Getting support for nutrition right

Post Covid-19, existing inequities in individual household spending on nutrition could worsen. Hence, the Centre needs to play an even bigger role in ensuring adequate funding for this crucial sector

URVASHI PRASAD & JANAK PRIYANI

Prased is public policy specialist and Priyani is young professional, NITI Aayog. Views are personal

THE LATEST NATIONAL Family Health Survey(NFHS-5) results paint a worrying picture of nutrition outcomes for several states in India. Of course, we must wait for data on other indicators to become available to formulate a comprehensive view. It is also important to appreciate health and nutrition outcomes often take longer to show tangible improvements than other development parameters. Further, a deeper analysis of the differences between the methodology and results of NFHS-5 and the Comprehensive National Nutrition Survey (2016-18), is warranted. Having said that, we must not wait to intensify our efforts against malnutrition, a scourge that significantly hampers the nation's social and economic progress.

Firstly, both the Centre and the states must prioritise spending on nutrition in order to invest in capacity building as well as the procurement of essential supplies and technology tools, such as smartphones and growth monitoring devices. Data from RBI shows that expenditure by the Centre on its flagship scheme, Integrated Children Development Services, grew, between FY16 and FY20, at a CAGR of 10.3%.

In contrast, although the overall expenditure on social services by state governments has been fairly consistent, the spend on nutrition decelerated after FY14. While the CAGR for state spending on nutrition during FY06-FY15 was 19.8%, it reduced to 4.9% during FY15-FY19. Adjusting for inflation, the growth rate is, in fact, negative for some intermittent years. With the coverage of

schemes increasing, this translates into decreasing per-capita spending on nutrition over these years. Anotable exception is Karnataka, which increased its nutrition expenditure during the NFHS-5 survey period.

Post Covid-19, existing inequities in individual household spending on nutrition could worsen, and state finances might be stretched further, thereby making a case for the Centre to perhaps play an even bigger role in ensuring adequate funding for this crucial sector. Of course, it is equally important that states make full use of funds made available to them through central government schemes, like the POSHAN Abhiyaan.

Second, while convergence is integral to the philosophy of the POSHAN Abhiyaan, greater focus is required on putting in place institutional mechanisms in states and districts. It is critical to enable convergence among ministries, like health, nutrition, agriculture, education, drinking water and sanitation, and equally important to ensure that multiple interventions converge at an individual household level. It is encouraging that the first round of NFHS-5 results have shown a significant improvement in water and sanitation indicators as well as considerable progress on indicators pertaining to the education levels and age of marriage for women. Additionally, the coverage of interventions impacting the immediate and underlying determinants of nutrition like early antenatal care and iron supplementation during pregnancy has improved in most states. However, if states are to dramatically improve their outcomes in nutrition, it is vital that multiple interventions are concomitantly delivered to the same household, woman and child.

Third, in addition to equipping health and nutrition workers with technology tools that enable real-time monitoring of growth data, training them in its use is also crucial. Supervisory cadres playan especially important role in making use of such data. Therefore, it is essential that any vacancies in positions, including those of child development project officers, district programme officers and lady supervisors, are filled on a priority basis. Another critical aspect is ensuring alignment between the data collection and monitoring systems of the ministries of health and nutrition in order to eliminate duplication and break down the siloes in service delivery.

Fourth, community involvement and ownership are also of essence. Initiatives like the Rashtriya Poshan Maah and Poshan Pakhwada have undoubtedly helped to increase the visibility of nutrition-related challenges, including at the grassroots level, through various activities, such as community-based events and door-to-door campaigns. It is imperative that the momentum generated from these efforts is sustained throughout the year in order to create awareness about the benefits of a nutritious diet and perils of junk food as well as induce desirable behaviour change, especially with respect to early initiation of breastfeeding, timely introduction of complementary feeding and locally feasible dietary diversification. Several states have adopted models for enhancing community engagement in nutrition, which could be scaled-up and replicated in other areas with necessary customisation. In Bihar, for instance, feeding demonstrations were carried out during self-help group meetings as part of the JEEViKA project. This intervention was directly linked to a two-fold improvement in complementary feeding practices over a two-year period.

