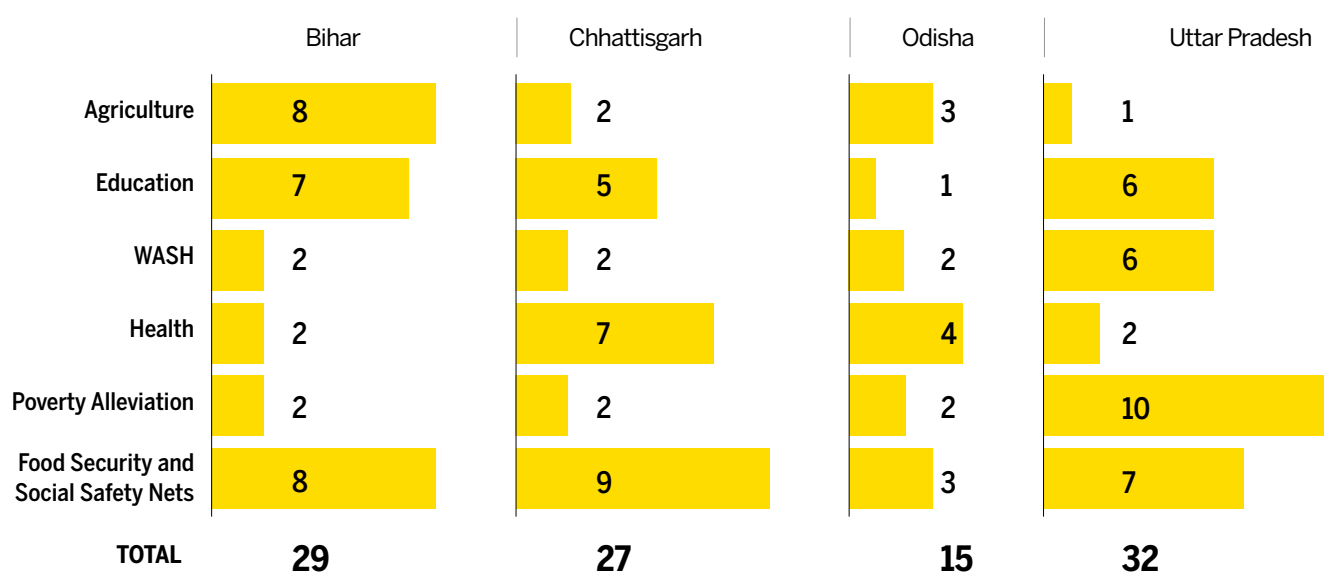


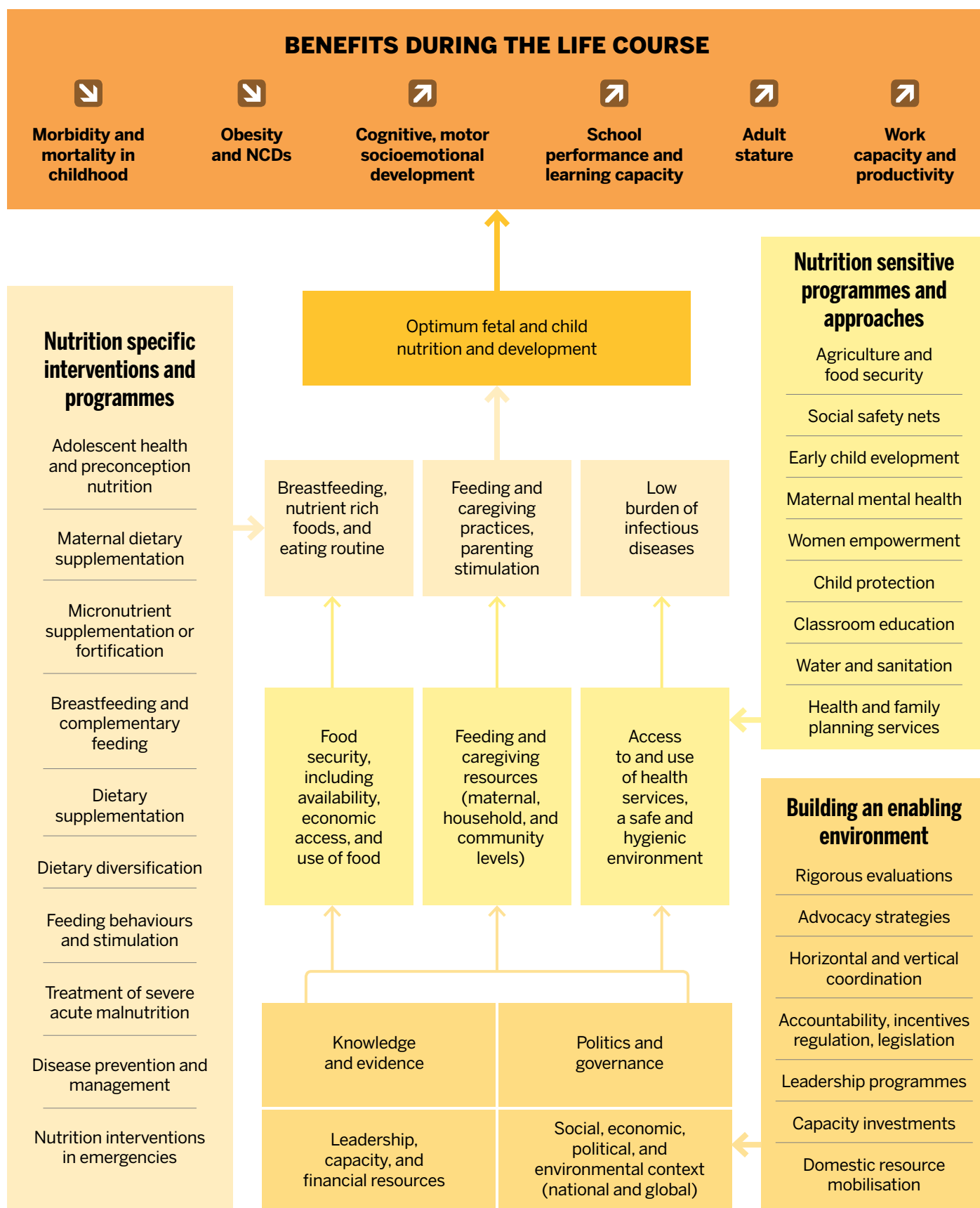
Figure 2: Sector-wise number of state-specific schemes



Source: Compiled by CBGA from state budget documents.

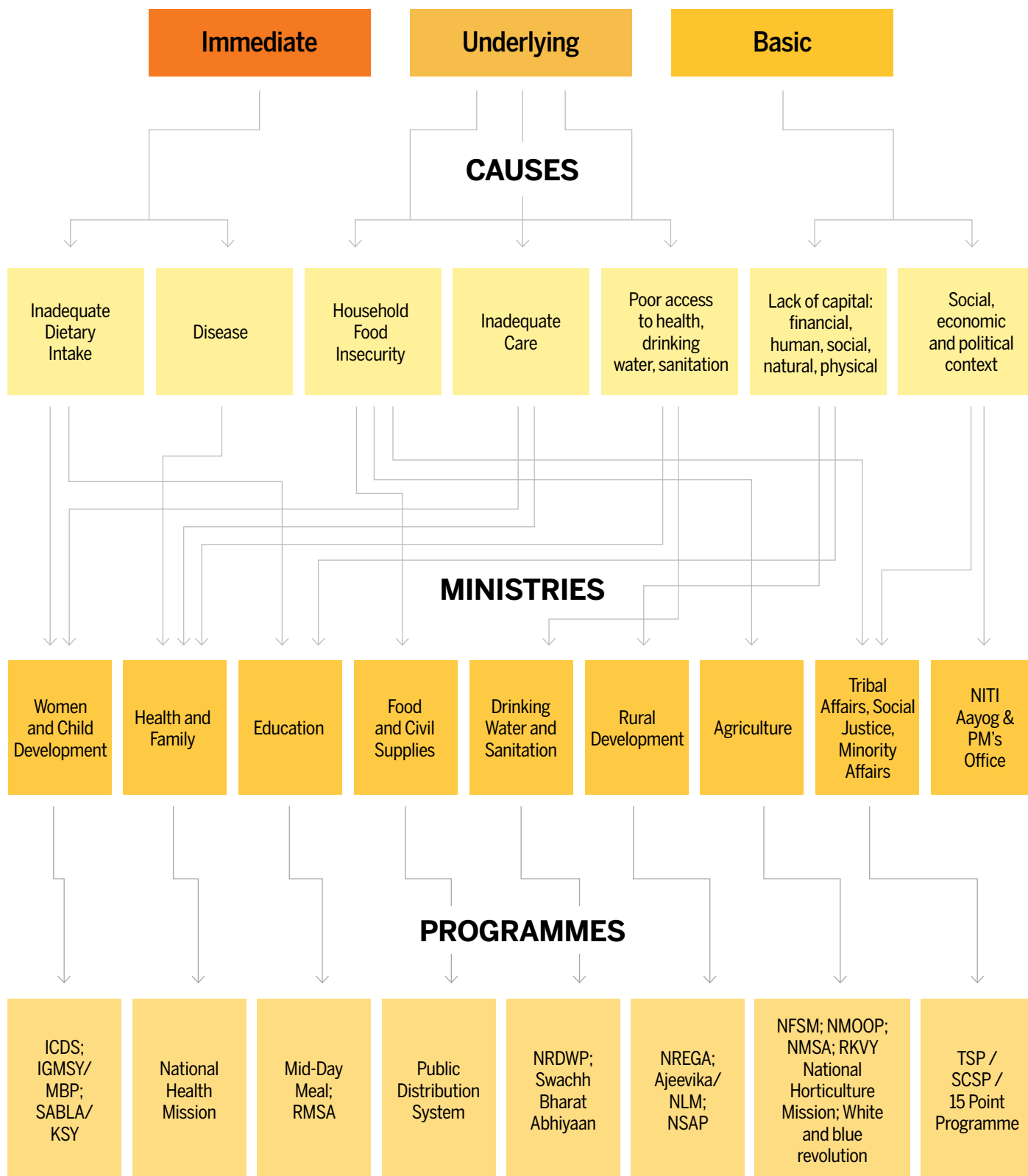
Note: Bold figures indicate highest share for each state

Figure 3: Nutrition Intervention Framework



Source: (Black, et al. 2013)

Figure 4: Nutrition Interventions mapped across Schemes and Departments





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