

# Nutrition Financing in India: Some Reflections

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## Abstract

Malnutrition and related health complexities are creating a plethora of challenges to human development. The context of India is not an exception for the multifaceted impacts of malnutrition. The policy frameworks and program based interventions in India had given enough attention to address the issues of nutrition in a pragmatic manner. The question that arises here is whether these policies and programs budgeted appropriately or not? The policies itself won't be materialized as action unless enough resources are allocated. In this context, the present paper focuses on analyzing the efforts of the Union governments to address health and nutritional problems of children. The paper further look into the nutrition-specific as well as nutrition-sensitive interventions by examining the budget outlays and implementation of interventions for improving nutrition. The available secondary database was significantly utilized as the source of information for this study. The reflections from the analysis indicate some of the unpromising trends. Although the allocation of National Health Mission (NHM), which is the core scheme for health-related interventions, has increased by 9.5 percent it constitutes only one percent of total union budget. The budget allocation for ICDS has not increased significantly in accordance with the time and needs. The budget for the important components of NHM, the Reproductive and child health (RCH), is also declining. Therefore ministries need to come together and try to focus nutrition specific and sensitive schemes for the nutrition of children.

**Keywords:** Nutrition, Financing, India

## Introduction

The poor nutritional status of India is accorded as one of the important reasons for skewed indicators of health. The cases of underweight, stunting and wasting and malnutrition become a complex health as well as developmental issues. The prevalence of malnutrition and related issues are creating an ever ending challenge for the society, especially for the most deprived and vulnerable sections of the society. Children and women constitute the most vulnerable segment. It was surprising that children under-five years those wasted and severely wasted had increased to 21 percent and 7.5 percent which was 19.8 and 6.4 percent respectively earlier as per NFHS-3 (2005-06). The Union and State governments in India have accorded high priority to combating under-nutrition; yet, the levels of under-nutrition remain persistently high with significant regional disparities. A larger body of scientific evidence shows that improving nutrition during the critical first 1000 days of a child's life has potential to save lives and delivers greater economic prosperity. Therefore, initiation of child budgeting towards nutrition specific and sensitive schemes in India is essential to overcome these problems.

MWCD (2017) indicates that the budgetary allocation made for the general population results the well-being

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of children as well. Further it is emphasized that being a society where children form a disadvantaged position, India requires spending of public expenditure for the children from the other core schemes as well separate funding for addressing the needs of children. Centre for Child Rights (2015) mentions that ‘...the total magnitude of budget outlays on child-specific schemes is referred to as the ‘Child Budget’. Thus the child budget is not a separate budget but a part of the total Government budget (MWCD, 2014-15). Child budgeting has emerged as an analytical tool for assessing the priority accorded to children in public spending in the country (MWCD, 2007-08). A statement of ‘child budgeting’ was introduced in the union budget for 2008-09 (Expenditure budget, 2008-09).

MWCD (2016-17) & Centre for Child Rights (2015) shows that the union budget of 2008-09 set a milestone in the history of child specific budgeting as a statement on ‘child budgeting’ which was incorporated was incorporated in this. The proposal for child specific schemes was included in the Ministries of Women and Child Development, Human Resource Development, Health and Family Welfare, Labour and Employment, Social Justice and Empowerment, Tribal Affairs, Minority & Youth Affairs and Sports. The inclusion of various Ministries into the process of child development makes the issues of child development a more important social

and economic concern. The nutritional status makes a life cycle impact. Malnutrition is considered as a reason for the intergenerational transfer of ill-being. It impacts on the cognitive development of a child’s health and future earnings, health, and future earnings. Investment in nutrition programmes will not only build human capital but would significantly contribute to economic growth as well.

However, recent National Family Health Survey-IV (2015-16) reports that more than 38 percent of children are stunted and around fifty percent of women in the reproductive age are anemic in India. As per Global Nutrition Report (2016), India has 38.7 percent prevalence of stunting among children under-five years of age. The finance minister, while presenting the budget for 2017-18 expressed that transformation in the quality of life of people and mobilizing various sections of society, including the vulnerable communities, to realize their true potential has been the top priority. However, no such commitment has been seen yet, if one looks at the numbers presented in the budget document for the nutrition sector.

### Budgeting of Ministries for Nutrition

The pattern and share of the budget by different ministries of Union government is analyzed in detail to explore the trends.

**Table 1: Sharing of Budget of Different Ministries Under Union Budget (Rupees in Crore)**

Ministries	2015-16 (Actual)	2016-17 (BE)	2016-17 (RE)	2017-18 (BE)
Total Union Government Expenditure	17,90,783	19,78,060	20,14,407	21,46,735
Ministry of Health and Family Welfare	35,190 (1.96%)	39,533 (1.99%)	40,995 (2.03%)	50,281 (2.34%)
Ministry of Health and Family Welfare (Exclude AYUSH)	34114.2 (1.90%)	38206.3 (1.93%)	39688.1 (1.97%)	48852.5 (2.27%)
Ministry of Women and Child Development	17,249 (0.96%)	17,408 (0.88%)	17,640 (0.87%)	22,095 (1.02%)
Ministry of Consumer Affairs, Food and Public Distribution (Includes food subsidy)	1,40,810 (7.86%)	1,41,392 (7.14%)	1,43,988 (7.14%)	1,54,232 (7.18%)

Source: Union Budget of Ministry of Finance, 2016-17 and 2017-18& MWCD, Annual Report 2016 17, Ministry of Consumer Affairs, Food and Public Distribution, 2016-17.

The table 1 shows that the budget estimates of Ministry of Health and Family Welfare excluding AYUSH were increased to 2.27 percent in the year of 2017-18 which was 1.93 percent in 2016-17. But in the case of

Ministry of Women and Child Development, there is a marginal increase of budget in the year 2017-18 than the previous year budget though it is directly linked to child nutrition.

Out of three major ministries providing a nutritional aspect to all, it was found that Ministry of Consumer Affairs have the highest share of 7.18 percent of Union Budget in the year 2017-18. But in the context of child nutrition, there is no specific budget available for children. The percentage share of the budget of Department of Health and Family Welfare was 1.96 percent in 2014-15 (BE) and has come down to 1.87 percent in 2016-17 (BE).

The overall allocation for the health sector in the 2017-18 budget (including Ministry of Health and Family welfare and Ministry of Ayush) has increased by 27 percent over 2016-17 (BE). The Union Government's allocations

for the health sector as a proportion of GDP also see a marginal increase to 0.30 percent in 2017-18 (BE) from 0.26 percent in 2016-17 (BE).

Within the health sector, National Health Mission (NHM), which accounts for around 50 percent of the total health budget, has seen a decline in 2017-18 (BE) as compared to 2012-13 (Actual). The total budget for children has increased by Rs 5,547 crore in 2017-18 (BE) from 2016-17 (BE). Education accounts for a high share in the budget for children, with child health and child protection schemes continuing to get low allocations (CBGA, 2017-18).

In absolute terms allocations for nutrition-related schemes in the union budget increased from Rs 2,00,071 crore in 2012-13 (Actual) to Rs 2,98,316 crore in 2017-18 (BE) (CBGA, 2017). Budget documents of outlays and expenditure for 20 Centrally Sponsored Schemes (CSS) of the union government directly or indirectly impact nutrition. These are spread across various sectors, viz, Women and Child Development, Household Food Security, Health, Drinking water and Sanitation, Food and Social Security and SafetyNets, Agriculture and Poverty Alleviation. Overall there has been an increase of 9.2 percent in schemes related to nutrition, largely due to the increased allocation for agriculture, Swachh Bharat Mission (SBM), and Maternity Benefit Programme (MBP). Rest all the schemes related to nutrition has seen only a nominal increase.

Expenditure on nutrition constitutes about 13.9 percent of total Union Budget allocation and only about 1.8 percent of GDP. The expenditure on nutrition seems to have stagnated to around level in the last few years. If we exclude the food subsidy budget (which constitute about half of the nutrition budget) then the nutrition budget would be less than one percent of GDP. The comprehensive vision required to address under-nutrition is still lacking in the policy domain (CBGA-2017-18).

Although the allocation of NHM, which is the core scheme for health-related interventions, has increased by 9.5 percent this year; it constitutes only one percent

of total union budget and 0.1 percent of the GDP. This is abysmally low when compared to 5.99 percent of the GDP as the average public spending on health in the world (Economic Survey, 2016). The need for huge investment in health infrastructure is evident from the large shortfall in health centers and skilled human resources (Doctors, Nurses, and Auxiliary Nurse Midwives) in rural areas and increasing reliance on private doctors in both rural and urban areas.

**Table 2: Total Nutrition Budget (Rs. Crore)**

Year	Amount
2015-16(Actual)	256936
2016-17 (BE)	262427
2016-17 (RE)	273173
2017-18 (BE)	298316
% change between 2017-18 (BE) and 2016-17 (RE)	9.2% Increase

The essential interventions that can end stunting for Indian children when it is targeted during the first 1000 days of life are well known and the platforms which can deliver these essential services are in place. CBGA (2017) classified the nutrition interventions into two: Nutrition-Specific and Nutrition-Sensitive. Nutrition-specific interventions focus on nutrient deficits, predominantly; micronutrient supplementation, protein, and energy nutrient supplements, breastfeeding and complementary foods.

Drinking water and sanitation facilities: There is now increasing evidence that WASH interventions have had a positive effect on nutritional outcomes. The funds for National Rural Drinking Water Programme (NRDWP) have increased only marginally this year to Rs 6,050 crore.

Agriculture and poverty alleviation programme: Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) is the largest scheme among agriculture and poverty alleviation programmes. Allocations for MGNREGA in 2017-18 (BE) are Rs 48,000 crore, indicating an increase only of Rs 500 crore from 2016-17 (RE). The allocations for poverty alleviation schemes related to nutrition have seen only a modest increase of 3.3 percent in 2017-18 (BE) as compared to 2016-17 (BE).

The Lancet (Maternal and Child Nutrition, 2013) nutrition series suggests that stunting can be reduced by 20 percent if nutrition-specific interventions are delivered at 90 percent coverage. Nutrition-sensitive interventions address the indirect causes of under-nutrition such as improving access to safe water and sanitation services, hygiene practices, increased agricultural services to enhance household food security, poverty alleviation, management of infections and early childhood care.

The crucial issue of nutrition has to be addressed in a way that could touch all the dimensions in a holistic manner. This can be achieved through collaborating and integrating the programs and budgetary allocations of different ministries. Following key ministries can play an important role:

- Ministry of Rural Development
- Ministry of Public Distribution and civil supplies
- Ministry of Health and Family Welfare
- Ministry of Women and Child Development
- Ministry of Drinking water and sanitation
- Ministry of Agriculture

It is important and contextual to involve more ministries in the efforts to reduce wasting, stunting and the very occurrence of malnutrition. In the context of addressing the nutritional needs of the deprived communities, CBGA (2016) emphasizes the need for continues involvement by Ministry of Tribal Affairs and Ministry of Minority

Affairs. This could bring nutrition specific and sensitive interventions to the vulnerable communities. Apart from it, budget allocations and policy framework can be framed and implemented by Ministry of Finance.

Similar to previous union budgets, the allocations for child related interventions remain stagnant at about 3 percent of the total union budget. Here it is important to mention that the National Plan of Action for children (NPAC), 2016 recommends that at least five percent of the union budget must be spent on schemes related to children. No major announcements were made in this union budget for children, who constitute 39 percent of India's population (CBGA, February, 2017). About 16 central ministries allocate resources for children through various interventions, of these the major share comes from the Ministry of Human Resource Development (MHRD) and MWCD.

Education gets the highest share of total allocations in the child budget followed by development (largely comprising of allocations for Integrated Child Development Scheme (ICDS) and other nutrition-related schemes), health and protection.

In the budget speech, the Finance Minister associated poor health with poverty and announced an action plan to reduce Infant Mortality Rate (IMR) from 39 in 2014 to 28 by 2019. However, this target has not translated into the increased budget allocation for the health-related schemes focusing on children.

MWCD (2007-08) reported that in 2005, "*the National Plan of Action for children outlined commitments for all central, state and local governments in the country towards fulfilling child rights, in four interlinked areas: child survival, child development, child protection and child participation keeping in mind the different needs of children in our country*".

The requirement of a child budget is being emphasized in different policy framework to strengthen the area of child nutrition and health. Of the broadly three kinds of services delivered by the government in India (viz - general services, economic services, and social services), children benefit, particularly from the social services. Thus the need of tracking the expenditure from union and state budgets on social services is emphasized (MWCD, 2007-08).



Further MWCD (2007-08) reported that “*though it is not easy to segregate the total expenditures on important social services to identify the specific benefits accruing to children, general investments in education, health and family welfare and water supply and sanitation, amongst others, are likely to have an impact on family well-being*”

*and the community, which in turn can have significant positive implications for children”.*

The magnitude of child budget within the union budget i.e. the aggregate outlay for child specific project is increased from 4.86 percent in 2006-07 (BE) to 5.08 percent in 2007-08.

The Union Government’s outlays for child health as a proportion of its total budget outlays also shows an increase from 0.28 percent in 2001-02 (RE) to 0.56 percent in 2006-07(BE) and shows a decline in 2007-08 (BE) to 0.52 percent. The Union governments outlay for child health shows a noticeable increase between 2004-05 (RE) and 2005-06 (RE), which was mainly on account of stepped up allocations for the reproductive and child health (RCH) project under the Ministry of Health and Family Welfare.

MWCD (2007-08) reports that the increase in the magnitude of ‘child budget’ within the union budget in 2005-06 (RE) was mainly on account of the significant

increases in the Union budget outlays for Sarva Shiksha Abhiyan, Integrate Child Development Scheme and Reproductive and Child Health programme.

**Table 3: Nutrition Specific Schemes for Children Under-Five Years**

S.No	Nutrition schemes	Ministry
1	Supplementary Nutrition	Women and Child Development
2	Exclusive breastfeeding programme during first six months	Health
3	Early initiation of breastfeeding within one hour of birth	Health
4	Prevention of micronutrient supplementation and deworming (vitamin A, Iron, Zinc, and Iodine)	Health
5	Timely and quality therapeutic feeding and care for all children with severe wasting	Health

Source: MWCD and MHFW, 2016-17

Children in the age group 0-6 years constitute around 158 million of the population of India (Census 2011). Integrated Child Development Services (ICDS) scheme is considered as the historic and largest program for the children in the globe. The beneficiaries under the scheme are children in the age group of 0-6 years, pregnant women and lactating mothers (NITI Aayog, GOI, n.d.). The ICDS

scheme offers a package of six services, viz Supplementary Nutrition, Pre-school education, Non-formal education, Nutrition and health education, Immunization, Health check-up and Referral services. The last three services are related to health and are provided by Ministry/Department of Health and Family Welfare through NHM and Health system (MWCD, 2015-16).

**Table 4: Budget of ICDS: Welfare of Children**

Year	Budget (Rs in Crore)
2014-15 (RE)	24,330
2015-16(RE)	22,015
2016-17(BE)	22,500
2016-17(RE)	22,500
2017-18 (BE)	23,500

Source: Union Budget, 2016-17 to 2017-18

Notes: Figures for ICDS includes ICDS core; National nutrition mission and World Bank assisted ICDS.

After many years, the ICDS service is still awaiting universalization and is falling to reach out to the most vulnerable children. No single ministry or single intervention has been able to lead to rapid reductions in under-nutrition burden.

**Table 5: Funding Pattern: Cost sharing Pattern between Centre and State**

Item	2009-10	2015-16
Supplementary Nutrition Programme (SNP)	50:50 (90:10 for NER States)	50:50 (90:10 for NER and 3 Himalayan States)
ICDS General	90:10	60:40(90:10 for NER and 3 Himalayan States) including new components under restructured ICD)
New components approved under restructured ICDS	75:25 (90:10 for NER States)	

For Union Territories, the ICDS Scheme will be funded 100 percent by the Central Government.

Source: MWCD, 2016-17

MWCD (2016-17) reports that the revised nutritional and feeding norms which have been made effective from 2009, state governments/UTs have been directed to provide 300 days of supplementary food to the beneficiaries in a year which would entail giving more than one meal to the children from 3-6 years who enroll to Anganwadi Centres (AWC). This includes morning snacks in the form of milk/banana/egg/seasonal fruits/micro-nutrient fortified food followed by a hot cooked meal (HCM) (MWCD, 2016-17). For children below 3 years of age and pregnant and lactating mothers, age-appropriate take-home rations (THR) in the form of pre-mix/ready-to-eat food are provided (MWCD, 2016-17). Besides, for severely underweight children up to 6 years, additional food items in the form of micronutrient fortified food as THR have been recommended (MWCD, 2016-17).

**Table 8: Output-Outcome Framework for Schemes**

S.No	CSS	Financial Outlay 2017-18	Output/deliverables against the outlay	Projected medium term outcomes
1	Anganwadi services (ICDS)	15245.19	Operationalization of 25000 additional AWCs Scaling up CCTs in 100 districts under THR (ICDS) and evaluation	12 % reduction in underweight prevalence in children by 2019-10 from NFHS-4 level
2	ICDPS	648	75 additional homes will be opened	175 additional homes
3	National Crèche scheme	200	Approximately 5.25 lakh children will be covered	5.25 lakh children to be enrolled in crèches

Source: Outcome Budget: 2017-18, P.143

The nutritional supplements for different categories of children are shown in table 6.

**Table 6: Revised Nutritional Norms for Child in ICDS**

Beneficiaries	Calories (Cal)	Protein (g)
Children (6 months to 72 months)	500	12-15
Severely Malnourished children (6 months - 72 months)	800	20-25

Source: MWCD, Annual report, 2016-17

Currently, 7,076 projects and 14 lakh AWCs have been approved. All 14 lakh AWCs have been sanctioned to the States/UTs.

**Table 7: Revised Financial Norms**

Category	Existing Norms per beneficiary w.e.f 16.10.08	Revised cost norms per beneficiary per day (as per phased roll-out)
Children (six months to 72 months)	Rs 4.00	Rs 6.00
Severely malnourished children (Six months to 72 months)	Rs 6.00	Rs 9.00

Source: MWCD, 2016-17

Under the strengthened and restructured ICDS, these rates have been revised to Rs 6.00 and Rs 9.00 per beneficiary per day for children (6-72 months) and severely malnourished monthly children (6-72 months) respectively (Press Information Bureau, 21/02/2014). As on 30<sup>th</sup> September 2015, 7072 projects and 13,47,890 AWCs are operational across 36 states/UTs, covering 1015.45 lakh beneficiaries under supplementary nutrition and 358.80 lakh children (3-6 years) under the pre-school component. Out of the 14 lakh sanctioned AWCs (AnganwadiCentres), there is 13.49 lakh operational AWCs as on December 31, 2015.

## Financial Programme during the XI and XII Plan Period

The widespread reach of the ICDS scheme, plan allocations, which stood at Rs. 44,400 crores for the Eleventh plan has increased to Rs. 1,23,580 crores for the twelfth plan i.e for 2014-15, an amount of Rs. 16,581.82 crore was released to States/UTs against original budget allocation (BE) of Rs. 18,195.00 crore. However, the

allocation for ICDS for 2014-15 at revised estimate (RE) stage has been pegged at Rs. 16,561.00 crores (MWCD, 2016-17). Thus, the utilization as on 31.03.2015 under ICDS against RE is 100.12 percent. This includes an amount of Rs. 9,869.91 crore for ICDS General and training and Rs. 6,711.91 crore for SNP components under ICDS. An amount of Rs. 10,142.66 crore has been released to various states/UTs during 2015-16 as on 31.12.15.

**Table 9: Budget Allocation and Expenditure Under ICDS Scheme During XII (In Crores)**

Plan Year	BE	RE	AE	Percentage (RE)
2012-13	15,850.00	15,850.00	15701.50	99.06
2013-14	17,700.00	16,312.00	16267.49	99.73
2014-15	18,195.00	16,561.60	16581.82	100.12
2015-16	8,335.77	15,483.77	10142.66 (As on 31.12.15)	65.51
2016-17	14000.00	-	-	-

Source: Demand for grants, 2016-17

Each year, the coverage of the ICDS increases with the opening up of new centers, but the budget allocated remains just the same. It affects the quality and quantity of SNP (reported by Child Right and You). It also points out that Nutritional Resource Centres are district-centric and are far away from many villages. 'How can a newborn baby be left 30 km away from his or her home? The National Family Health Survey-4 (2015-16) showed that 38.4 percent of children under the age of five are stunted (Chakrabarty, 2017). The Union Government has piloted the restricted ICDS which includes both comprehensive early childhood education as well as crèches for children (for care over 8 hours wherein both parents are engaged in economic roles) but universalizing the same remains a dream due to the inadequacy of budgets.

**Key features of strengthened and restructured ICDS, inter-alia, include addressing the gaps and challenges with:**

- Strengthening package of services
- Strengthening ECCE, focus on under-3s care and nutrition counselling service for mothers of under-3s and management of severe and moderate underweight.
- Improving SNP with revision of cost norms
- Management of severe and moderate underweight-identification and management of severe and moderate underweight through community based interventions, SnehaShivirs etc.

Source: ICDS- Ministry of WCD

## World Bank Assisted ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP) (Formerly Called ICDS-IV Project)

The Ministry of Women and Child Development has formulated a specific project on ICDS called ISSNIP run with financial assistance from the International Development Association (IDA). ISSNIP is a two-phase, seven-year project with an overarching goal of supporting Government of India's efforts to improve nutritional and early childhood development outcomes of children, with a focus on 162 districts across eight states (Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh), most of which have higher proportion of child under-nutrition.

**Wheat Based Nutrition Programme:** This scheme is implemented by MWCD. However, food grains for the scheme are allotted by this Department at National Food Security Act (Since 01-04-2016) to the Ministry of Women and Child Development. The food grains allotted under this scheme are utilized by the States/UTs under ICDS for providing nutritious/energy food to children below 6 years of age and expectant/lactating women (Ministry of consumer affairs, 2016-17).

**National Food Security Act, 2013** was enacted to ensure food accessibility to all. The access and availability of food is emphasized through pragmatic proposals. The

Act also contains provisions for nutritional support to the pregnant/lactating mothers and children up to 14 years of age.

### Rajiv Gandhi National Crèche Scheme (RGNCS) for Children of Working Mother

The scheme provides SNP, health care inputs like immunization, polio drops, sleeping facilities, pre-school education (3-6 years), emergency medicine and contingencies. The scheme has been revised for its

continuation during the remaining part of the 12<sup>th</sup> five-year plan (MWCD, 2016-17). The revised norms are effective from 01.01.2016. As per revised scheme, the crèche facility is provided to the children of age group of 6 months to 6 years of working women who are employed for a minimum period of 15 days in a month or 6 months in a year (MWCD, 2016-17). The government grant provided is Rs. 1, 36,440 per annum per crèche for 25 children. SNP has been increased to Rs.12.00 per day per child. 21021 crèches are functional as on November 2015.

The two submissions under the NHM are National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM). While NRHM allocation does see an increase, showing a continued emphasis on health in rural India, the allocation for NUHM decreased from Rs 950 crore in 2016-17 (BE) to Rs 752 crore in 2017-18 (BE).

One of the most important components under NHM is the Reproductive and Child Health (RCH) programme. It was found that the allocations for the RCH flexi-

pool (including routine immunization, pulse polio immunization, NIDDCP, etc) witness a decline to Rs. 5,966 crore in 2017-18 (BE) from the previous year.

**Table 10: Allocations Under the RCH Flexi Pool (Rs. in Crore)**

	2015-16 (Actual)	2016-17 (BE)	2016-17 (RE)	2017-18 (BE)
RCH Flexi pool(Including RI, PRI,NIPCCD, etc)	6489.8	777.9	7884.9	5966.6

Source: CBGA, 2017-18

- Given that a large number of maternal deaths and high rates of infant mortality are still prevalent, there needs to be a sharper focus on components under RCH flexi-pool. There is a crucial need for the state to step up investment for reproductive and child health.
- Thus, the increase in the overall allocations for the health budget and emphasis on dealing with the shortages pertaining to human resources and infrastructure are stepped in the right direction. These need to be strengthened.

## Conclusion

The reflections from the study indicate some of the very crucial aspects of nutrition financing in India. The current trend underlines the need of giving high priority to the field of nutrition especially with a focus on child nutrition. The glaring gap in nutritional status is a national emergency and the budget must be sensitive to this complex aspect. It is important that frontline health workers (namely ANMs and ASHAs) are to be equipped to practice essential and home-based care. A change in the approach is essential where Anganwadis as not just centers of distribution of supplementary nutrition but as centers of care, nutrition and pre-school education with a reach to every last child below the age of six. Different Ministries need to

come together with their children specific and children sensitive budget schemes which can ensure the holistic development of the children.

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