Nutrition Public Expenditure Review: Evidence from Gujarat

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Abstract

Against the backdrop of National Nutrition Mission, this paper undertakes Nutrition-Public Expenditure Review in the State of Gujarat. The anthropometric data analysis shows that malnutrition is still a silent emergency in the state, though there is an improvement over the years. The fiscal space for nutrition in a multi-sectoral framework is looked into, and we find that only an insignificant portion of state budget is allotted to nutrition-related spending. The public expenditure incidence analysis of ICDS showed that there are access differentials in the units utilized patterns, and fiscal marksmanship analysis shows that there is huge deviation between what is allotted and what is spent. The outcome parameters show the inter-State and inter-district differentials within Gujarat that persist in the anthropometric indicators relate to undernutrition. This calls for strengthening the Nutrition-PER in the State of Gujarat as part of the PFM.

[1]This paper is the abridged form of the study report on Nutrition-PER in Gujarat initiated by the Department of Finance, Government of Gujarat and UNICEF Gujarat, Special thanks are due to Ms Veena Bandhopadhyay of UNICEF who initiated this proposal. We sincerely acknowledge Pinaki Chakraborty for his valuable inputs for the study, as part of the Gates Public Policy Innovation project, at NIPFP. Thanks are due to the officials from sectoral ministries of Government of Gujarat and the officials from UNICEF Gujarat for their valuable comments and suggestions, especially the Finance Secretary, the Education Secretary and the Chief, UNICEF, during NIPFP presentation in the Secretariat of Gujarat, Ahmadabad, September 2018. A word of thanks to NIPFP database for providing the finance accounts data required for the study.

Nutrition Public Expenditure Review: Evidence from Gujarat

Malnutrition was the predominant risk factor for death in children younger than 5 years of age in every state of India in 2017, accounting for 68.2% (95% UI 65.8 –70.7) of the total under-5 deaths, and the leading risk factor for health loss for all ages, responsible for 17.3% (16.3–18.2) of the total disability-adjusted life years (DALYs) (Swaminathan et al, 2019). India is home to more than one-third of the world's malnourished children - 40 million children are stunted (height-for-age), 17 million are wasted (weight-for- height), half of the children under the age of three are underweight and a third of wealthiest children are overweight. Of the stunted children in the world, Indian children are most prone to stunting, which has severe physical, health and mental consequences. They are more likely to become overweight and prone to non-communicable diseases during their adulthood. Societal inequities, poverty, and under-development are the key markers of stunting and other forms of under nutrition.

The Global Hunger Index (2018) report, published by International Food Policy Research Institute (IFPRI) and Germany based Welt Hunger Hilfe reveals that India has slipped from 95th rank in 2010 to 102nd in 2019 with the prevalence of wasting (low weight for height) among children under five mainly due to the poor performance of the country in controlling measures during the time period. It also claims that 9.6% of all Indian children between 6 to 23 months of age are fed a minimum acceptance diet. The child wasting rate in India is the highest at 20.8% among all 117 countries. The persistent inequality in access to quality food is accentuated by stark inter-state disparities in nutritional status coupled with poor health infrastructure in most of the states. Botched schemes and grandiloquence speeches have not improved the grievous condition of nutritional outcomes in the states, and nation as a whole.

India, though one of the fastest growing countries in the world with an annual GDP growth rate of 7.1%, lags behind its poorer counterparts on social indicators, particularly nutrition. Its twin problem of under-nutrition and obesity is severely impacting the country's economic and social goals, in particular, stunting, anaemia in women of reproductive age, wasting, anaemia in children.

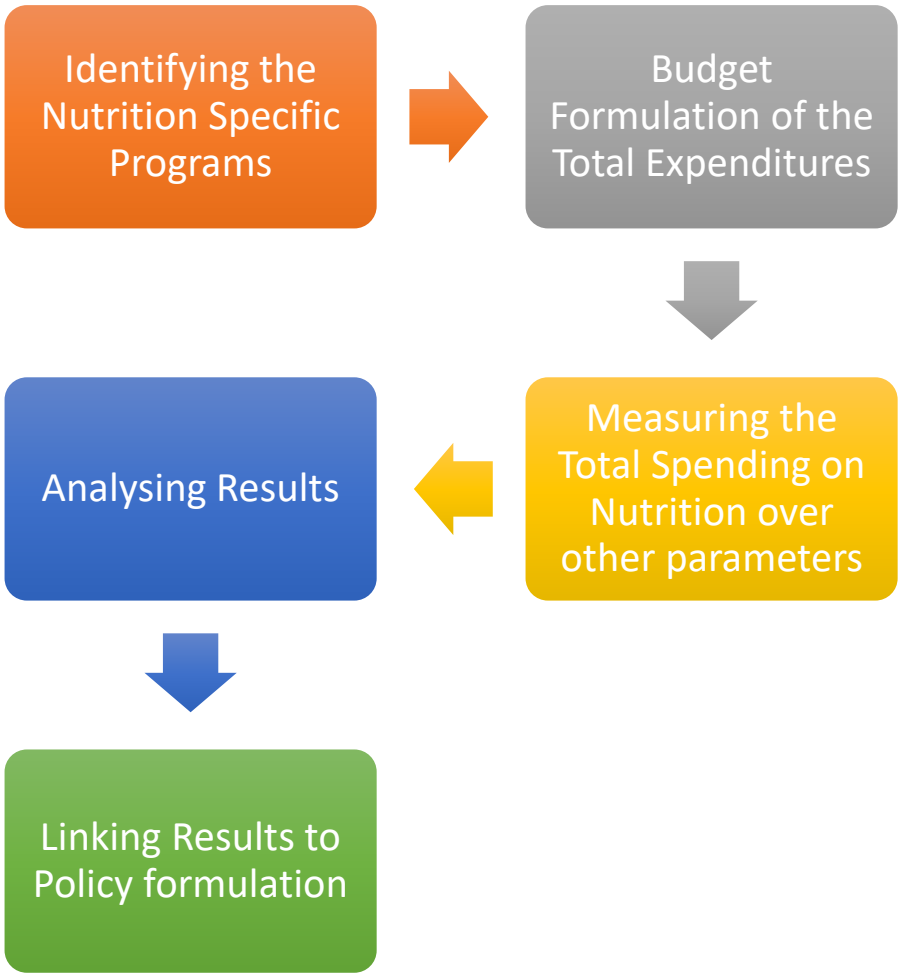
The paper is organised as follows. Section 1 provides the analytical framework of the paper followed by the detailed source of data and methodology in the next section. The context and diagnosis of the problem is discussed in Section 3. Section 4 presents the fiscal space analysis for nutrition and fiscal marksmanship analysis in the State of Gujarat. This is followed by a detailed discussion on forecasting errors and Gujarat's budget credibility in the next section. Section 6 undertakes multi-sectoral analysis of nutrition-related spending and analyses the flow of funds of ICDS (centrally sponsored scheme) and its utilisation patterns. Section 7 presents the nutrition outcomes across Indian States and within Gujarat across districts. Section 8 concludes.

I. The Analytical Framework

Nutrition-Public Expenditure Review is a Public Finance Management (PFM) tool. A Public Expenditure Review can be done through ex-post mapping of the existing programmes from budgetary allocation to outlays to the outcomes (see figure 1). This involves financial input analysis, fiscal marksmanship and also linking "resources to the

results". Such a review is important from the perspective that only few governments spend effectively on children or nutrition related objectives. Many governments do not exactly know how much they have spent so far on nutrition, such a crucial goal of SDG 2030 and then it remains an unfulfilled objective of the government although a lot has been already budgeted.

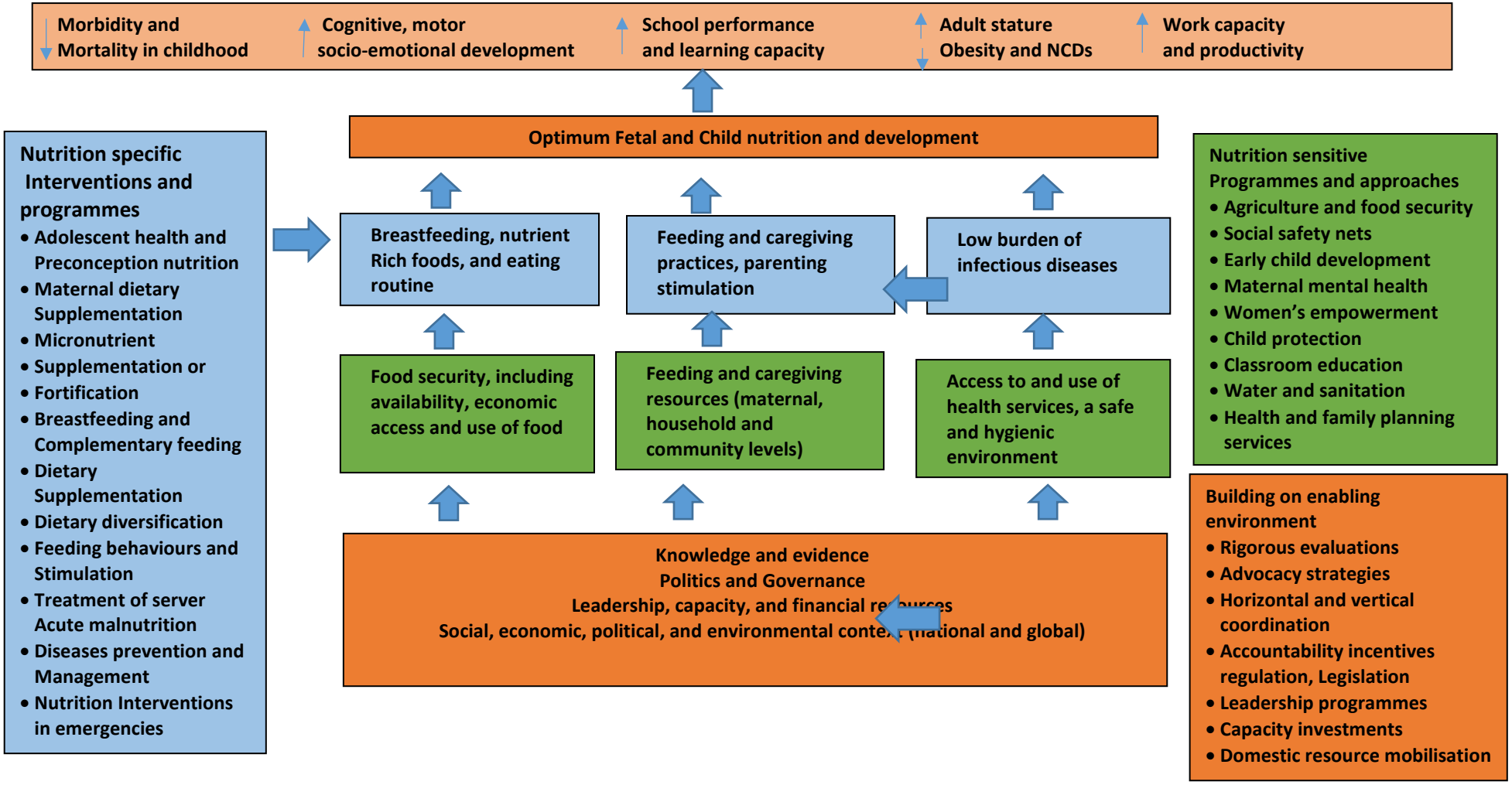
Figure 1: Nutrition - Public Expenditure Review Framework



Source: C-PEM review by UNICEF

Global experiences suggest that improvements in nutrition have come from interventions in multiple areas which include both direct nutrition interventions and indirect interventions. Hence, it is required that a comprehensive review should be taken up that addresses multi-sectoral and inter related determinants of under-nutrition across the life cycle so that governments can identify the total cost of their spending to achieve the nutritional objectives.

Figure 2: Analytical Framework for Actions to Achieve Optimum Fetal and Child Nutrition and Development



2: The Data and Methodology

The data has been taken through the National Family Health Survey reports, States National Family Health Survey reports, and National Sample Survey data for unit-level data analysis. The main analysis has been done using budgetary data culled out from the state budgets, detailed demand of grants from the Expenditure Budget, as well as the sector and state-specific budget documents. The analysis is carried out through a judicious mix of qualitative and quantitative methodology. The methodology also includes rigorous consultations with the concerned departments of Gujarat. Both qualitative and quantitative techniques (a Q-squared approach) has been applied to analyse the multi-sectoral connections across the departments of Gujarat.

The methodology used is descriptive statistics, and other statistical and quantitative tools and the sector-specific ratios and scheme specific ratios of nutrition spending to total budget and GSDP. The objective on fiscal marksmanship is calculated using Theil's inequality coefficient (U). It is used to analyze the measure of accuracy of the budget forecasts. The nutrition outcome is a result of both central and state programmes. An expenditure tracking and funds flow analysis of ICDS has been conducted to understand the utilization ratios of the central fiscal transfers on nutrition in Gujarat.

3: Nutrition PER: The Context and Diagnosis

The recent NFHS-4 survey published in 2015-16 revealed 21% of children under age five years are wasted (too thin for their height), which signify acute under-nutrition. The prevalence of wasting has remained the same since 2005-06 to 2015-16. Jharkhand has the highest levels of wasting (29%) among the States during the period 2015-16. NFHS-4 results reveal that, 36% of children under age five years are underweight. The north-eastern States on an average are on quite decent track in terms of lesser underweight prevalence than the other parts of India. The lowest prevalence of under-five stunting is seen in Manipur whereas the prevalence of stunting among children aged 5–9 years was lowest in Tamil Nadu (10%) and Kerala (11%) and highest in Meghalaya (34%).

In 2019, the Comprehensive National Nutritional Survey (CNNS) was published by Ministry of health and family welfare in partnership with UNICEF. The survey focused to analyse the nutritional status of the children from the age group of 0-19 years of age for the period 2016-18. The survey revealed that India is facing challenge due to double burden of malnutrition that is coexistence of under nutrition along with obesity and overweight. The survey brings forth the severity and nature of malnutrition across country. The problem starts with the new born. Stunting and underweight prevalence were both about 7% in new born children, with a steady increase in both indicators until two years of age. India struggles with the stunting problem for about 35 children out of every 100 lying within 0 to 4 years. In populous States like Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh, the percentage of stunted children are as high as 37 to 42. The problem is worse in the rural areas. A higher proportion of children under five years of age in the poorest wealth quintile were wasted (21%) compared to those in the highest

wealth quintile at 13%. Forty-nine percent of the children from the poorest quintile and 19% from the richest quintile were reported to be stunted. The study of CNNS is supported by the evidences from the NFHS-4 report. It has found that Gujarat, Jharkhand, Karnataka, Madhya Pradesh and Maharashtra are home to highest wasting percentage of children in the country in 2015-16.

The CNNS released in 2019 also found that 10.4 % of 10-19 years-old in India are pre-diabetic, which, expert opines, is largely due to consumption of processed foods and sedentary lifestyles. As for children, CNNS indicates that the prevalence of overweight in adolescents relating to socio-economic status, in the lowest and highest household wealth quintiles are 1% and 12%, respectively. Moreover, the highest prevalence of overweight in adolescents are seen in Delhi, Goa and Tamil Nadu. In addition, the study also reveals that adverse effects of anaemia on cognitive development, stunting, and morbidity from infectious diseases, appears as either moderate or severe public health problem among 41 % of pre-schoolers, 24% of school age children and 28% of adolescents. Though NFHS-2015-16 study reported that between 2005-06 and 2015-16, the prevalence of anaemia among children age 6-59 months declined from 70% to 58%, it continues to be high among rural children. This again indicates an uneven progress of public health across regions of India.

These surveys portend an important issue in dealing with the problem of malnutrition and other nutritional deficiencies. The problem of unemployment, underemployment and poverty are severe in developing countries like India, and has an impact on nutritional status of the common people. In spite of economic growth, poverty remains, and an appreciable number of people remain undernourished due to lack of purchasing power and morbidity. Economists see poverty, dietary intake and less purchasing power as the principal cause of the large and widespread incidence of under nutrition (Masters, W. A, 2016). The government addressed the gaps by introducing the National Nutrition Strategy in 2017 which was published by NITI Aayog considering the seriousness of the problem. The strategy outlines broad objectives and presents nutrition specific interventions to reach the objective. Hence, the focus of this strategy over the next few years (till 2022) is on preventing and reducing child under-nutrition. National Nutrition Strategy is quite focused on the new born and growing children along with would-be and new mothers. The programme set is designed focusing on 'convergence' linkages. However, the 'Convergence' pillar of India's nutrition strategy can only be deemed successful when all interventions reach all target households in the right time frames. The Government of Gujarat has conceptualised the State Nutrition Mission to create an enabling environment and put in place a mechanism that can facilitate inter-departmental convergence necessary to improve the nutritional status of target populations in Gujarat. In the above context, one of the critical aspects discussed was to conduct Public Expenditure Review on nutrition (Nutrition-PER) in collaboration with UNICEF and NIPFP. This paper on Nutrition PER examines various commitments of the State Nutrition Mission and examine how budgetary resources are allocated to achieve this and identify, if there are any gaps and provide policy suggestions that state government may like to consider.

4: State Finances of Gujarat: Analyzing the Path to High Fiscal Prudence

In Gujarat, the "fiscal rules framework" was enacted iteratively by the Finance Commission(s), initially in 2005 ex-post to the recommendations from the Twelfth Finance Commission. Later the enacted 'Gujarat Fiscal Responsibility Act, 2005' was amended in the year 2011, to incorporate the fiscal consolidation roadmap prescribed by the Thirteenth Finance Commission.

As per the amended Fiscal Responsibility Legislation, the State was required to phase out the revenue deficit from 2011-12 onwards, reduce the fiscal deficit-GSDP ratio to 3 per cent from 2011-12 onwards and to reduce the total outstanding debt to GSDP ratio of Gujarat from 28.8 per cent in 2011-12 to 27.1 per cent in 2014-15. Subsequently, the Fourteenth Finance Commission recommended a revised roadmap of fiscal consolidation in December 2014 where the total outstanding liabilities to GSDP ratio was asked to reduce to 25.87 per cent from 2016-17 onwards.

The Medium-Term Fiscal Policy Statement 2017 by Gujarat has incorporated these amendments and aimed for the fiscal deficit and public debt GSDP ratio(s) respectively at 2.25 per cent and 18.55 per cent in 2016-17. The actual achievements in macro-fiscal indicators reflect the high fiscal prudence with fiscal deficit GSDP ratio at 1.46 per cent and the public debt to GSDP ratio was reduced to 17.71 per debt in 2016-17. This paper explores the State Finances of Gujarat to analyse the path in which the fiscal prudence is achieved and its fiscal marksmanship.

4.1: The Macro-Fiscal Scenario and the Economic Growth Path in Gujarat

From 2011-12 to 2016/17, the growth rate has been double digits (in all years at current prices), being as high as 17.7% in 2012/13 and the lowest growth rate was 11.6% in 201516(see table 1). While the growth rate has been impressive, the Gujarat model of growth has often been criticized for the growth has not "trickled down" and the social indicators have not performed as well as the growth in the state. In this context, we try to assess how the state has done in terms of the public finance and its priority in the social and economic sector.

Table 1: Growth Rate in Gujarat

Years	Growth Rate (in %)
2012-13	17.7
2013-14	11.47
2014-15	14.13
2015-16	11.63
2016-17	12.95

Source: (Basic data), MOSPI, Government of India (various years)

It is interesting to note that there is a decline in the total revenue receipts, revenue expenditure and capital expenditure as a percentage of GSDP. In case of total revenue

receipts, it was 10.23% in 2011/12 and it was 9.45% in 2016/17. (some explanation of central transfers can be added) In case of revenue expenditure, it was 9.70% in 2011/12 and it declined to 8.94% in 2016/17. We observe a similar trend in capital expenditure, it was 2.24% in 2011/12 and 1.92% in 2016/17. Clearly, there is a decline in both the expenditure and revenue as a proportion of GSDP (see table 2).

Table 2: Revenue and Expenditure as a Percentage of GSDP

Years	Total Revenue Receipts	Tax Revenue	States Own Tax Revenue	Share in Central Taxes	State Own Non-Tax Revenue	Grants from Center	Revenue Exp.	Capital Exp.
2011-2012	10.23%	8.45%	7.19%	1.26%	0.86%	0.92%	9.70%	2.24%
2012-2013	10.38%	8.66%	7.44%	1.22%	0.83%	0.89%	9.61%	2.93%
2013-2014	9.90%	8.18%	6.98%	1.20%	0.87%	0.85%	9.32%	2.81%
2014-2015	9.98%	7.77%	6.65%	1.12%	1.04%	1.17%	9.40%	2.62%
2015-2016	9.47%	7.61%	6.09%	1.52%	0.99%	0.87%	9.31%	2.35%
2016-2017	9.45%	7.17%	5.54%	1.62%	1.15%	1.14%	8.94%	1.92%

Source: (Basic data), MOSPI, Government of India (various years)

What is interesting is that in case of fiscal deficit as a percentage of GSDP, it increases from 2011/12 to 2015/16 and dips in 2016/17. It was 1.79% in 2011/12 and increases to 2.24% in 2015/16. However, it dips to 1.42% in 2016/17. In case of revenue deficit, while it has its troughs and valleys in different years. It was 0.52% in 2011/12, increases to 0.77% in 2012/13 and dips to 0.17% in 2015/16. It was 0.51% in 2016/17 as shown in table 3.

Table 3: Deficit/Surplus as a Percentage of GSDP

Year	Revenue Deficit Surplus(+)/Deficit(-)	Fiscal Deficit Surplus(+)/Deficit(-)	Primary Deficit Surplus(+)/Deficit(-)
2011-2012	0.52%	-1.79%	-0.02%
2012-2013	0.77%	-2.28%	-0.60%
2013-2014	0.58%	-2.28%	-0.63%
2014-2015	0.58%	-1.99%	-0.37%
2015-2016	0.17%	-2.24%	-0.65%
2016-2017	0.51%	-1.42%	0.11%

Source: Author's Calculation using various year's budget documents

In this context, the social sector expenditure in Gujarat is assessed and is presented in table 4. When we consider the expenditure in social services as a percentage of total expenditure, it has experienced a slight increase, from 33.37% in 2011/12 to 35.58% in 2016/17. In case of economic services, there seems to be a slight decline. The expenditure on economic services in 2011/12 was 18.38% and it was 18.02% in 2016/17. A similar

decline can be observed for the non-developmental expenditure. It was 29.2% in 2011/12 and it declined to 28.36% in 2016/17.

Table 4: Revenue Expenditure

Year	Social Services	Economic Services	Non-Developmental Expenditure
2011-2012	33.37%	18.38%	29.20%
2012-2013	32.49%	17.43%	26.55%
2013-2014	33.06%	16.06%	27.39%
2014-2015	33.13%	17.51%	27.08%
2015-2016	35.12%	16.86%	27.41%
2016-2017	35.58%	18.02%	28.36%

Source: Author's Calculation using various year's budget documents

We observe a similar declining trend for these categories, when we assess it as a percentage of the GSDP in Gujarat. The social services as a percentage of GSDP in 2011 was 3.99% and while it increased marginally to 4.09% in 2015/16, it has declined further to 3.87 in 2016/17(see table 5). Economic services have also seen a declining trend. It was 2.20% in 20011/12 and has declined to 1.96% in 2016/17. Furthermore, non-developmental expenditure has also seen a similar trend. It was 3.49% in 2011/12 and declined to 3.081% in 2016/17.

Table 5: Capital Expenditure

Years	Social Services	Economic Services	Non- developmental Expenditure
2011-2012	3.99%	2.20%	3.49%
2012-2013	4.09%	2.19%	3.33%
2013-2014	4.01%	1.95%	3.32%
2014-2015	3.98%	2.10%	3.26%
2015-2016	4.09%	1.97%	3.20%
2016-2017	3.88%	1.96%	3.08%

Source: Author's Calculation using various year's budget documents

5: Forecasting Error and the Credibility of the Budget of Gujarat

Up until now, we have considered the public expenditure in Gujarat, and we see a general decline in its key components while maintaining a very low fiscal deficit and a revenue surplus. Let us consider some of the key components.

In case of the total revenue receipt, while the BE/Actuals was 1.01, it was 0.97 in the RE/Actuals. This means that while the BE was a slight overestimate the RE was a slight underestimate. In case of Tax revenue, BE/Actuals was 0.98 and the RE/Actuals is 0.93. Therefore, in case of the tax revenue, the estimations worsened marginally. The BE/Actuals and RE/Actuals is 1.16 and 1.17 respectively. This means that the non-tax revenue remained an overestimate. For BE/actuals and RE/actuals for revenue expenditure is 1.05 and 1.04 respectively. For capital expenditure, BE/Actuals and RE/actuals is 1.09 and 1.06 respectively (see table 6).

Table 6: BE/Actuals and RE/Actuals for 2011/12 to 2016/17

	BE/Actuals	RE/Actuals
Total Revenue Receipts	1.01	0.97
Tax Revenue	0.98	0.93
States Own Tax Revenue	1.03	1.00
Share in Central Taxes	0.99	1.05
Non-tax Revenue	1.16	1.17
State own non tax revenue	0.97	1.05
Grants from Center	1.34	1.28
Revenue Expenditure	1.05	1.04
Non-Developmental Expenditure	1.13	1.02
Developmental Expenditure	1.01	1.05
Social Services	1.01	1.04
Economic Services	1.02	1.06
Assignments to local bodies & Panchayati Raj Institutions	0.79	1.03
Capital Expenditure	1.09	1.06
Non-Developmental	1.43	1.14
Developmental	1.08	1.06
Social Services	1.19	1.09
Economic Services	1.04	1.05
Loans and Advances Payments	1.38	1.15
Revenue Deficit Surplus(+)/Deficit(-)	1.02	1.09
Fiscal Deficit Surplus(+)/Deficit(-)	1.13	1.04
Primary Deficit Surplus(+)/Deficit(-)	1.70	1.20

Source: Author's Calculation using various year's budget documents

For the total revenue receipts, tax revenue and the non-tax revenue the random component is 0.970, 0.901 and 0.536 respectively. For the former two, the random component is pretty high, which means that there is little room for improvement in the forecasting error. In case of non-tax revenue, it was lower, however, it is still higher than 0.50. For the revenue expenditure and capital expenditure, the random component is pretty low at 0.132 and 0.321(table 9) respectively. This means that there is room for improvement.

What is important to note, is that the BE for the non-developmental expenditure, which constitute around 35% of the revenue expenditure, has a pretty large over-estimate. The BE is 13% higher than the actuals. There is an improvement from BE to RE, from 13% higher than the actuals to 2% higher than the actuals.

In case of capital expenditure, the non-developmental expenditure and social services which constitute around 3% and 28% of the capital expenditure (respectively) have been overestimated in both the BE and RE. The BE for non-developmental expenditure and social services were 43% and 19% overestimated. While the RE does seem to be and improvement, it is still quite an overestimate at 14% and 9% above the actuals.

When we consider the value of U1 in the table 7 below, we see that its value is very low for most of the categories. Let us consider some of the key categories. U1 for total revenue receipts, tax revenue and non-tax revenue is 0.060, 0.062 and 0.142 respectively (table 7). The very low value of U1 indicates that largely the forecasting error in the revenue receipts are very low. U1 for revenue expenditure and capital expenditure are 0.043 and 0.088. This indicates that like the revenue receipts, the forecasting error of the budget estimates for the expenditure side is also very low.

Table 7: Theil's Index for Budget Estimates for 2011/12 to 2016/17

	U1	**U2**	**U3**
Total Revenue Receipts	0.060	0.086	0.500
Tax Revenue	0.062	0.086	0.567
States Own Tax Revenue	0.055	0.080	0.515
Share in Central Taxes	0.078	0.108	0.401
Non-tax Revenue	0.142	0.220	0.551
State own non tax revenue	0.096	0.132	0.534
Grants from Center	0.236	0.412	0.707
Revenue Expenditure	0.043	0.063	0.346
Non-Developmental Expenditure	0.084	0.129	0.542
Developmental Expenditure	0.032	0.046	0.266
Social Services	0.022	0.031	0.178
Economic Services	0.065	0.093	0.514
Assignments to local bodies & Panchayati Raj Institutions	0.310	0.391	1.020
Capital Expenditure	0.088	0.132	0.564
Non-Developmental	0.259	0.473	0.932
Developmental	0.083	0.125	0.543
Social Services	0.160	0.257	0.726
Economic Services	0.051	0.074	0.389
Loans and Advances Payments	0.277	0.498	0.762
Revenue Deficit Surplus(+)/Deficit(-)	0.434	0.655	0.945
Fiscal Deficit Surplus(+)/Deficit(-)	0.139	0.212	0.643
Primary Deficit Surplus(+)/Deficit(-)	0.539	0.930	0.734

Source: Author's Calculation using various year's budget documents

For the revised estimates, the errors are much lower For instance, the total revenue receipts, tax revenue and non-tax revenue are 0.002, 0.008 and 0.019 respectively. This is an improvement from the budget estimates. Furthermore, the revenue expenditure and capital expenditure for 0.002 and 0.004 respectively. Like the revenue receipt, this is also an improvement from the budget estimate (see table 8).

Table 8: Theils Index for Revised Estimates for 2011/12 to 2016/17

	U1	U2	U3
Total Revenue Receipt	0.002	0.003	0.606
Tax Revenue	0.008	0.015	0.929
States Own Tax Revenue	0.010	0.020	0.274
Share in Central Taxes	0.004	0.008	0.167
Non-tax Revenue	0.019	0.042	0.437
State own non tax revenue	0.010	0.020	0.302
Grants from Center	0.028	0.063	0.558
Revenue Expenditure	0.002	0.003	0.268
Non-Developmental Expenditure	0.002	0.004	0.281
Developmental Expenditure	0.001	0.003	0.302
Social Services	0.002	0.003	0.269
Economic Services	0.001	0.002	0.343
Assignments to local bodies & Panchyati Raj Institutions	0.005	0.009	0.125
Capital Expenditure	0.004	0.008	0.325
Non-Developmental	0.024	0.052	0.480
Developmental	0.003	0.006	0.319
Social Services	0.004	0.008	0.354
Economic Services	0.003	0.006	0.326
Loans and Advances Payments	0.038	0.080	0.273
Revenue Deficit Surplus(+)/Deficit(-)	0.053	0.113	0.760
Fiscal Deficit Surplus(+)/Deficit(-)	0.020	0.040	0.366
Primary Deficit Surplus(+)/Deficit(-)	0.087	0.171	0.372

Source: Author's Calculation using various year's budget documents

For the total revenue receipts, tax revenue and the non-tax revenue the random component is 0.970, 0.901 and 0.536 respectively (see table 9). For the former two, the random component is pretty high, which means that there is little room for improvement in the forecasting error. In case of non-tax revenue, it was lower, however, it is still higher than 0.50. For the revenue expenditure and capital expenditure, the random component is pretty low at 0.132 and 0.321 respectively. This means that there is room for improvement.

It is very important to note that the non-developmental has a very high systematic error and a very low random error. The random component of the error is merely 4.3% whereas the systematic component is 95.7%. This means that there is a very high room for improvement in this and that the estimation can be improved significantly by improving upon the estimation method.

Table 9: Components of Error (BE)

BE	$\frac{(\bar{P}-\bar{A})^2}{D^2}$	$\frac{(sp-sa)^2}{D^2}$	$\frac{2(1-r)\,sp\,sa}{D^2}$
Total Revenue Receipts	0.022	0.008	0.970
Tax Revenue	0.070	0.029	0.901

States Own Tax Revenue	0.120	0.796	0.084
Share in Central Taxes	0.006	0.124	0.871
Non-tax Revenue	0.461	0.003	0.536
State own non tax revenue	0.047	0.060	0.893
Grants from Center	0.627	0.037	0.336
Revenue Expenditure	0.612	0.255	0.132
Non-Developmental Expenditure	0.906	0.051	0.043
Developmental Expenditure	0.066	0.563	0.371
Social Services	0.102	0.738	0.161
Economic Services	0.027	0.306	0.667
Assignments to local bodies & Panchayati Raj Institutions	0.242	0.023	0.735
Capital Expenditure	0.481	0.199	0.321
Non-Developmental	0.789	0.002	0.209
Developmental	0.414	0.249	0.337
Social Services	0.509	0.149	0.342
Loans and Advances Payments	0.531	0.090	0.379
Revenue Deficit Surplus(+)/Deficit(-)	0.001	0.105	0.895
Fiscal Deficit Surplus(+)/Deficit(-)	0.341	0.003	0.656
Primary Deficit Surplus(+)/Deficit(-)	0.309	0.087	0.604

Source: Author's Calculation using various year's budget documents

The random component for total revenue receipts, tax revenue and non-tax revenue is 0.773, 0.661 and 0.218 respectively. Since the random component for the former two is greater than 0.5. However, for the non-tax revenue, the random component was 0.218 (see table 10). This means that there is room for improvement in this. For the revenue expenditure and capital expenditure the random component is 0.096 and 0.17. This indicates that the random component for this is very low, and that there is room for an improvement in the forecasting error.

Table 10: Components of Error (RE)

	$\frac{(\bar{P}-\bar{A})^2}{D^2}$	$\frac{(sp-sa)^2}{D^2}$	$\frac{2(1-r)\,sp\,sa}{D^2}$
Total Revenue Receipts	0.072	0.154	0.773
Tax Revenue	0.266	0.073	0.661
States Own Tax Revenue	0.003	0.412	0.585
Share in Central Taxes	0.714	0.089	0.197
Non-tax Revenue	0.669	0.113	0.218
State own non tax revenue	0.245	0.352	0.403
Grants from Center	0.648	0.113	0.239
Revenue Expenditure	0.671	0.233	0.096
Non-Developmental Expenditure	0.294	0.219	0.488
Developmental Expenditure	0.662	0.195	0.142
Social Services	0.664	0.231	0.105
Economic Services	0.634	0.147	0.218

Assignments to local bodies & Panchayati Raj Institutions	0.166	0.388	0.445
Capital Expenditure	0.686	0.144	0.170
Non Developmental	0.910	0.053	0.037
Developmental	0.659	0.153	0.188
Social Services	0.692	0.154	0.154
Loans and Advances Payments	0.763	0.020	0.217
Revenue Deficit Surplus(+)/Deficit(-)	0.024	0.145	0.831
Fiscal Deficit Surplus(+)/Deficit(-)	0.105	0.073	0.822
Primary Deficit Surplus(+)/Deficit(-)	0.086	0.321	0.593

Source: Author's Calculation using various year's budget documents

What is worth noting in the revenue expenditure is that while the random component in non-developmental expenditure in the RE has improved compared to the BE, the nonrandom component in the social services has increased to 89.5%. Similarly, in capital expenditure, in the social services and non-developmental expenditure, the nonrandom component is very high at 84.6% and 96.3% respectively. This shows that these in these two categories, estimations can be significantly improved.

6.Fiscal Space for Nutrition in Gujarat: Multi-sectoral analysis

Gujarat is the sixth largest state by area and around 4.99 % of the total population of the country lives in the 33 districts of the state as per the census, 2011. The state contributes around 7.6% share in the total GDP of the country and is a leader in exports with a share of more than 20% in the total exports of the country[2].

As per Gujarat's 4th National Family Health Survey report 2015-16, the literacy rate of the state is 79.01 % while only 21 percent of women and 27 percent of men in the age group of 15-49 have completed 12 or more years of schooling. The sex ratio of the state is 919 per 1000 males (one of the states with a low-sex ratio) while the national average stands at 940 per 1000 males as per the Gujarat socio-economic review, 2017-18. Infant mortality rate stands at 27 deaths per 1000 live births for urban areas while this ratio is higher in the rural areas (39 deaths per 1000 live births). The total number of women and children constitute 70% of the total population in India and approximately around 43 crore children are in the age group of 0-18 years. Hence, it becomes imperative to cautiously look over the policies designed for them as they are the resource base for future development. In order to provide adequate nutrition to children and women, based on WHO guidelines on nutritional targets, the government has launched **National Nutrition Mission** with a vision 2022: "*Kuposhan Mukt Bharat*" that means "*free from malnutrition, across the lifecycle*", as the National Nutritional Strategy and has also has mandated the governments to start similar nutrition mission across states within the country. National Nutrition Mission holds the charge to supervise the intended targets, monitor the progress and guide the ministries on Nutrition related policies and frameworks. The National Nutritional Strategy has the following monitor able targets in order to achieve

[2] Socio-economic review, Gujarat 2017-18 , https://gujecostat.gujarat.gov.in/sites/default/files/socio-economic-review-2017-18-part-i-iii.pdf

more inclusive growth by reducing the maternal, infant and young child mortality through[3]:

- To prevent and reduce under nutrition (underweight prevalence) in children (0-3 years) by percentage points per annum from NFHS 4 levels by 2022.
- To reduce the prevalence of anaemia among young children, adolescent girls and women in the reproductive age group (15- 49 years) by one third of NFHS 4 levels by 2022.

Referring to the National Mission on Nutrition, Gujarat started the State Nutrition Mission in 2012 with a multifaceted approach towards malnutrition. The aim of the mission was to intricately hold together the various key departments concerning nutrition and focus on developing strategies that counter malnutrition and other practices[4]. But the major concern has been the lack of any financial commitments or targets set that could have been achieved through the mission. The state mission on nutrition rightly identified the problems but does not put forward the systematic procedure of preventive and curative measures in order to deal with malnutrition in the state[5].

Not only are the anthropometric indicators that indicate the level of nutrition, but there are also several other indicators that affect nutrition. Determinants such as poverty, livelihoods, social protection safety nets, agriculture, public distribution systems, education and communication- especially female literacy and girls' education, women's empowerment and autonomy in decision making, control and use of resources (human, economic, natural), shaped by the macro socio- economic and political environments and the potential resource base all add to indicate the nutritional level of children and women in the country. Since, there are many direct and indirect interventions that deal with the nutrition in the state, it is crucial to scrutinise each and every policy that work directly or indirectly for nutrition.

For Gujarat, specifically, the IMR is higher among the scheduled caste. IMR is also much higher among the mothers who have no schooling (40 IMR) as compared to children whose mothers have completed 10 or more years of schooling (18 IMR). Hence, these problems of adequate nutrition gets further accentuated in the pretext of social exclusion, gender discrimination, poverty and caste-systems.

Gujarat has, in the past, implemented many schemes like, Chiranjeevi Yojana, Bal Bhog Yojana, Vitamin Yukta Poshan Ahar Yojana (nutritious food with vitamins), Kanya Kelavani Yatra for saving the precious lives of mothers and children, BalSakha scheme, BalAmrutam, Kasturba PoshanSahayYojana, Kishori Shakti Yojana, 'Baal Sukham' Yojana which is now 'Kuposhan Mukt Gujarat Abhiyan' and has introduced the recent State Nutrition Mission for maternal, infant and young children. A wide spectrum of national

[3] http://pib.nic.in/newsite/printrelease.aspx?relid=174442

[4] https://nrhm.gujarat.gov.in/Portal/Document/1_11_1_gr_setting_up_of_gsnm.pdf

[5] https://www.thehindu.com/opinion/lead/We-need-a-Nutrition-Mission/article14503108.ece

programmes also contributes in improving nutritional outcomes, addressing both the immediate and the underlying determinants of under nutrition. These include the Integrated Child Development Services, National Health Mission- including RMNCH + A, Janani Suraksha Yojana, Swachh Bharat including Sanitation and the National Rural Drinking Water Programme, Matritva Sahyog Yojana, SABLA for adolescent girls, Mid-Day Meals Scheme, Targeted Public Distribution System, National Food Security Mission, Mahatma Gandhi National Rural Employment Guarantee Scheme and the National Rural Livelihood Mission among others.

With so many programmes being run both by the central and state government of Gujarat across various departments such as Department of Women and Child Development (DWCD), Health, Education, Rural Development, Tribal Development, Urban Development, Water Supply Department etc., it becomes imperative that a comprehensive review of all the programs across the departments should be taken up in an integrated and holistic manner that addresses multi-sectoral and inter related determinants of under-nutrition across the life cycle so that governments can identify the total cost of their spending on achieving the nutritional objectives.

This has been done with reviewing the public expenditures made directly/indirectly on nutrition which can be called as Nutrition PER. The links established following a differentiated approach is only possible after a detailed review of expenditures which can be then mapped to outcomes to help governments find the real expenditures taken up to reduce the malnutrition in the state. Such an exercise can help the government to spend effectively after analysing the linkages. This will also help them to identify the composition of expenditures intended for effective nutritional policy. Hence, the need for a public expenditure review for nutrition becomes crucial to synergize the link among various departments across the state so that the programmes of the ministries can be aligned for better outcomes on nutrition. According to the Global Nutrition Report of 2015, for investments in nutrition, the benefit cost ratio stands at 16:1 for 40 low- and middle-income countries. Against this backdrop, a detailed review of expenditure on nutrition becomes necessary. Such a review is also important from the perspective that only few governments spend effectively and exclusively on children or women related objectives. Many of the governments do not exactly know how much they have spent so far on such crucial goal which leads to ineffective or wasteful spending and then it remains an unfulfilled objective of the government although a lot has been already spent. Also, a priority-based budgeting can help the governments to achieve the sustainable development goals with much clear ground picture of the objective at place.

A Public expenditure review can be done through mapping of the existing programmes to the outcome areas and then identify the underlying expenditures that would focus on the outcome that is objectified[6]. This could be identifying expenditure exclusively spent on children or women and then measuring spending of such child-related or women- related programmes and analysing them for further policy-making processes. Against such a background, we try to analyse the expenditures based on the

[6] C-PEM Overview with Peru and Indonesia example for February workshop

criterion; whether expenditure directly affects the nutrition of children and women called as *Exclusive Expenditure* or indirectly affects the nutrition of children and women called as *Expanded Expenditure*. There are certain expenditures that affect the entire family's nutrition of which children and women are a sub-set, hence, such expenditure has been considered as an expanded expenditure in the review.

All the expenditure of these departments was analysed to identify if the expenditures were expanded or exclusively spent on nutrition of children and women or as a whole. We identified eleven departments that were spending indirectly on nutrition while seven departments spending exclusively on nutrition. Their expenditure as a percentage of their respective budget can be seen in the following table 11.

Table 11: Identified Ministries and their Spending for the year 2018-19 (in Rs. Lakhs)

S No.	Name of the Department	Expanded Expenditure Nutrition (A)	Exclusive Expenditure on Nutrition (B)	Total Expenditure on Nutrition (C) =(A)+(B)	Total Budget of the department (D)	% of total Expenditure over the total budget
1	Women & child development	36971.97	175198.26	212170.23	234951.03	**90.3**
2	Health & Family Welfare	317346.84	9437.74	326784.58	817237.91	**40.0**
3	Food, Civil Supplies & Consumer Affairs	6824.61	65511.7	72336.31	93618.83	**77.3**
4	Education		73423.42	73423.42	2526969.3	**2.9**
5	Revenue	1070.18	0.01	1070.19	295804.32	**0.4**
6	Forests & Environment	1018		1018	94885.46	**1.1**
7	Urban Development and Urban Housing	28921.27		28921.27	1084877.88	**2.7**
8	Narmada, Water Resources, Water Supply and Kalpsar	131497.48		131497.48	1229961.33	**10.7**
9	Roads and Buildings	2750		2750	901243.16	**0.3**
10	Panchayat, Rural Housing and Rural Development	54389		54389	538720.25	**10.1**
11	Social Justice and Empowerment Department	11358.13	9009.5	20367.63	720426.94	**2.8**
12	Tribal Development Department	2885.36	83881.14	86766.5	1327786.59	**6.5**

Source: Author's Calculation using budget documents

We found that the departments spending the maximum amount of their budgets on nutrition are Women and Child Development (WCD), Food, Civil Supplies and Consumer Affairs department and Health and Family Welfare Department (HFW). The total budget in gross terms of WCD Department is Rs. 234951.03 lakhs out of which 90% is spent on nutrition (both directly and indirectly). Exclusive expenditure on nutrition made by the WCD department is around 75% while the rest 15% is spent indirectly that affects nutrition. The total budget for the health and family welfare department is Rs.817237.91 lakhs out of which 15% is the exclusive expenditure and the 38% is the expanded expenditure on nutrition. The expanded expenditure in the Health and Family Welfare department includes the expenditure on the prevention and control of the diseases, spending on educating public health, training of the public health professionals as well as the larger part is on maintaining primary health centres, community health centres and on direction and administration cost of the family planning bureau. Similarly, the Education Departments runs the national level programme called the Mid-day Meal Scheme for children in public primary schools which accounts around 3% of the total budget for the department i.e. Rs 73423.42 Lakhs. This is an exclusive expenditure as it directly deals with providing nutrition to the children. The Food, Civil Supplies and Consumer Affair Department also contribute to nutrition directly by providing subsidies on food and other materials to the BPL and Antyodaya family. The subsidies on food and other materials account for 70 % of the total budget of the department i.e. Rs. 65511.7 Lakhs. The revenue department also spends on special nutrition programme on account of providing relief to the people affected by natural calamities which is however not a large amount but is related to nutrition directly. The other two departments are Social Justice and Empowerment Department and Tribal Development Department. Their expenditures as a % of their total budget is 2.8 & 6.5 % respectively. These expenditures are largely expenditures on the Mid-day Meal schemes for the children. The total exclusive expenditure on nutrition accounts for Rs. 416461.77 lakhs for the year 2018-19 BE constituting around 2.27 % of the total budget of Gujarat for the year 2018-19. A detailed list of expenditure is presented in Table A.1 of the appendix.

Although the WCD and HFW departments are spending major part of their budget into nutrition, there also have certain expenditures that are indirectly affecting nutrition. One such example is the assistance to the Anganwadi workers as well spending on their training and awarding them too. Anganwadi workers work closely with children and cook their meals and take care of them in school. Hence, it becomes imperative that a

proper training is provided to them so that they work more efficiently and reduce malnutrition among children by providing them with healthy food.

It is equally important that a well-equipped infrastructure of public health services should be at place so that would be mothers get proper care, attention and also proper nutrition facilities in order to have a healthy child. This kind of expenditure is important from the perspective of the rural population which has larger number of children who are malnourished, anaemic and also are born with lower birth weight. This situation also increases the mortality rate especially for children below the age of five. Health and Family Welfare department's budget shows that around 38% of the expenditure i.e. Rs 317346.8 Lakhs is spent on strengthening family planning bureau, public health education, training centres, Primary and Community Health centres both in urban are rural areas etc. Also, it is imperative to have a pollution free environment (both air and water) so that children have good health and subsequently also maintain adequate level of nutrition. A cleaner environment helps in a healthy growth of children and indeed is one of the important determinants of nutrition. Much of the activities related to it account for 1 % of the total budget of Forest & Environment Department. Food, Civil Supplies and Consumer Affair department also contribute around 7% of their total budget i.e. Rs.6824.61 lakhs indirectly to nutrition which is presented in Table A.2 of the appendix. It is only when appropriate amount of food is available for the people especially for the poorer sections of the society to have an adequate level of nutrition. This department provides food to the poor and unprivileged through fair price shops and also spends on state food commission to maintain the quality of supply. Another important aspect to nutrition is education. It is crucial for the people especially the youth to know about human health, body health requirements in terms of appropriate micronutrient intake etc. because without proper education, awareness about adequate nutrition becomes a challenging task. Hence, the expenditure by Urban Development and Urban Housing Department on primary education is considered as expenditure indirectly impacting nutrition. It accounts for around 3 % of their total budget i.e. Rs. 28921.27 Lakhs. Narmada, Water Resources, Water Supply and Kalpsar Department spend around 10% of their total budget on activity like tap connectivity in rural areas and also supervise rural and urban water supply programmes. Without adequate supply of water, it is not possible to live and hence it becomes an essential component of human health and nutrition indirectly. Similarly, adequate sanitation and sewerage services should be available for the people so that cleanliness is maintained and also the risk of

getting ill reduces. It forms a crucial part of healthy lifestyle as it is in consonance with the healthy environment. In order to maintain such an environment, we consider the expenditure made by Panchayat, Rural Housing and Rural Development Department on rural sanitation as indirectly spent on nutrition. The department spends around Rs. 54389 Lakhs which accounts for around 10% of their total budget. Roads and buildings department as well as Revenue department also spend Rs. 2750 Lakhs and 1070.18 Lakhs respectively on effective water supply and sanitation programmes. Expenditures by Social Justice and Empowerment Department made on Maternal and Child Health have been considered here as an expanded expenditure. Although such expenditures might not directly affect the nutrition of the child, but it definitely affects the growth and development of the child if the mother is not provided with good care during her pregnancy. This has serious repercussions for the child in every aspect. Also, there are certain nutrition projects which may be for the entire family or targeting the specific group of the family. Such expenditure may have some component for the child nutrition as well. Hence, such expenditure has been considered the part of the expanded expenditure on nutrition. In the Tribal Development Department, similar expenditure on maternal and child health are included. Also, expenditure on children's foster care and rehabilitation program has been considered as part of the total expanded expenditure. Conclusively, the expanded expenditure on nutrition accounts for Rs. 595032.84 lakhs which accounts to approx. 3.24 % of the total budget of the state (see Table A.2 of the appendix).

Table 12: Expenditure over the Total Budget

	Expanded Expenditure on Nutrition (A)	Exclusive Expenditure on Nutrition. (B)	Total expenditure on Nutrition (C) =(A)+ (B)	Total budget of Gujarat (D)	Expanded Expenditure as a percentage of Total budget of Gujarat (A/D)*100 = (E)	Exclusive Expenditure as a percentage of Total budget of Gujarat (B/D)*100 = (F)	Total Expenditure on Nutrition over the Total Budget (C/D)*100 = (G)	GDP at constant prices (in crores of rupees) (H)	Total expenditure Budget of Gujarat as a percentage of GDP (C/H)*100 = (I)	Total exclusive expenditure Budget of Gujarat as a percentage of GDP (B/H)*100 = (J)
Actuals 2016-17	5147.05	2671.6	7818.65	85557.78	6.02	3.12	9.14	984598	0.79	0.27
Budget 2017-18	5335.61	3874.4	9210.01	172179.24	3.10	2.25	5.3		0.94	0.39
Revised 2017-18	5971.32	3281.96	9253.28	172179.24	3.47	1.91	5.4		0.94	0.33
Budget 2018-19	5950.32	4164.61	10114.93	183666.38	3.24	2.27	5.5		1.03	0.42
*(in crores of rupees)										

Source: Author's Calculation using budget documents

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Looking over the marksmanship of the expenditure targets, the paper also analysis *Fiscal marksmanship* for both expanded and exclusive expenditures. It is an indicator of how certain the government has been while forecasting its revenue and expenditures during a particular year. We analysed that for the total exclusive expenditures, the score of fiscal marksmanship is 1.18 and for the expanded expenditure, the score stands at 0.89. It seems that the government has been fairly close in setting their targets. A detailed score of all the schemes under the identified departments is presented in the table A.3 and A.4 of the appendix.

6.1 The Utilisation of Funds Under the Integrated Child Development Services

Integrated Child Development Services (ICDS) was launched as a centrally sponsored scheme on 02 October, 1975. The aim of this scheme is to provide adequate services to before and after birth of children, while taking care of their physical, mental and social development. The scheme offers a package of six services for children in the age group of zero to six years, and lactating & pregnant women.

1. Supplementary Nutrition Plan (SNP)
2. Pre-school non-formal education
3. Nutrition & Health education
4. Immunization
5. Health check-up and
6. Referral services

Anganwadi Centres (AWCs) are responsible for providing all the six services to the children aged below six, to ensure convergence of the targeted and actual benefits. A detailed description and working of AWCs is beyond the scope of this paper, and hence, we focus only on the organisational structure of the ICDS funds in the state of Gujarat. To access the institutional gaps and the extent of utilisation of ICDS funds, utilisation ratio, which is defined as the ratio of actual expenditure to total allocation is used. Higher utilisation ratios validate effective governance, while lower utilisation ratios imply that the state governments have not been able to utilise the allocated funds in a proper manner. This ratio is used as a proxy for good governance. The scheme-wise data on allocation of funds under ICDS is furnished from annual reports of Ministry of Women and Child Development (MWCD). State wise utilisation of funds under each scheme is compiled from Lok Sabha Unstarred Questions[7]. Comptroller & Auditor General (CAG) report on State Finances is also used to examine the fiscal marksmanship of ICDS funds. It provides the data from year 2014-17 along with the reasons for the loss in utilisation ratios at the national level. Institutional architecture has been discussed in an elaborated manner, only for the state of Gujarat. However, institutional gaps leading to lower utilisation ratios have been identified for all the states, to draw a conclusion as to where Gujarat stands, in comparison to all other states.

Table 13 suggests that the funds released under ICDS have been diminishing over the years. A 6% decline in the allocation of funds in 2015-16, followed by a 9% decline in 2016-17 signifies the meagre seriousness on the part of government to promote a healthy

[7] These are questions to which written answers are given by Ministers which are deemed to have been laid on the Table of the House at the end of the Question Hour.

early childhood and maternal care. Despite low allowance of funds, utilisation ratio has been more than 99% in all the three years, at the national level. This points to the fact that the six schemes under the umbrella of ICDS is capable of providing quality care to the children and mother. ICDS has been quite conducive in the state of Gujarat, as Table 14 depicts the utilisation ratios as high as 100% for some of the years. A major fallout to this trend is the declining utilisation ratios in Gujarat from 2013 onwards (Table 14). This might be due to low coverage performance of AWCs and maternal and child health services delivered by them coupled with infrastructural gaps for the scheme. However, 86% of the ICDS funds are being utilised in Gujarat, a further improvement is called for achieving the goals of inclusive development.

Table 13: Total funds allocated/released and utilized under ICDS Scheme during the last three years (Rs. Crores)

Year	2014-15		2015-16		2016-17*	
Category	**Funds released**	**Expenditure Reported by States including state share**	**Funds released**	**Expenditure Reported by States including state share**	**Funds released**	**Expenditure Reported by States including state share**
Total	16561	16581.92*	15483.77	15438.93	14000	4198.68
*Includes the savings from other schemes too						

Source: Press Information Bureau, Ministry of Women and Child Development, Government of India

Table 14: Financial Allocations over the years for ICDS in Gujarat

Plan Year	Amount Released (Rs. Crores)	Amount Utilised (Rs. Crores)	Utilization Ratio (%)
2002-03	41.93	43.83	104.53*
2003-04	52	49.15	94.51
2004-05	59.29	59.59	100
2005-06	92.18	92.15	99.96
2006-07	85.16	85.16	100
2007-08	197.2	234.71	118.78*
2008-09	340	383.25	112.64*
2009-10	730	562.43	76.98
2010-11	896.22	881.93	98.32
2011-12	1322.13	1297.92	98.1
2012-13	1123.19	1117.96	99.53
2013-14	1093.77	914.32	83.59
2014-15	2191.92	1698.38	77.48
2015-16	2181.29	1896.52	86.94
2016-17	2308.77		
* Includes the savings from other schemes too			

Source: Women and Child Development Department, Government of Gujarat

Amongst the high focus states (the states with poor health outcomes), Himachal Pradesh has dispensed the least amount of funds for ICDS scheme as a whole. There is a widening breach between Himachal Pradesh and the average figures for all the categories in Table 15, whereas Uttar Pradesh has revamped its allocations in ICDS (General), SNP

and training. Allocation of ICDS funds in Gujarat have been remarkably low, about 62% lower than national average in ICDS (General) and SNP; about 72% less funds have been allocated to Gujarat. No funds for construction under MNREGA in second phase have been allocated, which shows poor disbursal of ICDS funds in non-high focus states (states with relatively better health outcomes). Although, Gujarat seems to perform better (37% higher allocations) than other non-high focus states and a number of high-focus states too, an increasing amount of disbursal of funds to the state is expected as to improve the current situation of severe mal-nutrition and wasting amongst children aged below five. However, the outlays to Union Territories and North-Eastern States have been quite low amongst all the categories.

Table 15: Funds Sanctioned under ICDS Scheme for the year 2016-17 upto 31.12.2016(Rs.Lakhs)

State	ICDS (General)	SNP	Training	Construction under MNREGA First phase	Construction under MNREGA Second phase	Construction of AWCs on the existing norms of ICDS	Total Sanctioned Including Construction
HIGH-FOCUS STATES							
Jharkhand	13325.75	21017.48	114.69	3000.00	3000.00	0.00	40457.92
Himachal Pradesh	8203.57	4662.06	51.76	144.00	18.00	0.00	13079.39
Bihar	22377.54	47685.95	353.95	7200.00	0.00	0.00	77617.44
Chhattisgarh	16921.47	22461.93	156.50	1200.00	1200.00	0.00	41939.90
Jammu & Kashmir	13150.22	4035.18	38.50	900.00	0.00	0.00	18123.90
Madhya Pradesh	31629.71	55779.33	202.34	4200.00	4200.00	0.00	96011.38
Orissa	38085.80	25519.58	168.11	5022.00	378.00	0.00	69173.49
Rajasthan	17726.76	33045.65	115.57	1200.00	1200.00	1350.00	54637.98
Uttar Pradesh	95627.23	156280.09	247.48	12361.20	549.60	0.00	265065.60
Uttarakhand	12043.25	4649.44	57.53	2700.00	0.00	0.00	19450.22
Average	**26909.13**	**37513.37**	**150.643**	**3792.72**	**1054.56**	**135**	**69555.72**
NON-HIGH FOCUS STATES							
Gujarat	24625.56	30669.31	116.23	300.00	0.00	832.87	56543.97
Karnataka	16235.33	25683.97	123.52	1800.00	1118.40	0.00	44961.22
Kerala	10254.53	6901.07	93.15	600.00	264.00	0.00	18112.75
Haryana	12893.84	5158.16	70.51	450.00	0.00	0.00	18572.51
Maharashtra	58533.84	22171.44	149.25	1200.00	0.00	0.00	82054.53
Punjab	7515.52	2975.12	61.41	600.00	600.00	1350.00	13102.05
Andhra Pradesh	14590.85	31467.53	189.15	2652.00	501.60	3849.53	53250.66
Goa	458.83	591.45	1.22	0.00	0.00	16.20	1067.70

Tamil Nadu	14000.14	19633.98	172.41	3000.00	0.00	0.00	36806.53
Telangana	9654.88	14726.89	122.73	1200.00	76.80	0.00	25781.30
West Bengal	27805.02	19242.85	157.42	4200.00	3254.40	0.00	54659.69
Average	**17869.85**	**16292.89**	**114.2727**	**1454.727**	**528.6545**	**549.8727**	**36810.26**
UNION TERRITORIES							
Delhi	6560.79	5866.02	56.12	0.00		0.00	12482.93
Pondicherry	590.87	1702.02	6.33	0.00		0.00	2299.22
Andaman & Nicobar	700.54	131.34	2.69	0.00		0.00	834.57
Chandigarh	269.92	190.49	2.51	0.00		0.00	462.92
Dadra & Nagar Haveli	274.35	101.90		0.00		0.00	376.25
Daman & Diu	100.38	130.59		0.00		0.00	230.97
Lakshadweep	59.19	34.16		0.00		0.00	93.35
Average	**1404.38**	**457.14**	**5.2**	**0**		**0**	**1998.06**
NORTH-EASTERN STATES							
Arunachal Pradesh	4295.76	2119.90	31.18	0.00	0.00	0.00	6446.84
Assam	29158.46	17921.03	250.98	900.00	900.00	0.00	49130.47
Manipur	4928.86	500.00	60.89	0.00	0.00	2025.00	7514.75
Meghalaya	4973.09	8283.14	22.53	711.00	711.00	1012.50	15713.26
Mizoram	1999.35	2156.92	8.26	183.60	126.00	0.00	4474.13
Nagaland	1925.38	9084.46	17.15	0.00	0.00	0.00	11026.99
Sikkim	768.68	644.34	6.65	185.40	0.00	0.00	1605.07
Tripura	4872.25	4010.56	28.56	0.00	0.00	0.00	8911.37
Average	**6615.229**	**6085.779**	**53.275**	**247.5**	**217.125**	**379.6875**	**13102.86**
National Avg.	64451.04	81229.47	409.2756	6432.133	2203.867	1497.067	147432.9

Source: Annual Report 2016-17, MWCD

Table 16: Year-wise details of grants sanctioned under Integrated Child Protection Scheme (ICPS) (Rs.Lakhs)

State	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17 (As on 31.12.2016)
HIGH-FOCUS STATES								
Bihar	-	604.58	115.22	871.78	957.56	**204.75**	**2687.89**	**551.62**
Chhattisgarh	206.13	-	-	397.30	213.34	821.24	3955.55	527.77
Himachal Pradesh	-	-	314.47	-	84.96	835.71	604.04	**2345.48**
Jammu & Kashmir	-	-	-	-	-	0	113.35	43.12
Jharkhand	-	-	420.67	-	144.96	36.03	369.88	152.84
Madhya Pradesh	481.62	-	240.31	1223.10	546.03	1889.69	1116.03	2503.88
Odisha	146.42	545.38	546.98	671.33	1227.20	2544.82	3309.07	910.39
Uttar Pradesh	-	-	2142.25	1662.48	1109.39	1798.90	**2884.18**	**3207.19**
Uttarakhand	-	-	-	-	333.92	83.48	66.88	15.54
Rajasthan	225.07	332.47	566.55	2014.93	2347.56	3395.82	3258.92	0.00
Average	**264.81**	**494.14**	**620.92**	**1140.153**	**773.88**	**1161.044**	**1836.579**	**1025.783**
NON-HIGH FOCUS STATES								
Punjab	-	-	574.65	-	191.27	507.12	820.81	253.60
Andhra Pradesh	504.49	902.54	2038.24	1689.48	1206.50	301.62	238.58	110.74
Goa	-	-	-	-	-	100	235.25	36.83
Gujarat	269.42	490.54	626.37	1213.28	979.35	1925.75	2328.90	769.95
Haryana	25.89	371.86	147.29	748.85	1085.51	1526.72	496.44	0.00
Tamil Nadu	193.12	447.65	1276.56	4326.82	2131.05	3067.10	825.04	5638.82
Telangana						2087.59	354.88	195.64
West Bengal	500.86	186.83	1205.52	547.06	2373.04	2574.04	508.67	3017.11
Karnataka	203.11	381.67	1410.91	1856.50	2403.63	3689.87	1845.24	507.56
Kerala	149.16	320.21	333.33	-	718.17	1354.35	944.39	216.96
Maharashtra	-	3730.28	1174.79	976.71	557.56	762.32	3138.75	699.53
Average	**263.7214**	**853.94**	**976.40**	**1622.671**	**1294.009**	**1626.953**	**1066.953**	**1040.613**
NORTH-EASTERN STATES								

Manipur	105.42	202.29	216.16	311.28	658.15	138.48	3082.18	241.34
Meghalaya	-	102.13	211.25	474.30	762.45	2003.83	1469.55	2060.33
Mizoram	-	195.36	225.46	504.95	696.42	1919.02	2079.44	1949.55
Nagaland	190.12	-	942.51	838.32	911.41	957.41	2257.65	382.75
Assam	129.92	301.79	-	740.36	1080.00	1010.36	597.90	413.64
Arunachal Pradesh	-	-	-	147.05	54.74	130.68	571.68	52.29
Sikkim	-	-	88.94	-	15.97	390.24	562.00	117.50
Tripura	-	221.40	198.38	190.30	124.42	1227.34	710.63	676.04
Average	**141.82**	**204.592**	**313.7833**	**458.08**	**537.485**	**972.17**	**1416.379**	**736.68**
UNION TERRITORIES								
Andaman & Nicobar Island	-	-	-	-	-	145.9	36.03	36.88
Chandigarh	-	-	17.96	49.84	17.58	21.98	357.82	245.44
Dadra & Nagar Haveli	-	-	-	12.78	2.09	68.61	58.66	177.59
Daman & Diu	-	-	-	16.53	69.28	80.61	82.82	126.42
Delhi	-	237.29	341.93	1093.98	404.73	606.22	1363.40	978.64
Lakshadweep	-	-	-	-	-	0	0.00	0.00
Puducherry	-	107.22	-	150.00	64.66	1168.57	559.60	175.02
Average	**-**	**172.55**	**179.945**	**264.626**	**111.668**	**298.8414**	**351.19**	**248.57**
Other		43.12	61.04	97.36	101.09	105.57	164.77	86.81
Child line India Foundation (CIF)	932.98	1789.90	2316.37	3082.63	3004.10	5361.74	5673.08	4132.84
National Average	**284.2487**	**575.7255**	**682.8504**	**959.6037**	**805.3967**	**1180.092**	**1308.683**	**883.0961**

Source: Annual Report 2016-17, MWCD

Table 16 clarifies that the funds allocated to high-focus and non-high focus states for ICDS is favourable to the national average. Madhya Pradesh, Andhra Pradesh and West Bengal have received the maximum grants under ICDS in the year 2009-10. Over the years, non-high-focus states as a whole have been granted adequate funds for child protection scheme, which is clear from the Table 16, as Rajasthan has been disbursed with almost highest and double of the average amongst high-focus states over the years. Amongst non-high focus states, Andhra Pradesh had been the top performer till 2013-14, but received a setback post the period. Maharashtra, Gujarat, West Bengal and Tamil Nadu have acquired the maximum funds under this scheme. A low focus on Union Territories and North-Eastern States is clear. However, Gujarat has been funded with double the funds in national average in the year 2015-16, the allocation seems to have fallen post that, maybe due to savings being carried forward to the next year.

The utilisation ratios suggest that how much of the appropriated funds have actually been realised and put into the schemes. Table 17 demonstrates that a number of states have utilisation ratio of more than 100 (percent). This advocates that these states have under-utilised the funds in the preceding years, and hence, the accumulated savings have been added in the forthcoming years and, thus has led to inflated utilisation ratios. Jharkhand is the most prominent case of such a scenario with utilisation ratio as high as 547% in the year 2015-16 for SABLA scheme. The value of 27% in the year 2014-15 (SABLA Scheme) elucidates on the point of low utilisation and high fiscal marksmanship in that year. Similar is the case with Chhattisgarh and Daman & Diu. Utilisation ratios have been as low as 0.27% in Rajasthan for one scheme and as high as 147% in another. This can be accredited to poor governance, a result of complex organisational structure[8]. In the year 2016-17, Gujarat has failed to exploit the SABLA funds (utilisation ratio of 27%) and Maternal Benefits Scheme funds (utilisation ratio of 59%). Untimely delivery of funds, multi-staged institutional architecture and other institutional weaknesses are the reasons behind poor utilisation of funds. BIMARU states like Madhya Pradesh and Uttar Pradesh have performed better than Gujarat in terms of utilisation of SABLA funds. Despite, low allocations to the Union Territories and North Eastern states, they have performed strikingly better than all other states. Arunachal Pradesh, Mizoram, Nagaland and Andaman &Nicobar have well capitalised on the funds allocated to them, with utilisation ratios of 100 percent. These wise ranging inter-state disparities call for a well-established institutional mechanism with regular checks and feedbacks.

[8] This point is elaborated in the next section.

Table 17: Utilisation Ratios (In percentage) for SABLA and Maternal Benefits Scheme- State Wise

	SABLA			Maternity Benefits Scheme		
States/UTs	**2014-15**	**2015-16**	**2016-17**	**2014-15**	**2015-16**	**2016-17**
HIGH-FOCUS STATES						
Bihar	97	124	62	56	0	-
Chhattisgarh	67	106	199	125	319	-
Himachal Pradesh	107	100	187	61	61	-
Jammu & Kashmir	47	145	94	-	145	-
Jharkhand	27	547	481	-	1324	-
Madhya Pradesh	94	94	159	80	49	-
Orissa	98	105	120	99	85	94
Rajasthan	128	0.27	-	59	147	-
Uttar Pradesh	108	68	70	-	0	-
Uttaranchal	36	278	8	90	29	-
Average	**81**	**157**	**153**	**81**	**215**	**94**
NON-HIGH FOCUS STATES						
Goa	106	100	197	156	175	33
Gujarat	254	271	27	107	94	59
Haryana	105	69	382	-	70	812
Andhra Pradesh	231	113	224	70	21	-
Tamil Nadu	97	94	115	107	77	97
Telangana	100	92	0	100	50	-
Karnataka	75	84	356	-	87	-
Kerala	204	98	84	60	97	-
Punjab		0	-	-	-	-
Maharashtra	627	343	66	93	115	-
West Bengal	-	--	841	68	87	3067
Average	**200**	**126**	**229**	**95**	**87**	**813**
NORTH-EASTERN STATES						
Arunachal Pradesh	79	195	79	100	100	0
Assam	72	174	11	-	-	-
Manipur	515	52	326	-	-	-
Meghalaya	114	100	100	-	-	-
Mizoram	105	114	112	100	100	-
Nagaland	102	92	100	100	100	-
Sikkim	100	67	41	102	39	5
Tripura	100	86	236	35	35	-
Average	**148**	**110**	**125**	**87**	**74**	**2.5**
UNION TERRITORIES						
A&N Islands	24	96	47	100	97	0.37
Chandigarh	82	66	64	-	7	-
Daman & Diu	-	-	112	29	149	-
Dadra & Nagar Haveli	-	88	100		-	-
Delhi	76	139	245	111	49	-
Lakshadweep		27	82		-	--
Pondicherry	100	93	105	185	-	-
Average	**70**	**84**	**108**	**106**	**75**	**0.37**

National Average	**131**	**124**	**159**	**91**	**127**	**463**

Source: Annual report 2016, MWCD; Lok Sabha Unstarred Question 4276

Tables 18 a and b elaborate on the reasons for persistent gaps in provisional amount and the amount actually utilised. One of the key reasons is vacant posts in Creche components of districts. This adds to another side of the story wherein vacant seats for varying posts, which leads to mis-appropriation of funds is one of the reasons for low utilisation ratios amongst states. Muddled condition of inflated utilisation ratios can also be explained by delays in implementation of new products, and their reach to the designated beneficiaries.

Table 18 a: Cases where persistent savings were noticed during 2014-17- ICDS Scheme

Grant No.	Year	Provision (Rs.Crore)	Expenditure (Rs. Crores)	Fiscal Marksmanship (Rs. Crores)	Reasons
96	2014-15	225.54	181.39	44.15	Due to delay in implementation of new items and discontinuance of Premix to beneficiaries for five months.
96	2015-16	265.13	237.99	27.14	Due to non-submission of final bills and tendering procedure could not be completed in time
96	2016-17	330.89	223.16	107.73	Due to (i) non-purchase of Nutry Candy owing to non-completion of tender process,(ii) rate of various components fixed was lower than estimated under the Dudh Sanjivani Yojana and (iii) non-payment of Premix Bill owing to non- submission of final bill

Source: CAG report on State Finances for the year end 31st March 2017

Table 18 b : Cases where persistent savings were noticed during 2014-17 – ICDS Plan

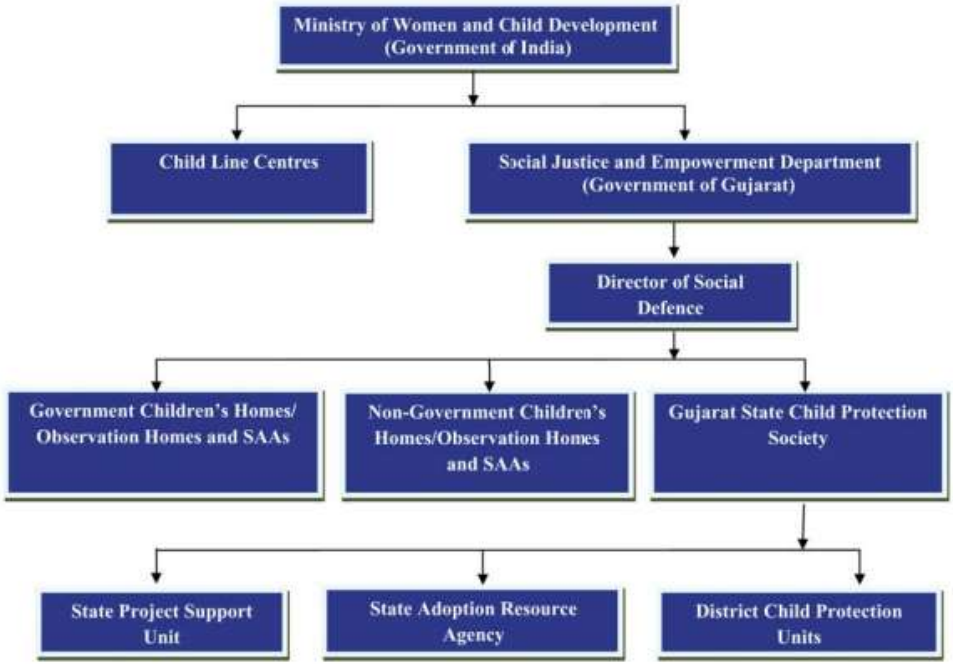
Grant No.	Year	Provision (Rs. Crores)	Expenditure (Rs. Crores)	Fiscal Marksmanship (Rs. Crores)	Reasons
106	2014-15	568.35	487.88	80.47	Non-receipt of approval by Government of India for implementation of new scheme viz. Nutrition Counseling Volunteers and due to vacant posts.

106	2015-16	526.00	485.12	40.88	Due to vacant posts of CVN, NCV, Urban Program Officer under urban unit, ICDS mission, saving available under creche component at district.
106	2016-17	554.05	401.64	152.41	Due to (i) non-approval of Annual Programme Implementation Plan (APIP) Scheme by Government of India, (ii) non-filling up of the vacant posts (iii) non-organization of the training as per sanction

Source: CAG report on State Finances for the year end 31st March 20175.

The flow of ICDS funds is even more complex. There is a minimum of 10 desks in Gujarat for flow of ICDS funds (figure 3). MWCD first transfers the funds to the child line centres and Social Justice & Empowerment Department of Gujarat for further validation and transfer to Director of Social Defence. These funds are then flowed to the required departments in Government Children's Homes, Non-Government Children's Homes and Gujarat State Child Protection Society. The final round of funds goes to the State Project Support Units, State Adoption Resource Agencies and District Child Protection Units. These 10 desks make the process unnecessarily cumbersome and hence, the delays, and lower utilisation ratios.

Figure 3: Organisational Chart for implementation of ICDS

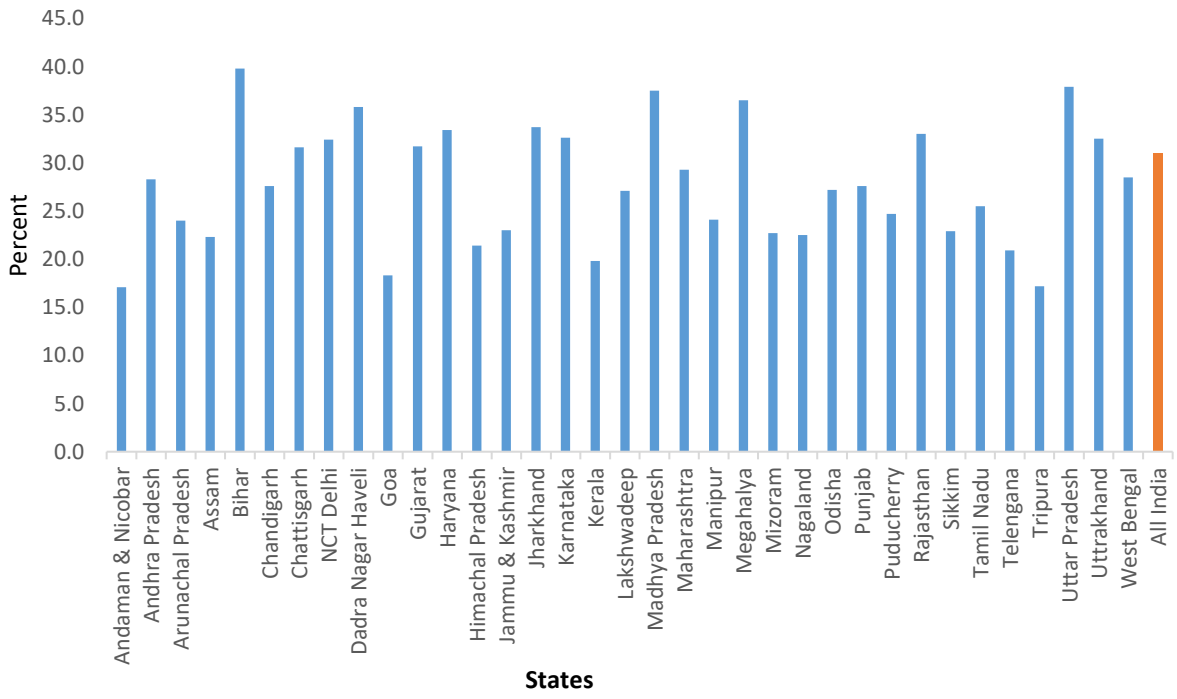


Source: ICDS website

7: Gujarat_ Nutritional Outcome

India is home to more than one-third of the world's malnourished children - 40 million children are stunted (height-for-age), 17 million are wasted (weight-for-height), half of the children under the age of three are underweight and a third of wealthiest children are overweight. Of the stunted children in the world, Indian children are most prone to stunting, which has severe physical, health and mental consequences. According to NFHS – 4, almost 40% children in Bihar, Madhya Pradesh, and Uttar Pradesh are physically weak i.e. are stunted, as against a national average of 31%. Meghalaya (36.5%), Uttarakhand (32.5%), Gujarat (31.7%), Haryana (33.4%), Jharkhand (33.7%), and Rajasthan (33%) are no better performers (see Figure 4). One of the reasons could be the poor implementation of National Health Mission in the state. High prevalence of under-nutrition and nutritional deficiencies in women and children, especially among children (< 3 years of age), is a matter of concern for the state. Poor feeding practices leading to Protein Energy Malnutrition (PEM) and faulty caring practices as reflected by the health and nutrition indicators (NFHS3), appears to be the underlying cause of malnourished children. The major group suffering from malnutrition are women of child bearing age (15 – 44 years) especially those who are pregnant or nursing; and young children (up to 59 months of age).[9]

Figure 4: Percentage of stunted children (aged below 5 years) in the urban regions: state- wise

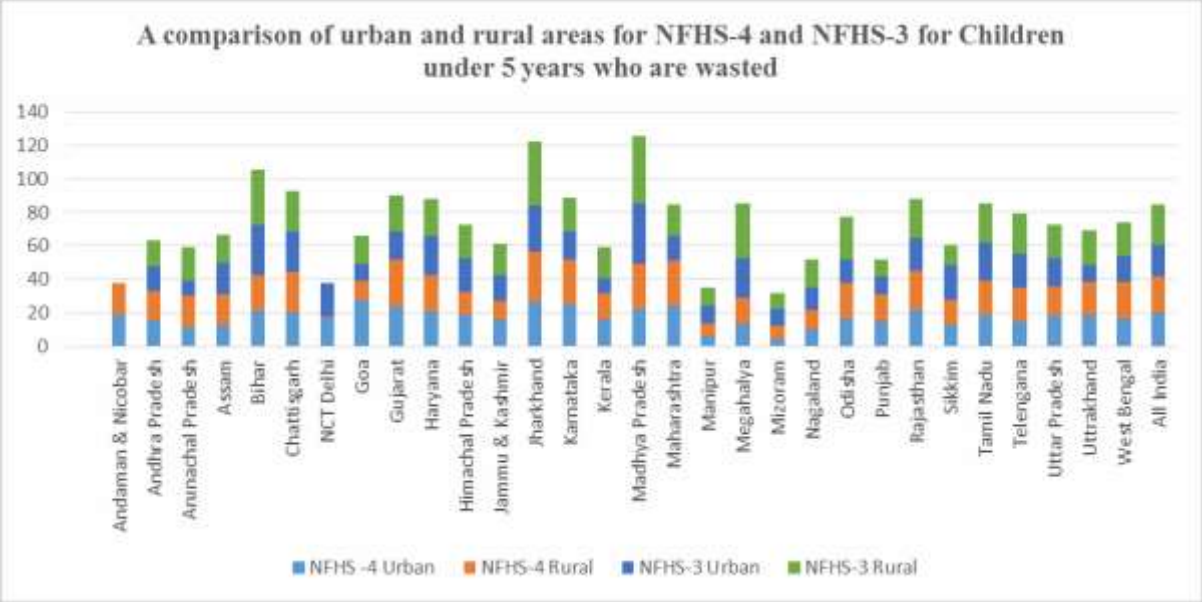


Source: National Family and Health Surveys-4: State level Fact sheet

[9] http://nrhm.gujarat.gov.in/nutrition.htm

Mizoram and Arunachal Pradesh performed the best in all the four categories, namely urban regions for NFHS-4 and NFHS-3 & rural regions for NFHS-4 and NFHS-3 as shown in Fig. 5. MP continues to be the worst performer in the category of anthropometric measures, both in rural and urban regions across both the surveys. Jharkhand performed better than MP in the NFHS-3 survey of rural regions, in particular. Gujarat (26.4%) stands no far from performing poorly in this category, in both the regions during NFHS-4. The state is only better than Jharkhand (29%) and shares the worst slot with MP (25.8%), Maharashtra (25.6%) and Daman and Diu (TOI,2018). Moreover, the percentage has increased from 16.7 to 23.4 for urban regions and from 21.3 to 28.5 for the rural regions, which is higher than all-India average figures (20: NFHS-4 urban regions, 21.5:NFHS-4 rural regions) The reason for such a poor performance can be attributed to the increasing incidences of Tuberculosis in the state with low immunization coverage over the years.[10] Low energy intake and TB are the most prominent reasons for increasing number of wasted children. Immediate action is required in terms of both increased expenditures on immunisation and better policies and regulatory system for the nutritional policies.

Figure 5: A comparison of urban and rural areas for children under the age of five who are wasted: Region wise



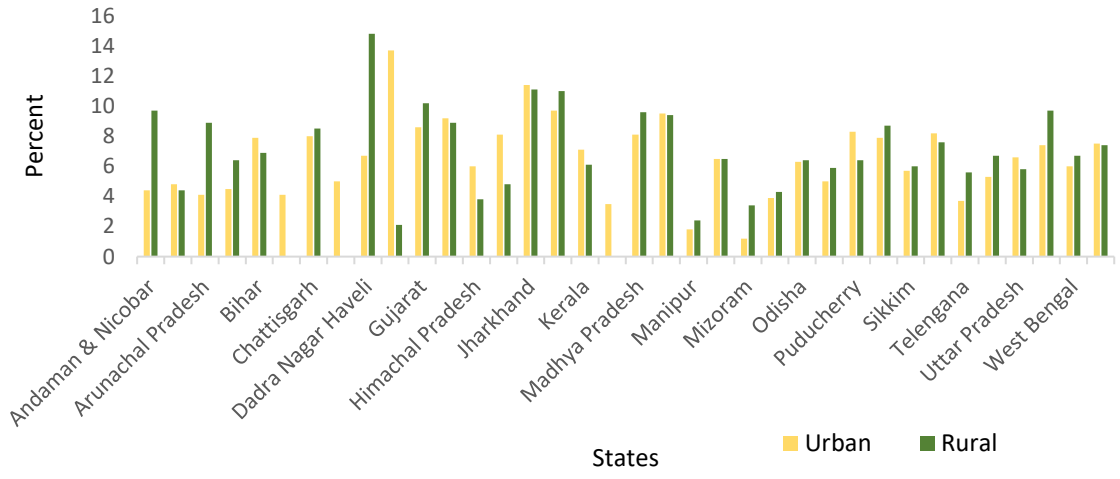
Source: National Family and Health Surveys: State level Fact s*heet*

Dadra Nagar Haveli (14.8) performs the worst in rural regions amongst all other states but has accomplished much better stance in the urban region with 6.7% children who are severely wasted as can be seen from Fig.6. While Madhya Pradesh (9.6%) and Jharkhand (11.1%) are relatively better than Dadra Nagar Haveli in the rural regions, they are worse off in their urban counterparts (8.1 for MP and 11.4 for Jharkhand). Gujarat has higher percentage of children who are severely wasted than all India

[10] *https://www.orfonline.org/expert-speak/gujarat-economically-upfront-far-behind-health/*

figures, and particularly, in comparison to BIMARU states. Reasons might be the same as discussed for the children who are wasted. The best outcome is portrayed by Mizoram (1.2%-urban & 3.4%-rural) and Manipur (1.8%-urban & 2.4%-rural) with the lowest number of children who are severely wasted.

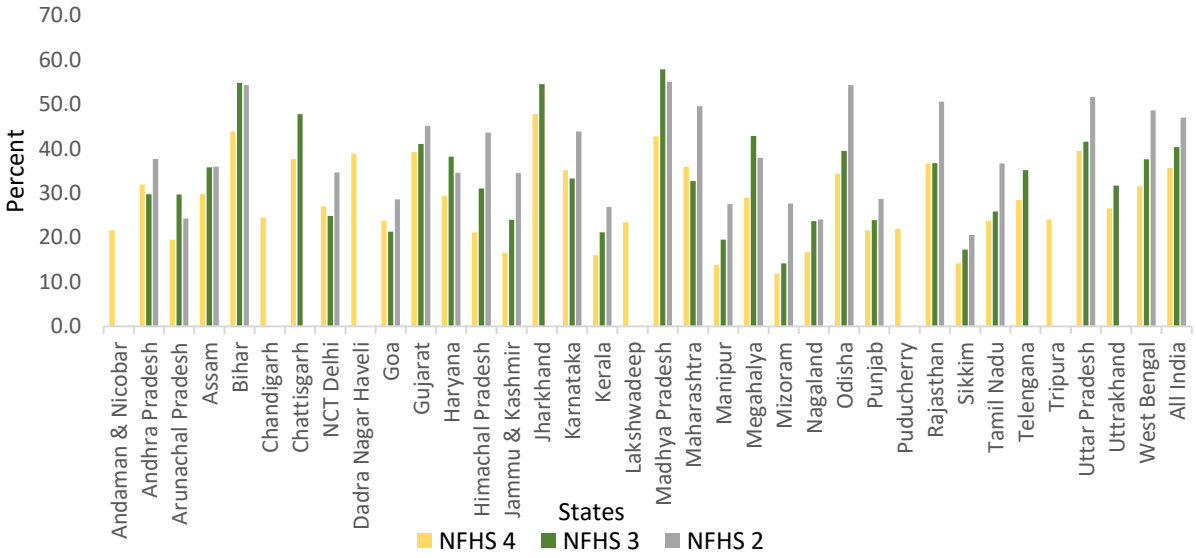
Figure 6: Percentage of children aged below five who are severely wasted: region wise



Source: National Family and Health Surveys: State level Fact sheet

Fig.7 presents percentage of children who are underweight. We observe that Mizoram and Sikkim have relatively lower percentage of children who are underweight across all the three surveys while Madhya Pradesh and Uttar Pradesh have performed the worst with the values of 42.8% and 39.5 % respectively. The percentage has gone down for UP (41.6% in NFHS-3 to 39.5 % in NFHS-4 from a value of 51.7 % in NFHS-2) but MP remains the worst performer (55.1% to 57.9% to 42.8% across surveys in ascending order). For the recent survey, when compared with MP, Gujarat matched at relatively similar deplorable conditions, even though the performance was better in the previous two surveys. The reason that could back this is the increasing number of anaemic pregnant mothers, which feeds onto the poor physical health of the children. On a national level, Gujarat's problem of underweight children seems prominent when it can be seen elevating All India Levels of percentage (35.7% in NFHS-4) of underweight children by a thick margin.

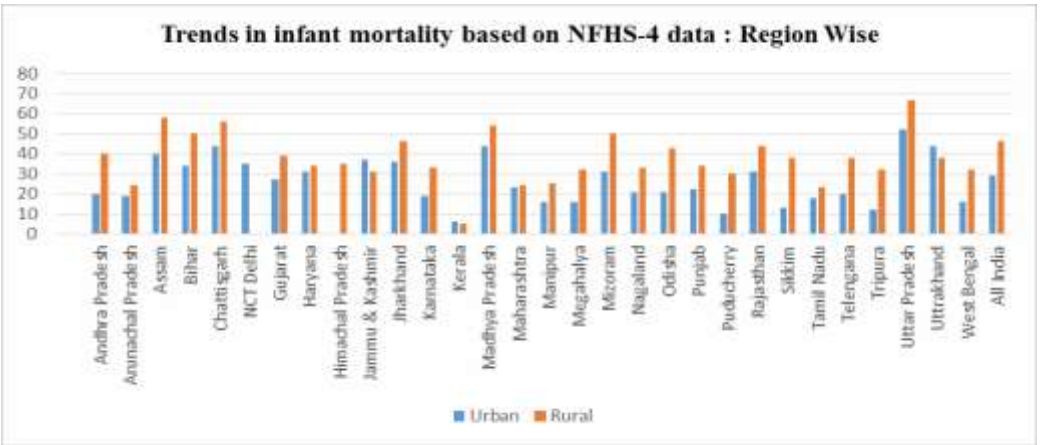
Figure 7: Percentage of children aged below five who are underweight: survey wise



Source: National Family and Health Surveys: State level Fact sheet

A region wise analysis in fig. 8 for infant mortality rates (IMR) shows that Uttar Pradesh (67 IMR per 1000) has performed the worst in the rural region followed by Assam (58), Chhattisgarh (56) and Madhya Pradesh (54). Gujarat has fairly low IMR (27 in urban and 39 in rural) as compared to the all-India figures (29 urban and 46 rural) and the other worst performing states. Kerala with IMR of only 6 in urban and 5 in rural has performed the best in the year 2015-16. The following table 19 and fig.8 shows that even though Gujarat's IMR is falling and is below all-India levels, but it is higher than affluent states like Maharashtra (24) and Punjab (22) in the urban region. Though, rural IMR is higher than the urban counterpart, it points towards the urban-rural gap as shown in fig. 8, which is the highest for Assam (18), while for Gujarat it is 12. This gap might widen if the rural health infrastructure does not improve. The widening gap of rural IMR can be attributed to non-availability of specialist or low institutional deliveries in the rural regions, in particular.

Figure 8: Infant mortality rates based on NFHS-4 data : region wise



Source: National Family and Health Survey -4: State level Fact sheet

Table 19: Gap between Gujarat's IMR and All India IMR

Year	Gujarat IMR	All-India IMR
2006	53	57
2007	52	55
2008	50	53
2009	48	50
2010	44	47
2011	41	44
2012	38	42
2013	36	40
2014	35	39
2015	33	37

Source: RBI handbook on Statistics of Indian state

The percentage of children aged between 6-59 months who are anaemic is the highest in the states of Dadra & Nagar Haveli, Jharkhand, Madhya Pradesh and Uttar Pradesh in both urban and rural regions **(**see Appendix table A.5). Little consumption of food having micro-nutrients, like fruits and vegetables makes for the Anaemia amongst the children. Moreover, Haryana, Rajasthan, Assam and Madhya Pradesh had the record high percentage of anaemic children during NFHS-2 and they continue with

poor statistics during NFHS-4 too, but the situation is less severe than that in Dadra Nagar Haveli (see Appendix table A.6). Chandigarh (75.9), along with Dadra (80.1) and Jharkhand (65.1) adds to the greatest number of non-pregnant anaemic women for NFHS-4 (see Appendix table A.7). Dadra Nagar Haveli (67.9) and Jharkhand (62.6) top the list of maximum pregnant anaemic women (see Appendix table A.8). Gujarat (51.3) also has a pretty high number of anaemic pregnant women, which is the main cause of high and increasing maternal mortality in the state. Frequent child births, non-institutional delivery with no proper medication and care (in rural areas) is another reason for Anaemia in pregnant women. Anaemia among men in the age group between 15-49 years is low in all the states, with north-eastern states bagging the first position (see Appendix Figure 1). Anaemia is the leading cause of all anthropometric deficiencies amongst children. It can be seen that there is a direct correlation between number of anaemic pregnant women and anaemic children (see Appendix Figure 2); high maternal deaths and high IMR and U5MR. Thus, Anaemia is the root cause of all the health problems prevailing in the nation. Children and pregnant women are most vulnerable to Anaemia, and hence, focusing on their diet is of primary concern. Analyzing the data from the NFHS-4 data for all women whose BMI is less than normal (18.5 kg/m2), we see that Bihar (30.4) and Dadra Nagar Haveli (28.7) perform the worst (see Appendix Table A.9). For the state of Gujarat, the reduction has been minuscule i.e. from 36.2 to 27.2 in ten years. The all India figure hovers around 22.9 for women with low BMI and about 58% women suffer from Anaemia (see Appendix figure 3). Such figures are staggering and portray a dismal representation of the performance of Indian states on social frontiers.

Despite ever-increasing literacy rates in Ahmedabad, continued good performance of social health schemes and declining IMR and U5MR, this city gets the "worst performer" tag in the urban district for all the four indicators, while Vadodara performs undoubtedly the best, followed by Anand. This could be because of the dropping immunisation rates, for both mother and the child in the district of Ahmedabad [11] which affects severely the nutrition of child and thus his anthropometric features. Immunisations have a crucial role to play in the physical growth of the child, as seen in other districts. As far as the case of

[11] *http://www.in.undp.org/content/dam/india/docs/humandevelopment/District%20HDRs/9.%20Ahmedabad_DHDR_2016.pdf*

Vadodara is concerned, it performs well in some indicators in the rural region and poorly in some, as compared to Anand. Anand and Vadodara have almost 40% of underweight children, which is significantly higher than those in Ahmedabad (see Table 20). This suggests the dismal scenario in Gujarat, and a need for proper nutritional diet for the children.

Table 20: Percentage of children aged under five who are stunted, wasted, severely wasted and underweight: Central Gujarat

	Stunted		**Wasted**		**Severely Wasted**		**Underweight**	
District	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Ahmedabad	26.2	-	26.8	-	11.1	-	27.3	-
Anand	45.8	49.0	20.5	22.1	8.6	7.0	37.5	42.6
Vadodara	38.5	49.1	15.2	17.5	7.2	4.5	34.2	44.1

Source: National Family and Health Survey-4: District level Fact sheet

The rural districts of Gujarat include Panchmahal, Kheda and Dohad . Table 21 shows that more than 40% of the children in rural districts of Central Gujarat are stunted, and almost half of the children are underweight. Dohad, which is a tribal district, fares poorly on the front of children aged below five facing stuntedness and underweightedness because of less than 40% immunisation coverage. Even though Panchmahal suffers from the problem of less than 40% immunisation coverage, it has been able to perform slightly better than Dohad (44.9) in stuntedness (43.1) and underweightedness [Panchmahal (46.6), Dohad(51.1)] because of its relatively better health and education facilities coupled with higher literacy rates and income.[12]

Table 21: Percentage of children aged under five who are stunted, wasted, severely wasted and underweight: rural districts in Central Gujarat

District	**Stunted**	**Wasted**	**Severely wasted**	**Underweight**
Dohad	44.9	25.1	8.3	51.7
Kheda	44.1	29.0	7.1	49.4
Panchamahal	43.1	39.8	15.0	46.6

Source: National Family and Health Survey-4: District level Fact sheet

The semi-urban and semi-rural districts of Southern Gujarat include Navsari, Baruch, Valsad and Surat. Table 22 illustrates that for the districts in South Gujarat, Navsari has performed the best on all the anthropometric fronts, when compared to its

[12]http://www.in.undp.org/content/dam/india/docs/humandevelopment*/District%20HDRs/18.%20_DHDR_2017.pdfPanchMahals*

counterparts in both the regions. This is because of the success of the Vatsalyadham Project[13] under which the screening of acute malnutrition children is taken care of. Surat despite being the eight largest cities in the state has not been able to perform well on the social-indicators, because of about 11% gap in urban and rural figures. Anaemia cases have increased in the district from 16 to 43, as per the UNDP report. Even though schemes like Janani Suraksha Yojana have been implemented, not much progress has been reported since 2007. For the districts of Valsad and Baruch, they appear to have performed at equivalent levels, as not much difference is reported. The above observations are same for the urban and rural counterparts on all fronts.

Table 22: Percentage of children aged under five who are stunted, wasted, severely wasted and underweight: South Gujarat

	Stunted	Wasted	Severely wasted	Underweight
Baruch	41.5	29.4	7.6	44.2
Navsari	38.9	26.8	5.7	37.4
Surat	30.0	26.2	8.1	36.1
Valsad	43.3	30.3	11.9	41.9

Source: National Family and Health Survey-4: District level Fact sheet

Among the rural districts of Gujarat, The Dangs, Tapi and Narmada are the three districts in southern Gujarat which have a large tribal population. In table 23, The Dangs is the worst performer and Tapi the best performer with least percentage of children aged under five with poor anthropometric features. The Dangs, being a tribal district has very poor sanitation facilities, low availability of specialist doctors, despite high vaccination coverage. Narmada and Tapi show improving rates of sanitation and hospital facilities coupled with higher rates of educational attainment, as compared to the Dangs. The Dangs is one of the worst performing of the 640 districts in India when it comes to wasting and severe wasting. The situation is highly disheartening and demands proper implementation and regulation of the health facilities in the district, with a focus on educational attainment of mothers and children.

Table 23: Percentage of children aged under five who are stunted, wasted, severely wasted and underweight: rural districts in South Gujarat

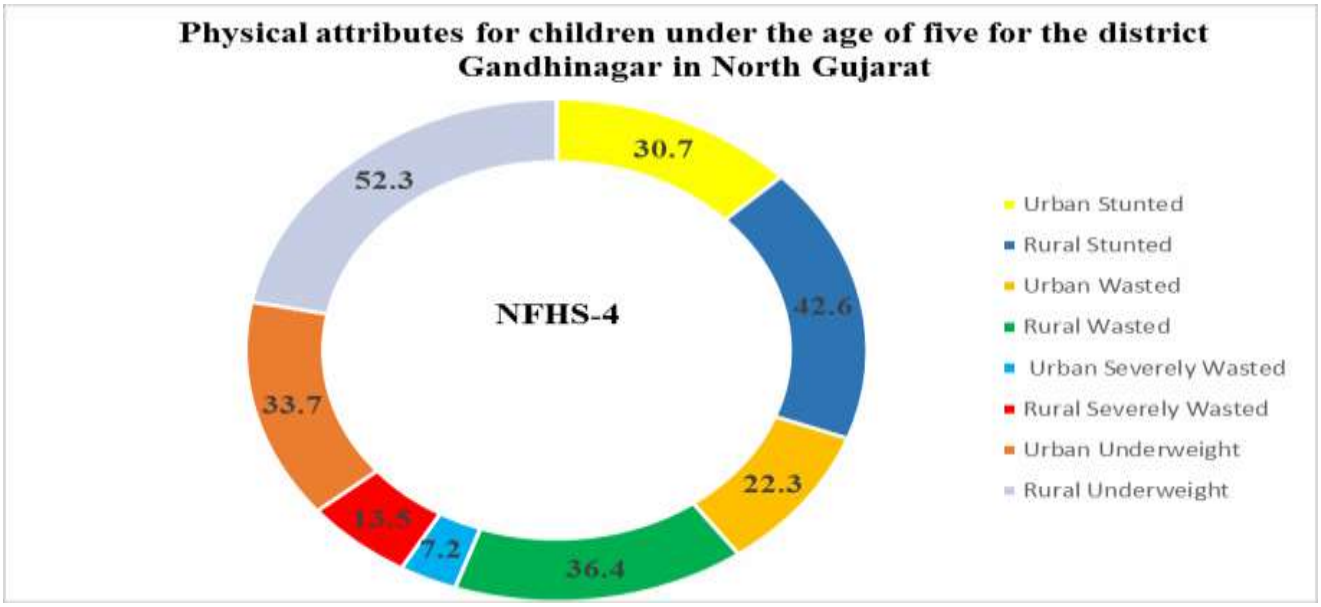
	Stunted	Wasted	Severely wasted	Underweight
Dangs	48.1	43.0	18.9	60.0
Tapi	35.9	35.8	9.6	42.4
Narmada	47.4	35.8	12.7	53.6

Source: National Family and Health Survey-4: District level Fact sheet

[13]http://www.in.undp.org/content/dam/india/docs/humandevelopment/District%20HDRs/12.%20Navsari_DHDR_2016.pdf

Figure 9 shows that maximum children in Gandhinagar suffer from the problem of underweight and stunted anthropometric features in the rural region particularly. Urban region is slightly better off in all indicators, but on a whole, Gandhinagar stands on a "moderate" level, with almost all the values below 50. There are less children in the category of "severely wasted", but higher number (rural -36.4, urban-22.3) of "wasted" children.

Figure 9: Percentage of children aged under five who are stunted, wasted, severely wasted and underweight : Gandhinagar in North Gujarat



Source: National Family and Health Survey-4: District level Fact sheet

The rural districts that lie in the northern Gujarat are Patan, Sabarkantha, Mehsana, Banas kantha. Table 24 suggests that the children in North Gujarat have the worst nutritional status across the state. More than half of the children in Sabarkantha are stunted, and 47.4% children are underweight. Banaskantha, Mehsana, and Patan too have very high percentages of stunted and underweight children. Wasting is relatively less prominent in North Gujarat, but still, demands a lot more improvement on this front.

Table 24: Percentage of children aged under five who are stunted, wasted, severely wasted and underweight rural districts in North Gujarat

	Stunted	Wasted	Severely wasted	Underweight
Banaskantha	39.9	23.6	8.9	44.4
Mehsana	40.9	26.5	13.4	43.2
Patan	41.8	24.8	9.4	42.3
Sabarkantha	53.4	25.7	8.1	47.4

Source: National Family and Health Survey-4: District level Fact sheet

Among the remaining districts, the district Bhavnagar has the highest percentage of rural stunted (48.3), urban underweight (43.7) and rural underweight (44.9) as compared to the minimum values of 19 in Jamnagar, 21.6 in Porbandar and 28.8 in Junagadh for the respective indicators (see Table 25). Kachchh shows an outlier value of 40.6 as a percentage of children under five who are wasted and Jamnagar with a value of 46.8 overrules other districts in children under five who are wasted in the rural regions. Similar trends are portrayed by both the former districts in the category of severely wasted children.

Table 25: Percentage of children aged under five who are stunted, wasted, severely wasted and underweight: remaining districts

	Stunted			Wasted			Severely Wasted			Underweight		
Districts	**Urban**	**Rural**	**Total**	**Urban**	**Rural**	**Total**	**Urban**	**Rural**	**Total**	**Urban**	**Rural**	**Total**
Amreli		38.4	37.8		22.8	24.6		7.3	6.4		30.4	31.7
Bhavnagar	48.5	48.3	48.4	23.9	27.5	26	9.7	6.6	7.9	43.7	44.9	44.4
Jamnagar	35	19	27.9	19.2	46.8	31.3	6.7	29.6	16.8	26.2	33.2	29.3
Junagadh	30.2	26.7	27.9	20.1	35.6	30.4	12.9	19.9	17.5	24.1	28.8	27.2
Kachchh	37.5	42	40.8	40.6	27.9	31.4	19.6	13.9	15.5	37.6	39.5	39
Porbandar	19.7	24.2	22.6	16	30.6	25.4	4.9	13.8	10.6	21.6	31.1	27.7
Rajkot	28.7	34.6	30.9	23.4	23.5	23.4	3.3	4.2	3.7	31.3	31.4	31.4
Surendranagar		49.6	45.5		23.9	27.7		6.6	9.5		46.4	45.9

Source: National Family and Health Survey-4: District level Fact sheet

The comparison study in Table 26 of the four largest districts of Gujarat is undertaken. It is observed that Ahmedabad still performs the worst in all the indicators, namely normal BMI and anaemia. Surat, Rajkot and Vadodara outperform Ahmedabad. Surat and Rajkot have the lowest percentage of women with low BMI, and Rajkot has the least number of men with low BMI in comparison to Vadodara also. While Vadodara shows the best performance in percentage of overweight men and women, Rajkot and Ahmedabad continue to perform poorly. Anaemia incidence among children, women and men is lowest in Surat and highest in Ahmedabad.

Table 26: Health characteristics for women with low BMI, women with high BMI (overweight), men with low BMI, men with high BMI (overweight), anaemic children, anaemic women and anaemic men: Four largest districts

District	Women, Low BMI	Men, Low BMI	Women, Overweight	Men, Overweight	Children Anaemic	All women anaemic	All men anaemic
Ahmedabad	21.5	25.9	30.7	26.4	76.0	62.0	26.9
Rajkot	17.4	16.3	36.1	22.3	57.6	52.6	18.5
Surat	18.4	22.7	34.5	23.2	42.3	39.0	11.1
Vadodara	29.1	25.6	22.0	20.7	54.3	49.2	18.5

Source: National Family and Health Survey-4: District level Fact sheet

8: Conclusion

Gujarat's growth model has been looked up as a benchmark by the other states as the state has been growing in double digit since the period 2011-12 to 2016-17. The analysis of state finances indicates that the state has followed the FRBM guidelines and is committed to bring down the revenue deficit to nil, fiscal deficit under three percent and also aims to perform well on other crucial parameters such as bringing down the debt/GSDP ratio to less than 25%, and IP/TRR ratio less than 15% as per the 14FC recommendations. The revenue deficit of the state has been close to zero while the fiscal deficit also has been below 2% which is also witnessing the similar trend over the years in consideration. However, the expenditure side shows us that though as a percentage of total expenditure, the expenditure has increased since 2011 for social services vis-a-vis the year 2016; it has well reduced in terms of GSDP. The expenditure on economic services also has seen decline as a % of GSDP especially the capital expenditure on economic services. Moreover, the analysis reveals that the total revenue receipts of the state have also declined since 2011. Such a framework is indicative of the fact that the fiscal deficit target has been met by reducing the capital expenditure on the state that is largely developmental in nature. Hence, there is a need for the state to look for other measures to increase the tax buoyancy so that the larger revenue gains can be utilised in building the state and shall leave more room to incur capital expenditure, enhancing development of the state along with economic growth. We assess the accuracy of the forecasts using Theil's Index which determines the errors in the forecasting analysis; either being systematic or unsystematic (random) errors. Analysis indicates that there exist large forecasting errors in the estimates of the budgets especially for non-developmental expenditure both on the revenue and capital account and also for the social services on the capital account. These errors are largely systematic indicating the scope for better methods of forecasting in the future. Thus, analysis of the state finances points out that improving the forecasting errors can help in planning the resources better so that effective implementation can be undertaken. Although, Gujarat seems to be a fiscally prudent state but a deeper look is suggestive of its compromise on the capital expenditure and social services.

Gujarat development story is quite contrasting where the double-digit growth rate is not an inclusive one as reflected by reduced spending on social sector for the budget of 2016-17. The anthropometric indicators of nutrition have shown a dismal picture where around 26 % of the children in Gujarat are wasted as per NFHS-4 survey. The IMR is also high in Gujarat specially for mothers who have no schooling indicating that inadequate nutrition problem gets further accentuated with social exclusion, gender discrimination, poverty and caste systems. Although the state has historically been implementing a lot of schemes along with National Mission on Nutrition called POSHAN, still the decadal reduction in children, who are wasted, severely wasted or stunted remains poor as per NFHS-4 survey. Hence, this calls for effective public expenditure review of spending on nutrition which is addressed in this paper. Such a review is a powerful public financial management tool that provides a comprehensive review of expenditure by the departments and also the line departments as nutrition is multi-faceted and has lot of

interrelated determinants. Such an exercise is crucial to synergize link among the various related departments so that the programmes are well aligned supporting effective implementation, better outcomes and reduction in delay of allocation of funds. Since there can be expenditures directly or indirectly affecting children, we analysed such expenditure as exclusive and expanded (spent indirectly on nutrition). There are seven departments that spend exclusively or directly on nutrition constituting around Rs. 416461.77 lakh crores i.e. around 2.27 % of total budget of the state for the year 2018-19 BE. Women and Child Development Department (WCD) spends around 90% of their total budget followed by Food, Civil supplies and consumer Affairs department spending around 77% out of their total spending, Health and Family Welfare spending around 40 %, Rural Development department spending around 10% and education department spending around 3% on nutrition through Mid-day Meal scheme out of their total budget spending. Social Justice and Empowerment Department and the Tribal Development department spend around 2.8% and 6.5% respectively of their total budgets. The expanded expenditure accounts for Rs. 595032.84 lakh crores approximately around 3.24% of the total budget which is spent by eleven departments of the state. However, as per the actuals of 2016-17, the spending on nutrition was just 0.79% of GDP of the state. A fiscal marksmanship analysis was also conducted that showed that score was 1.18 for exclusive expenditure highlighting an over estimation while the fiscal marksmanship for expanded expenditure was 0.89 indicating an under representation of the budget forecasts. It was observed that since the spending directly affecting children is less than 1 % of GDP of the state, there is constant need of evaluation of public spending on nutrition in order to assess the effectiveness of the public expenditure and also there arises the necessity to map them with the outcomes, which however is not covered by the study. Since there is still a larger rural population facing the threat and suffering through poverty and malnutrition, more awareness is required for the missions undertaken among them. Moreover, this should be supplemented by higher capacity-building measures as well as higher capital spending, so that there is better coverage and essential infrastructure especially in the rural areas which has lot of tribal population as well.

Subsequently discussing the public expenditure review of nutrition there aroused curiosity to understand the institutional structure and functioning of the largest social policy scheme of the country called ICDS (Integrated Child Development Scheme) which is discussed in the paper. The centre shares the expenditure on nutrition with the states in the ratio of 60:40 for the programme components while the supplementary nutrition programme is shared 50:50 with the states (general). However, the NE (north-eastern) & Himalayan states share less in comparison with the centre bearing more of the costs in the ratio of 90:10 (for all components) while UTs are entirely taken up by the centre (100:0). Such a framework demands proper allocation as well as a strong and efficient institutional mechanism that ensures timely execution and implementation of the desired policy objectives. Hence, the institutional architecture of the scheme is discussed with a focus on the state of Gujarat as well. Our analysis covers the extent of utilisation of funds allocated and institutional gaps for the period 2014-17. It was observed that the at the national level, there has been 5 % decline in the fund allocation for the year 2015-16 followed by a 9 % decline in the allocation of funds in 2016-17 for the scheme. An interesting point here is that the utilisation ratios i.e. ratio of actual expenditure over the total allocation has not declined but has been more than 99% for many states. For Gujarat, despite there has been a decline in the utilisation ratios since 2013-14, still 86% of ICDS

funds have been utilised reflecting the efforts to materialise the objective of the scheme. On the allocation front, the funds are 62% lower than the national average. Although Gujarat is above par as compared to the other non-high focus states, still the delays in funds are worsening the position of the malnourished children. Gujarat has also not been able to utilise the funds allocated under the SABLA scheme and Maternal Benefits Scheme funds. The study has identified the reasons for persistent gap in the utilisation and allocations of funds where in the key reason have been the vacant posts in Crèche components of the district. That is also the reason for inflated utilisation ratio is one year as compared to the previous year. The institutional mechanism through which the allocation of funds flow from the centre to the state and then eventually to the local bodies for further implementation are delayed hinting poor governance accompanied with untimely delivery of funds further aggravating the problem for which it is setup. As the procedure is duly lengthy, it further complicates the process of allocation of funds and lowers the utilisation ratios in one year while inflating them in the other.

Finally, after the detailed study of institutional structure of the largest scheme addressing nutrition, it paved the way to understand the status of children and women in the country with particular reference to Gujarat. Around 4 crore children who are stunted (low height for age) and around 17 crore children who are wasted (low weight for height) reside in India making it a home to highest number of undernourished children in the world. India has poorly performed on its social indicators particularly nutrition in spite being one of the fastest growing countries. A similar case exists for the state of Gujarat where the higher growth has not tickled inclusive development. The anthropometric and other indicators for the state of Gujarat vis-à-vis its performance with the other states have been discussed in chapter 5. Four indicators that trigger inter-state disparities in nutritional status are mortality rates among children below the age of five, Anaemia among men, women and children for different age groups, Body Mass Index (BMI) of women in age between 15-49 years and the anthropometric indicators such as wasting, stunting, severely wasted and children who are underweight under the age of five are addressed in detail in the chapter. Gujarat has a higher percentage of children who are stunted (31.7%) as compared to top performing states like Goa (18.3), Kerala (19.8) and Tripura (17.2) almost equal to national average of 31.7 % as reported in NFHS-4. Percentage of children who are wasted is rural (28.5) and an urban region (23.4) of Gujarat is much higher than the national average for urban (20) and the rural regions (21.5) as well. The percentage of children who are severely wasted under the age of five as per NFHS-4 in the rural (10.2) and urban (8.6) regions of Gujarat is worse than national average (7.5 in urban and 7.4 in rural regions). Children who are underweight below the age of five account for around 39% for Gujarat as compared to national average of 35.7 in NFHS-4. It ranks among the other poor performing states like Madhya Pradesh (39.5) and Uttar Pradesh (42.8). Interesting aspect is that the infant mortality rates (deaths per 1000) in Gujarat are lower (27 in urban and 39 in rural) than the national average (29 in urban and 46 in rural). Under-five mortality rates for Gujarat have lowered as well from being 85.1 to 43 over the years. Clearly, in the interstate comparison Kerala tops among all the states where IMR (6 in urban & 5 in rural) and U5IMR (7) is the lowest. Anaemia forms the major cause of early deaths among children as well as high maternal deaths becoming a leading cause to major health problems. Gujarat has around 51 % women who are anaemic and pregnant at the same time giving way to a higher chance of increasing maternal mortality in the state which is again higher than the national average (50.3).

While for the men, prevalence of Anaemia is much less for all the states. The percentage of anaemic children in the age group of 6-59 months is highest in Dadra & Nagar Haveli, Jharkhand, M.P. and U.P for both urban and rural regions. These alarming figures point towards the implementation failures of the policies designed. Moreover, higher percentage of such indicators is recorded in the rural areas implies the lack of coverage; poor medical health facilities and inadequate implementation of the awareness programmes have further aggravated the problem. High percentage of anaemic population among women leads to more probability of women with low BMI. 27.2% of women in Gujarat are underweight (low BMI) and anaemic. On the other hand, Lakshadweep has around 42 % women with high BMI than normal (obese) residing in urban areas followed by Delhi. For Gujarat, 34% obese people are living in urban areas as compared to 14% living in the rural regions. Such analysis reveals dismal performance of health indicators for Gujarat and need for attention on the dietary needs especially among women and children.

District level analysis of Gujarat on nutritional indicators based on the National family Health Survey-4 shows that among the districts covering the central Gujarat, namely Ahmedabad, Vadodara and Anand; Vadodara tops the list of performing the best among reducing the children who are wasted, severely wasted, stunted and underweight followed by Anand district. Ahmedabad appears as the worst performers in reducing the percentage of children under the mentioned anthropometric indicators list. Also, anaemia incidence and low BMI among women is highest for Ahmedabad. On the other hands, the rural districts of central Gujarat; Panchmahal, Kheda and Dohad have a more dismal picture where only Panchmahal has been able to improve its indicators because of relatively better health and educational facilities in the district accompanied by higher level of income. Whereas the district of Dohad is one of the tribal districts of Gujarat where there is less than 40% immunisation coverage resulting in higher proportion of children being underweight and stunted below the age of five. The reason behind children being stunted or underweight pertains to the mothers who also have low BMI (44.1%) as well as highest percentage of men with low BMI reside in this district. Kheda on the other hand, is a mediocre performer in almost all indicators among the three. Among the semi-urban and semi-rural districts of Navsari, Baruch, Valsad and Surat, Navsari performs the best on all the indicators. This came possible because of the success of Vatsalyadham Project designated to improve the conditions of the acute malnourished children. Valsad and Baruch also show dismal improvements while Surat, being one of the largest district of Gujarat has a gap of 11% in its rural and urban regions for these indicators. However, anaemic incidence for both men and women is lowest in surat as compared to other major districts of the state. Particularly, the rural districts of Gujarat have the largest percentage of children who are wasted, severly wasted as well as underweight. Among the Dangs, tapi and Narmada districts, dang is the worst tribal district which possesses poor sanitation facilities, lack of health infrastructure as well as skilled doctors which has made the situation of the children even worse. However, Narmada and Tapi have still shown improvements over the past surveys. Gandinagar, the capital of the state of Gujarat also suffer from the problem of underweight children particularly more in its rural regions as compared to the urban regions in the district. Its rural-urban divide in terms of the indicators performances is large. The dismal variation among the districts in terms of their performance could have many reasons. One of the reasons could be because of their different demographic and geographical location as well as the lack of coverage of the

rural and tribal areas in policy implementation. The analysis clearly shows that urban and rural divide is large and a greater number of children and women are malnourished in the rural regions while the urban regions face the problem of obesity and other non-communicable diseases. These "within-State" analysis of nutrition –related outcomes call for further strengthening of multi-sectoral public expenditure review of nutrition to be integrated in PFM procedure.

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Appendix

Table A.1: Exclusive Expenditure on Nutrition 2018-19(in Rs. Lakhs)

S.no.	Code	Name of the Department	Actuals 2016-17	Budget 2017-18	Revised 2017-18	Budget 2018-19
1		**WOMEN & CHILD DEVELOPMENT**				
	2235	social security and welfare				
	102	child welfare	2	4.6	225.79	**950.05**
	1	salaries and others	2	4.6	2.75	5
	2	Rajiv Gandhi National Creche Scheme				945.05
		office expenses				259
		grants-in-aid to panchayats				486.03
		grants-in-aid to local bodies				200.02
	2236	**Nutrition**				
	2	Distribution of Nutritious food and beverages				
	800	other expenditure				
		90:10 Partially Centrally Sponsored Scheme:				
	1	NTR-18 Integrated child Development Scheme	40164.03	44556.32	44924.22	**51592.51**
		50:50 Partially Centrally Sponsored Scheme:				
	14	NTR-13 Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA)	5641.6	11853.58	7980.16	**13030.42**
	2	NTR-2 Integrated child Development Scheme	37620.86	54172.31	42834.68	**60019.28**
		100% Centrally Sponsored Scheme :				
	11	Kishori Shakti Yojana	767.6	767.6	767.6	**18505.6**
	19	Mission Balam Sukham-ICDS Mission	7876.07	7310.41	4781.49	**7439.99**
	13	NTR-12 Strengthing of ICDS Services	1164.28	1466.4	1436.43	**1660.41**
	15	NTR 15 Pradhan Mantri Matru Vandana Yojana (PMMVY)	3821.69	39639.95	8535.84	**22000**
	20	strengthening of Nutrition programme in Urban areas(Finance Commission)	0	0.34	0	**0**
	21	Special incentives for improvement in child development indicators such as nutirtion (Finance Commission)	0	0.33	0	**0**
	22	phased expansion of the SABLA scheme as per the revised norms for nutrition(Finance Commission)	0	0.33	0	**0**
		Gross total of WCD department				234951.03
2		**HEALTH & FAMILY WELFARE**				
	2210	Medical and Public health				
	101	Prevention and control of Diseases				
	10	Immunisation (1) Medical aid to children in the age of 14 years (2) Immunisation	2154.32	1995.47	2095.47	**2127.74**

	2211	Family Welfare				
	103	Maternity and Child Health				
	5	HLT-131 Nutrition Project	6000	7250	7250	**7310**
		Gross total of Budget for HFW				817237.91
3		**FOOD, CIVIL SUPPLIES & CONSUMER AFFAIRS**				
	3456	Civil supplies				
	190	Assistance to Public Sector and other undertakings				
	11	Food Security				
	3355	Subsidies	25044.61	25546	35853.7	**40675.82**
	12	PDS-43 Food Security Allowance				
	3355	Subsidies	0	10	0.1	**5**
	13	Distribution of Sugar to Below Poverty Line (BPL) and Antyodaya (AAY) family	5305	18033	17208.9	**17036.88**
	14	Subsidy Scheme on Domestic Subsidized LPG Cylinders	10485	9500	3854	**7794**
		Gross total of Budget for FCS and CA				93618.83
4		**EDUCATION DEPARTMENT**				
	2236	Nutrition				
	2	Distribution of Nutritious Food and Beverages				
	102	**Mid-day Meals**				
	1	MDM-1 Mid-Day Meal Scheme for Children in Public Primary schools.	56367.96	44875.23	46219.08	**47737.52**
	2	MDM-1 Mid-Day Meal Scheme for Children in Public Primary schools.	0	21992.34	15588.24	**21993.37**
	3	MDM Scheme for Children in Public Primary Schools (100% CSS)	0	3622.78	3225.51	**3692.53**
		Gross total of Budget for education				2526969.3
5		**REVENUE DEPARTMENT**				
	2245	Relief on account of Natural Calamities				
	1	Draught				
	103	Special Nutrition				
	2	Supplementary Nutrition				
	5000	Other charges	0	0.01	0.01	**0.01**
		Gross total of Budget of the department				**295804.32**
6		**Social Justice and Empowerment Department**				
	`2236	Nutrition				
	2	Distribution of Nutritious food and beverages				
	102	Mid-day Meals				
		(60:40 Centrally Sponsored Schemes)				
	1	MDM-1 Mid-day Meal scheme for Children and Public Primary School	4224.39	5679.13	6792.05	**5848.64**

	2	MDM Scheme for Children in Public Primary Schools	0	2808.1	1689.52	**2648.01**
		(100% Centrally Sponsored Schemes)				
	3	MDM Scheme for Children in Public Primary Schools	0	503.17	584.49	**512.85**
		Gross total of Budget of the department				**720426.94**
7		**Tribal Development Department**				
	2236	Nutrition				
	2	Distribution of Nutritious food and beverages				
	796	Tribal Area Sub-plan				
	1	NTR-16 Introduction of Integrated Child Development Service Scheme (90:10 Partially Centrally sponsored scheme)	12232.57	15440.74	14338.68	**17226.38**
	2	NTR-2-introduction of Integrated Child Development Service Scheme (50:50 Partially Centrally sponsored scheme)	22315.67	37669.2	36930.98	**34425.37**
		(60:40 Centrally sponsored scheme)				
	3	MDM-1- Mid day meal scheme for children in public Schools	14146.02	11699.14	7625.92	**12208.14**
	5	MDM-2 Special Provision for Nutrition under Area sub-plan	1481.04	1810.16	1629.14	**1645.6**
	6	MDM-3- Special Provision for Nutrition under Tribal Area sub plan	1317.69	1464.1	1317.69	**1464.1**
	8	MDM-2 Food grain to parents of tribal daughters Studying in public Primary School under Anna Triveni Yojana	6099.99	7600	6100	**6800**
		(50:50 Partially Centrally sponsored scheme)				
	9	NTR-13 Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA)	2928.3	3637.17	3637.17	**3482.97**
	10	MDM Scheme for Children in Public Primary Schools	0	5626.86	4111.71	**5705.44**
		(100% CSS)				
	11	MDM Scheme for Children in Public Primary Schools	0	905.69	657.48	**923.14**
		Gross total Budget of the Department				**1327786.59**
		Total Exclusive Expenditure on Nutrition (in Rs. lakhs)	**267160.69**	**387440.46**	**328196.05**	**416461.77**
		Total Exclusive Expenditure on Nutrition (in Rs. crores)				4164.61
		Total Expenditure Budget of Gujarat (in Rs. crores)				**183666.38**
		% spent on nutrition out of total budget				**2.27**

Table A.2: Expanded Expenditure on Nutrition 2018-19

S.no.	Code	Name of the Department	Actuals 2016-17 (in Rs. lakhs)	Budget 2017-18 (in Rs. lakhs)	Revised 2017-18 (in Rs. lakhs)	Budget 2018-19 (in Rs. lakhs)
1		**WOMEN & CHILD DEVELOPMENT**				
	2236	**Nutrition**				
	2	Distribution of Nutritious food and beverages				
	101	Special Nutrition Programme-				
	1	NTR-10 Additional Facility to Anganwadi Worker and Anganwadi Helper (60:40)	17286.11	17855.37	22135.83	**22422.67**
	800	other expenditure				
	3	Integrated Child Development Scheme Training Programme (UDISHA PROJECT) (WB Assisted)	0	0	0	**67.2**
	7	NTR-7 Balika Samrudhi Yojna	0	0.11	0	**0.11**
	12	NTR-11 Mata Yashoda Award Plan	152.5	154.78	154.78	**154.78**
	18	NTR-21 Biometric Infrastructure	0	238.5	133.37	**2992.21**
	17	NTR-20 Mission manglam	0	1	0	**1**
	16	NTR-19 Poshan Survey and Servelance System	0	70	20	**1**
	4236	**capital outlay on nutrition**				
	800	other expenditure				
		75:25 Partially Centrally Sponserd Scheme				
	1	NTR-5 Construction of Anganwadi				
	6000	other capital expenditure	(-)11718.93	2405	900	**8012**
	3	NTR-9 Repairing of Anganwadies				
	6000	Other Capital Expenditure	0	2640	1667.3	**2920**
	4	NTR-22 Construction-Repairing & Upgradation of Block Office				
	6000	other capital expenditure	480	400	400	**401**
		Gross total of WCD department				234951.03
2		**HEALTH & FAMILY WELFARE**				
	2210	Medical and Public health				
	1	Urban Health Services-Allopathy				
	200	Other health schemes				
	1	school health services	8.52	12.2	12.2	**13.72**
	3	Rural Health Services-Allopathy				

	103	**Primary Health Centres**				
	1	HLT-34 Primary Health Centres	28713.71	25675.26	32828.15	**32687.65**
	4	HLT-49 Mobile Comprehensive Health care unit under poverty alleviation	794.18	910.25	910.25	**930.6**
	5	HLT-50 Comprehensive health care unit under Border area Development programme	60	90	90	**100**
	104	**Community Health Centres**				
	1	HLT-31 Community Health Centres	25324.18	32583.1	32583.1	**33541**
	2	Maintenance and Repairs of Community Health Centres	24.79	30	30	**30**
	6	Public Health				
	1	**Direction and Administration**				
	1	HLT-1 Direc. of Health (Health)	5718.64	4278.67	4905.13	**4830.13**
	2	District Health Officers/Organization	980	1039	1139	**1070.95**
	3	Planning performance and Monitoring Unit in thew Directorate	68.03	100.93	100.93	**104.24**
	3	**Training**				
	1	Training of Personnel in Public (Health)	44.76	50.86	63.48	**57.46**
	2	Rural Health Training Centres	328.39	360.94	361.87	**399.75**
	101	**Prevention and control of Diseases**				
	1	HLT-24 T.B Control Programme	2761.54	3331.64	3331.64	**3045.02**
	2	HLT-24 National T.B. Control Programme	30	30	30	**838**
	3	HLT-29 Epidemic diseases	1859.42	1840.82	2453.51	**2071**
	4	HLT-25 Filaria Control programme	276.22	388.64	413.31	**409**
	5	HLT-25 National Filaria Control programme	50.05	34.55	34.55	**34**
	6	National Iodine Deficiency Disorders Control Programme	8.87	81.67	81.67	**81.67**
	7	HLT-26 National Malaria Eradication Programme	6419.18	6619.3	7083.42	**6927.53**
	9	HLT-28 Leprosy Control Programme	2104.08	2519.9	2612.98	**2731.12**
	11	Water Related diseases	34.1	37.5	37.5	**40**
	12	National Malaria eradication Programme	3574.76	3534.2	3856.89	**3797.02**
	17	HLT-58 National Eradication Malaria Programme under Poverty Alleviation Programme	3.6	1	0.1	**1**
	18	HLT-26 National Malaria Eradication Programme under Bourder Development Programme	192	175.2	175.2	**155**
	19	HLT-79 National Programme for prevention of Visual Impairment and control of blindness Scheme	47.29	0	0	**0**
	24	National Health Mission	77940.07	72921.67	72921.67	**72921.67**
	112	**Public Health Education**				

	1	HLT-38 Health Education Bureau	873.5	973.27	973.95	**2061.42**
	2	HLT-40 School Health	3390.38	2699.2	2755.81	**3019.79**
	80	General				
	4	Health Statistics and Evaluation	310.05	404.71	424.71	**441.9**
	2	Planning and Research Cell	15.54	26.76	26.76	**24.61**
	2211	Family Welfare				
	1	**Direction and Administration**				
	1	HLT-114 State Family planning Bureao	291.54	715.32	503.7	**556.67**
	2	HLT-115 City Family Planning Bureao	100	118	118	**192.35**
	3	HLT-43 District Family Planning Bureao	3663	4220	4220	**3404.13**
	3	**Training**				
	1	HLT-44 Regional Family Planing Training Centre	125.74	386.58	250	**309.75**
	2	HLT-116 Training of Auxiliary Nurses,Mid-wife,Dian	717.49	1666.67	1283.33	**1396.47**
	101	**Rural Family Welfare Services**				
	1	HLT-117 Rural Family Planing Welfare Sub-Centres	18306.2	26502.58	27109.83	**29615**
	102	**Urban Family Welfare Services**				
	1	HLT-118 Uraban Family Planning welfare centres	1547.53	2154.28	2681.45	**4017.38**
	3	HLT-110 Urban Health Project	3259.06	1609.63	1609.63	**1650.46**
	4	HLT-138 National Urban Health Mission	3879	5000	14454	**11256.4**
	103	**Maternity and Child Health**				
	1	HLT-67 Child Survival & Safe Mother-hood Programme	3013	1265	1265	**1463.8**
	2	HLT-68 Pulse Polio Immunisation Programme.	0	0	0	**3889**
	3	HLT-69 Reproductive	6661.59	11887.03	11886.34	**15242.35**
	6	HLT-129 Arogya Suraksha Yojana	29122.14	35132	35522.17	**45655**
	4210	**Capital outlay on Medical and Public Health**				
	1	Urban Health Services				
	110	Hospital and Dispensaries				
	2	Providing Various Equipment and Vehicles for Hospitals	15641.92	2550	2550	**2975**
	2	Rural Health Services				
	103	Primary Health Centre				
	1	HLT-34 Primary Health Centers	0	0	0	**22.5**
	42	HLT-35 Buildings	5204.11	10681.44	9081.44	**11937.45**
	104	Community Health Centre				
	1	HLT-31 Community Health Centers Finance Commission-NABH	110.4	893.72	893.72	**1129**

	42	HLT-75 Buildings	6700	8568.15	8768	**10238.88**
	4	Public Health				
	200	Other Programmes				
	1	HLT-45 Food and Drugs Control Administration	41.78	73.08	73.08	**30**
		Gross total of Budget for HFW				817237.91
3		**FORESTS & ENVIRONMENT DEPARTMENT**				
	2215	Water Supply and Sanitation				
	2	Sewerage and Sanitation				
	106	Prevention of Air and Water Pollution				
	1	EPC-10 Strengthening of Gujarat Pollution Control Board	76	10	10	**10**
	2	EPC-7 Activities of Gujarat Environment Management institute "GEMI"	970	1474	1474	**970**
	3	EPC-17 Exchange of Waste, minimisation and cleaner Production Technology	18	75	75	**38**
		Gross total of Budget of the department				**94885.46**
4		**FOOD, CIVIL SUPPLIES & CONSUMER AFFAIRS**				
	2408	Food, Storage and Warehousing				
	1	Food				
	1	Direction and Administration				
	1	Fair Price shops Scheme Directorate of Food	73.48	110	83.16	**75.55**
	2	PDS-21 Fair Price shops Scheme District offices.	3405.5	4727.67	4067.04	**5089.69**
	4	Research and Evaluation				
	5	PDS-15 Publicity Campaign for Food fortification and FPS Model Centre.	131.81	45	200	**60**
	7	Assessment & Evaluation of Schemes of the Department	0	1	1	**0.01**
	8	Reimbursement of Loss To GSCSC in Procurement Operation	45.83	30	50	**100**
	101	Procurement and Supply	0	584	584	**582.16**
	5	Interest Subvention for Modernization of Fair Price Shops	0	50	0	**0.01**
	3456	Civil supplies				
	1	Direction and Administration				
	8	State Food Commission				
		Salaries	0	0	0	**230**
		Motor Vehicles	0	0	0	**15**
	190	Assistance to Public Sector and other undertakings				
	8	Food Help Line	20	17.19	13.31	**17.19**
	9	Distribution of Iodised salt to BPL & AAY Family	497.4	503.82	503.82	**655**

		Gross total of Budget for FCS and CA				93618.83
5		**URBAN DEVELOPMENT AND URBAN HOUSING DEPARTMENT**				
	2202	General Education (Charged)				
	1	**Elementary Education**				
		Transfer to Education Cess Fund				
	6300	Inter-Account Transfer	0	3000	3000	**3000**
	800	Other Expenditure				
		Assistance to Local Bodies for Primary Education for Education Cess				
	3133	Grants-in-Aid General to Local Bodies	15000	15000	35000	**15000**
	2215	Water Supply and Sanitation				
	2	Sewerage and Sanitation				
	105	Sanitation Services	12191.65	10910.63	10910.63	**10921.27**
		Gross total of Budget of the department				**1084877.88**
6		**NARMADA,WATER RESOURCES,WATER SUPPLY AND KALPSAR DEPARTMENT**				
	2215	Water Supply and Sanitation				
	1	Water Supply				
	102	Rural Water Supply				
	24	National Rural Drinking Water Programme- Coverage				
	6000	Other Capital Expenditure	77912.13	22778.76	26414.78	**35677.1**
	25	Rural Water Supply Programme				
	6000	Other Capital Expenditure	0	70319.38	74756.32	**70319.38**
	26	Augmentation in tap connectivity in Rural Areas	0	11000	11000	**11000**
	27	Purchase of Desalinated Water from Gujarat Water Infrastructure Limited	0	1000	500	**1**
	101	Urban water supply				
	1	WSS-48 Urban Water Supply Scheme				
	6000	Other Capital Expenditure	14500	14500	14500	**14500**
		Gross total of Budget of the department				**1229961.33**
7		**ROADS AND BUILDINGS DEPARTMENT**				
	2215	Water Supply and Sanitation				
	1	Water Supply				
	101	Urban Water Supply Programmes				

		Gandhinagar Water Supply Scheme	1980.1	1900	2020	**2000**
	2	Sewerage and Sanitation				
	107	Sewerage Service				
		Gandhinagar Sewerage Scheme	670.45	750	790	**750**
		Gross total of Budget of the department				**901243.16**
8		**REVENUE DEPARTMENT**				
	2245	Relief on account of Natural Calamities				
	282	Public Health				
	1	Supply of Medicines				
	5000	other charges	0	0.01	0.01	**0.01**
	2	Public Health Measures Anti-Malaria, Cholera, General Health Measures				
	5000	other charges	0	0.01	0.01	**0.01**
	102	Drinking Water Supply				
	1	Water Supply Arrangements				
	5000	other charges	0	1000	17405	**1050**
	2	Emergency Supply of Drinking Water				
	5000	other charges	0	0.01	0.01	**0.01**
	2575	Other Special Area Programme				
	1	Dangs District				
	291	Water supply and sanitation sewerage and sanitation				
	1	Village sanitation and conservancy	18.91	21.48	21.48	**20.15**
		Gross total of Budget of the department				**295804.32**
9		**PANCHAYAT, RURAL HOUSING AND RURAL DEVELOPMENT DEPARTMENT**				
	2215	Water supply and Sanitation				
	2	Sewerage & Sanitation				
	105	Sanitation Service				
	1	WSS-33 Rural Sanitation Programme	99502.38	62173	62173	**54389**
		Gross total of Budget of the department				**538720.25**
10		**Social Justice and Empowerment Department**				
	2211	Family welfare				
	103	Maternity and Child Health				

	1	Maternity and Child Health Chiranjivi Yojana Matruvandana	1094.4	600	600	**400**
	2	Nutrition Project	630.9	600	600	**581.38**
	102	Child Welfare				
	2	SSW-02-Child Welfare(Foster Care, After care and rehabilitation Programme & Child Marriage Prevention)	8.38	11	11	**10.53**
	2235	Social Security and Welfare				
	2	Social Welfare				
	800	Other Expenditure				
	1	NTR-3 Special Nutrition Programme (50:50 partially CSS)	3210.48	5131.63	5053.06	**4808.4**
	102	Child Welfare				
	1	SSW- 02 - Child Welfare (Foster Care, After care and rehabilitation programme & child Marriage Prevention)	10.51	1246	1544.21	**1865.03**
	2	SSW-04 Integrated Child Protection Scheme (60:40 CSS)	2183.84	2944.32	2947.92	**3104.79**
	7	SSW-03 Gujarat State Commission for Protection of Child Rights	154.49	583	500.04	**588**
		Gross total Budget of the Department				**720426.94**
11		**Tribal Development Department**				
	2211	Family Welfare				
	796	Tribal Area Sub-plan				
	1	Maternity and Child Health	1453.34	1590	1470	**1363.92**
	2215	Water Supply and Sanitation				
	2	Sewerage and Sanitation				
	796	Tribal Area Sub-plan				
	3	WSS-45 -Special Provision for Water Supply and sanitation under Trible subPlan	0	0	0	**439**
	2235	Social Security and Welfare				
	13	SSW-02-Child Welfare (Foster Care, After care and rehabilitation Programme & Chiled Merrage Preventation)	17.76	31.44	31.44	**28.5**

	16	SSW-04 Integrated Child Protection Scheme (60:40 CSS)	669.27	904	904	**1053.94**
		Gross total Budget of the Department				**132778 6.59**
		Total Expanded Expenditure on Nutrition (In Lakhs)	**514705 .97**	**53356 1.83**	**59713 2.99**	**595032. 84**
		Total Expanded Expenditure on Nutrition (In Rs. crores)				5950.32
		Total Expenditure Budget of Gujarat (in Rs. crores)				183666. 38
		% spent on nutrition out of total budget				**3.24**

Table A.3: Fiscal Marksmanship for the Exclusive Expenditure on Nutrition for 2017-18 (in Rs. Lakhs)

S. no.	Code	Name of the Department	Budget 2017-18 (in Rs. lakhs)	Revised 2017-18 (in Rs. lakhs)	BE/ RE for 2017-18
1		**WOMEN & CHILD DEVELOPMENT**			
	2235	social security and welfare	4.6	225.79	0.02
	1	NTR-18 Integreted child Development Scheme	44556.32	44924.22	0.99
	14	NTR-13 Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA)	11853.58	7980.16	1.49
	2	NTR-2 Integreted child Development Scheme	54172.31	42834.68	1.26
	11	Kishori Shakti Yojana	767.6	767.6	1.00
	19	Mission Balam Sukham-ICDS Mission	7310.41	4781.49	1.53
	13	NTR-12 Strengthing of ICDS Services	1466.4	1436.43	1.02
	15	NTR 15 Pradhan Mantri Matru Vandana Yojana (PMMVY)	39639.95	8535.84	4.64
	20	strengthening of Nutrition programme in Urban areas(Finance Commission)	0.34	0	..
	21	Special incentives for improvement in child development indicators such as nutirtion (Finance Commission)	0.33	0	..
	22	phased expansion of the SABLA scheme as per the revised norms for nutrition(Finance Commission)	0.33	0	..
		Gross total of WCD department	**205695.32**	**154810.74**	
2		**HEALTH & FAMILY WELFARE**			
	10	Immunisation (1) Medical aid to children in the age of 14 years (2) Immunisation	1995.47	2095.47	0.95
	5	HLT-131 Nutrition Project	7250	7250	1
		Gross total of Budget for HFW	**736817.24**	**731119.94**	

3		**FOOD, CIVIL SUPPLIES & CONSUMER AFFAIRS**			
	3355	Subsidies (Food Security)	25546	35853.7	0.71
	3355	Subsidies	10	0.1	100
	13	Distribution of Sugar to Below Poverty Line (BPL) and Antyodaya (AAY) family	18033	17208.9	1.05
	14	Subsidy Scheme on Domestic Subsidized LPG Cylinders	9500	3854	2.46
		Gross total of Budget for FCSand CA	**82155.57**	**78381.81**	
4		**EDUCATION DEPARTMENT**			
	102	Mid-day Meals	70490.35	65032.83	1.08
		Gross total of Budget for education	**2280421.7**	**2570622.1**	
5		**REVENUE DEPARTMENT**			
	2245	Relief on account of Natural Calamities (nutrition)	0.01	0.01	1
		Gross total of Budget for Revenue department	**2885007.94**	**4398704.58**	
6		**Social Justice and Empowerment Department**			
	2236	Nutrition			
	2	Distribution of Nutritious food and beverages			
	102	Mid-day Meals			
		(60:40 Centrally Sponsored Schemes)			
	1	MDM-1 Mid-day Meal scheme for Children and Public Primary School	5679.13	6792.05	0.84
	2	MDM Scheme for Children in Public Primary Schools	2808.1	1689.52	1.66
		(100% Centrally Sponsored Schemes)			
	3	MDM Scheme for Children in Public Primary Schools	503.17	584.49	0.86
		Gross total of Budget of the department	**6193107.05**	**6026109.48**	
7		**Tribal Development Department**			
	2236	Nutrition			
	2	Distribution of Nutritious food and beverages			
	796	Tribal Area Sub-plan			
	1	NTR-16 Introduction of Integrated Child Development Service Scheme (90:10 Partially Centrally sponsored scheme)	15440.74	14338.68	1.08
	2	NTR-2-introduction of Integrated Child Devlopment Service Scheme (50:50 Partially Centrally sponsored scheme)	37669.2	36930.98	1.02

		(60:40 Centrally sponsored scheme)			
	3	MDM-1- Mid day meal scheme for children in public Schools	11699.14	7625.92	1.53
	5	MDM-2 Special Provision for Nutrition under Area sub-plan	1810.16	1629.14	1.11
	6	MDM-3- Special Provision for Nutrition under Tribal Area sub plan	1464.1	1317.69	1.11
	8	MDM-2 Foodgrain to parents of tribal daughters Studying in public Primary School under Anna Triveni Yojana	7600	6100	1.25
		(50:50 Partially Centrally sponsored scheme)			
	9	NTR-13 Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA)	3637.17	3637.17	1
	10	MDM Scheme for Children in Public Primary Schools	5626.86	4111.71	1.37
		(100% CSS)			
	11	MDM Scheme for Children in Public Primary Schools	905.69	657.48	1.38
		Gross total Budget of the Department	**1255934**	**1227183.8**	
		Total Exclusive Expenditure on Nutrition (in Rs.Lakhs)	**3874400.46**	**3281906.05**	1.18
		value (in Rs. crores)	3874.4	3281.96	
		Total Expenditure Budget of Gujarat (in Rs.crores)	**172179.24**	**172179.24**	
		% spent on nutrition out of total budget	**2.25**	**1.91**	

Table A.4: Fiscal Marksmanship for the Expanded Expenditure on Nutrition for 2017-18

S.no.	Code	Name of the Department	Budget 2017-18 (in Rs. lakhs)	Revised 2017-18 (in Rs. lakhs)	BE/RE for 2017-18
1		**WOMEN & CHILD DEVELOPMENT**			
	1	NTR-10 Additional Facility to Anganwadi Worker and Anganwadi Helper (60:40)	17855.37	22135.83	0.81
	3	Integrated Child Development Scheme Training Programme (UDISHA PROJECT) (WB Assisted)	0	0	..
	7	NTR-7 Balika Samrudhi Yojna	0.11	0	..
	12	NTR-11 Mata Yashoda Award Plan	154.78	154.78	1.00
	18	NTR-21 Biometric Infrastructure	238.5	133.37	1.79
	17	NTR-20 Mission manglam	1	0	..
	16	NTR-19 Poshan Survey and Servelance System	70	20	3.50
	4236	capital outlay on nutrition			

	1	NTR-5 Construction of Anganwadi			
	6000	other capital expenditure	2405	900	2.67
	3	NTR-9 Repairing of Anganwadies			
	6000	Other Capital Expenditure	2640	1667.3	1.58
	4	NTR-22 Construction-Repairing & Upgradation of Block Office			
	6000	other capital expenditure	400	400	1.00
		Gross total of WCD department	**205695.32**	**154810.74**	
2		**HEALTH & FAMILY WELFARE**			
	2210	Medical and Public health			
	1	Urban Health Services-Allopathy	12.2	12.2	1.00
	3	Rural Health Services-Allopathy			
	103	Primary Heath Centres	26675.51	33828.4	0.79
	1	HLT-31 Community Health Centres	32583.1	32583.1	1.00
	2	Maintenance and Repairs of Community Health Centres	30	30	1.00
	6	Public Health			
	1	Direction and Administration			
	1	HLT-1 Direc of Hlth (Health)	4278.67	4905.13	0.87
	2	District Health Officers/Organization	1039	1139	0.91
	3	Planning performance and Monitoring Unit in thew Directorate	100.93	100.93	1.00
	3	Training			
	1	Training of Personnel in Public (Health)	50.86	63.48	0.80
	2	Rural Health Training Centres	360.94	361.87	1.00
	101	Prevention and control of Diseases			
	1	HLT-24 T.B Control Programme	3331.64	3331.64	1.00
	2	HLT-24 National T.B. Control Programme	30	30	1.00
	3	HLT-29 Epidemic diseases	1840.82	2453.51	0.75
	4	HLT-25 Filaria Control programme	388.64	413.31	0.94
	5	HLT-25 National Filaria Control programme	34.55	34.55	1.00
	6	National Iodine Deficiency Disorders Control Programme	81.67	81.67	1.00
	7	HLT-26 National Malaria Eradication Programme	6619.3	7083.42	0.93
	9	HLT-28 Leprosy Control Programme	2519.9	2612.98	0.96
	11	Water Related diseases	37.5	37.5	1.00
	12	National Malaria eradication Programme	3534.2	3856.89	0.92
	17	HLT-58 National Eradication Malaria Programme under Poverty Alleviation Programme	1	0.1	10.00
	18	HLT-26 National Malaria Eradication Programme under Bourder Development Programme	175.2	175.2	1.00
	19	HLT-79 National Programme for prevention of Visual Impairment and control of blindness Scheme	0	0	..
	24	National Health Mission	72921.67	72921.67	1.00
	112	Public Health Education			

	1	HLT-38 Health Education Bureau	973.27	973.95	1.00
	2	HLT-40 School Health	2699.2	2755.81	0.98
	80	General			
	4	Health Statistics and Evaluation	404.71	424.71	0.95
	2	Planning and Research Cell	26.76	26.76	1.00
	2211	Family Welfare			
	1	Direction and Administration			
	1	HLT-114 State Family planning Bureao	715.32	503.7	1.42
	2	HLT-115 City Family Planning Bureao	118	118	1.00
	3	HLT-43 District Family Planning Bureao	4220	4220	1.00
	3	Training			
	1	HLT-44 Regional Family Planing Training Centre	386.58	250	1.55
	2	HLT-116 Training of Auxiliary Nurses,Mid-wife,Dian	1666.67	1283.33	1.30
	101	Rural Family Welfare Services			
	1	HLT-117 Rural Family Planing Welfare Sub-Centres	26502.58	27109.83	0.98
	102	Urban Family Welfare Services			
	1	HLT-118 Uraban Family Planning welfare centres	2154.28	2681.45	0.80
	3	HLT-110 Urban Health Project	1609.63	1609.63	1.00
	4	HLT-138 National Urban Health Mission	5000	14454	0.35
	103	Maternity and Child Health			
	1	HLT-67 Child Survival & Safe Mother-hood Programme	1265	1265	1.00
	2	HLT-68 Pulse Polio Immunisation Programme.	0	0	..
	3	HLT-69 Reproductive	11887.03	11886.34	1.00
	6	HLT-129 Arogya Suraksha Yojana	35132	35522.17	0.99
	4210	Capital outlay on Medical and Public Health			
	1	Urban Health Services			
	110	Hospital and Dispensaries			
	2	Providing Various Equipment and Vehicles for Hospitals	2550	2550	1.00
	2	Rural Health Services			
	103	Primary Health Centre			
	1	HLT-34 Primary Health Centers	0	0	..
	42	HLT-35 Buildings	10681.44	9081.44	1.18
	104	Community Health Centre			
	1	HLT-31 Community Health Centers Finance Commission-NABH	893.72	893.72	1.00
	42	HLT-75 Buildings	8568.15	8768	0.98
	4	Public Health			
	200	Other Programmes			
	1	HLT-45 Food and Drugs Control Administration	73.08	73.08	1.00
		Gross total of Budget for HFW	**736817.24**	**731119.94**	
3		**FORESTS & ENVIRONMENT DEPARTMENT**			

	1	EPC-10 Strenthening of Gujarat Pollution Control Board	10	10	1.00
	2	EPC-7 Activities of Gujarat Environment Management institute "GEMI"	1474	1474	1.00
	3	EPC-17 Exchange of Waste, minimisation and cleaner Production Technology	75	75	1.00
		Gross total of Budget for F&E	**88709.72**	**88650.21**	
4		**FOOD, CIVIL SUPPLIES & CONSUMER AFFAIRS**			
	1	Fair Price shops Scheme Directorate of Food	110	83.16	1.32
	2	PDS-21 Fair Price shops Scheme District offices.	4727.67	4067.04	1.16
	5	PDS-15 Publicity Campaingn for Food forrtification and FPS Model Centre.	45	200	0.23
	7	Assessment & Evaluation of Schemes of the Department	1	1	1.00
	8	Reimbursement of Loss To GSCSC in Procurement Operation	30	50	0.60
	101	Procurement and Supply	584	584	1.00
	5	Interest Subvention for Modernization of Fair Price Shops	50	0	..
		Salaries (State Food Commission)	0	0	..
		Motor Vehicles (State Food Commission)	0	0	..
	8	Food Help Line	17.19	13.31	1.29
	9	Distribution of Iodised salt to BPL & AAY Family	503.82	503.82	1.00
		Gross total of Budget for FCSand CA	**82155.57**	**78381.81**	
5		**URBAN DEVELOPMENT AND URBAN HOUSING DEPARTMENT**			
	6300	Inter-Account Transfer (primary education)	3000	3000	1.00
	3133	Grants-in-Aid General to Local Bodies (for primary education for education cess)	15000	35000	0.43
	105	Sanitation Services	10910.63	10910.63	1.00
		Gross total of Budget for UDUH	**1016010.78**	**983684.04**	
6		**NARMADA,WATER RESOURCES,WATER SUPPLY AND KALPSAR DEPARTMENT**			
	24	National Rural Drinking Water Programme- Coverage			
	6000	Other Capital Expenditure	22778.76	26414.78	0.86
	25	Rural Water Supply Programme			
	6000	Other Capital Expenditure	70319.38	74756.32	0.94
	26	Augmentation in tap connectivity in Rural Areas	11000	11000	1.00
	27	Purshase of Desalinated Water from Gujarat Water Infrastructure Limited	1000	500	2.00
	1	WSS-48 Urban Water Supply Scheme			

	6000	Other Capital Expenditure	14500	14500	1.00
		Gross total of Budget for NWWK	**1161974.58**	**1152763.86**	
7		**ROADS AND BUILDINGS DEPARTMENT**			
		Gandhinagar Water Supply Scheme	1900	2020	0.94
		Gandhinagar Sewerage Scheme	750	790	0.95
		Gross total of Budget for RBD	**858605.29**	**839000.65**	
8		**REVENUE DEPARTMENT**			
	5000	other charges (under supply of medicines) for Relief on account of Natural Calamities	0.01	0.01	1.00
	2	Other charges under (Public Health Measures Anti-Malaria, Cholera, General Health Measures)	0.01	0.01	1.00
	5000	other charges (under water supply arrangements)	1000	17405	0.06
	5000	other charges (under Emergency Supply of Drinking Water)	0.01	0.01	1.00
	1	Village sanitation and conservency (Dangs District)	21.48	21.48	1.00
		Gross total budget of revenue department	**288507.94**	**439874.58**	
9		**PANCHAYAT, RURAL HOUSING AND RURAL DEVELOPMENT DEPARTMENT**			
	1	WSS-33 Rural Sanitation Programme	62173	62173	1.00
		gross total budget of PRHRD department	**495462**	**545984.31**	
10		**Social Justice and Empowerment Department**			
	2211	Family welfare			
	103	Maternity and Child Health			
	1	Maternity and Child Health Chiranjivi Yojana Matruvandana	600	600	1.00
	2	Nutrition Project	600	600	1.00
	102	Child Welfare			
	2	SSW-02-Child Welfare(Foster Care, After care and rehabilitation Programme & Chiled Merrage Preventation)	11	11	1.00
	2235	Social Security and Welfare			
	2	Social Welfare			
	800	Other Expenditure			
	1	NTR-3 Special Nutriation Programme (50:50 partially CSS)	5131.63	5053.06	1.02
	102	Child Welfare			
	1	SSW- 02 - Child Welfare (Foster Care, After care and rehabilitation programe & child Marriage Prevention)	1246	1544.21	0.81
	2	SSW-04 Integrated Child Protection Scheme (60:40 CSS)	2944.32	2947.92	1.00

	7	SSW-03 Gujarat State Commission for Protection of Child Rights	583	500.04	1.17
		Gross Total Budget of the Department	**619317.05**	**602619.48**	
11		**Tribal Development Department**			
	2211	Family Welfare			
	796	Tribal Area Sub-plan			
	1	Maternity and Child Health	1590	1470	1.08
	2215	Water Supply and Sanitation			
	2	Sewerage and Sanitation			
	796	Tribal Area Sub-plan			
	3	WSS-45 -Special Provision for Water Supply and sanitation under Tribal sub Plan	0	0	..
	2235	Social Security and Welfare			
	13	SSW-02-Child Welfare (Foster Care, After care and rehabilitation Programme & Child Marriage Prevention)	31.44	31.44	1.00
	16	SSW-04 Integrated Child Protection Scheme (60:40 CSS)	904	904	1.00
		Gross Total Budget of the Department	**1255933.97**	**1227183.83**	
		Total Expanded Expenditure on Nutrition	**533561.83**	**597132.99**	
		value in crores	5335.61	5971.32	
		Total Expenditure Budget of Gujarat (in crores)	**172179.24**	**172179.24**	
		% spent on nutrition out of total budget	**3.10**	**3.47**	

Table A.5: Percentage of anaemic children aged between 6-59 months: NFHS-4 region wise

State	Urban	Rural	Total
Andaman & Nicobar	47.7	50.0	49.0
Andhra Pradesh	52.4	60.8	58.6
Arunachal Pradesh	49.7	51.0	50.7
Assam	27.6	36.5	35.7
Bihar	58.8	64.0	63.5
Chandigarh	71.6		73.1
Chhattisgarh	42.9	41.2	41.6
NCT Delhi	62.3		62.6
Dadra Nagar Haveli	80.1	87.7	84.6
Goa	52.2	41.2	48.3
Gujarat	59.5	64.6	62.6
Haryana	69.6	72.9	71.7

Himachal Pradesh	58.7	53.3	53.7
Jammu & Kashmir	40.6	44.1	43.3
Jharkhand	63.2	71.5	69.9
Karnataka	57.1	63.3	60.9
Kerala	35.5	35.7	35.6
Lakshadweep	51.0	67.4	51.9
Madhya Pradesh	66.3	69.9	68.9
Maharashtra	53.6	54.0	53.8
Manipur	24.5	22.0	22.8
Meghalaya	33.6	41.8	40.7
Mizoram	14.1	24.5	19.1
Nagaland	17.6	23.1	21.6
Odisha	38.1	45.7	44.6
Punjab	55.7	57.2	56.6
Puducherry	43.4	48.5	44.9
Rajasthan	55.7	61.6	60.3
Sikkim	59.7	52.7	55.1
Tamil Nadu	48.2	52.3	50.4
Telangana	51.6	67.5	60.7
Tripura	45.7	49.2	48.3
Uttar Pradesh	65.0	62.7	63.2
Uttarakhand	59.4	52.8	54.9
West Bengal	55.5	53.7	54.2
All India	55.9	59.4	58.5

Table A.6: Percentage of anaemic children aged between 6-59 months: survey wise

State	NFHS 4	NFHS 3	NFHS 2
Andaman & Nicobar	49.0		
Andhra Pradesh	58.6		72.3
Arunachal Pradesh	50.7	56.9	54.5
Assam	35.7	69.4	63.2
Bihar	63.5	78	81.3
Chandigarh	73.1		
Chhattisgarh	41.6	71.2	
NCT Delhi	62.6	57	69
Dadra Nagar Haveli	84.6		

Goa	48.3	38.2	53.4
Gujarat	62.6	69.7	74.5
Haryana	71.7	72.3	83.9
Himachal Pradesh	53.7	54.4	69.9
Jammu & Kashmir	43.3	58.5	71.1
Jharkhand	69.9	70.3	
Karnataka	60.9	70.3	70.6
Kerala	35.6	44.5	43.9
Lakshadweep	51.9		
Madhya Pradesh	68.9	74	75
Maharashtra	53.8	63.4	76
Manipur	22.8	41.1	45.2
Meghalaya	40.7	63.8	67.6
Mizoram	19.1	43.8	57.2
Nagaland	21.6		43.7
Odisha	44.6	65	72.3
Punjab	56.6	66.4	80
Puducherry	44.9		
Rajasthan	60.3	69.6	82.3
Sikkim	55.1	58.1	76.5
Tamil Nadu	50.4	64.2	69
Telangana	60.7		
Tripura	48.3	62.9	
Uttar Pradesh	63.2	73.9	73.9
Uttarakhand	54.9	60.7	
West Bengal	54.2	61	78.3
All India	58.5	69.4	74.3

Table A.7: Percentage of non-pregnant women aged between 15-49 years who are anemic

	NFHS-4	NFHS-4	NFHS-4	NFHS-3
State	Urban	Rural	Total	Total
Andaman & Nicobar	65.2	66.2	65.8	-

Andhra Pradesh	57.2	61.5	60.2	-
Arunachal Pradesh	40.6	40.7	40.6	50.6
Assam	44.4	46.3	46.1	69.1
Bihar	58.5	60.7	60.4	68.2
Chandigarh	75.3	-	75.9	-
Chhattisgarh	43.6	48.5	47.3	57.1
NCT Delhi	52.6	78	52.8	45
Dadra Nagar Haveli	72.1	86.4	80.1	-
Goa	30.9	32.1	31.4	37.9
Gujarat	51.8	57.6	55.1	72.3
Haryana	61.4	64.2	63.1	55.2
Himachal Pradesh	54.4	53.5	53.6	43.2
Jammu & Kashmir	43.4	39	40.4	51.9
Jharkhand	59.7	67.5	65.3	69.4
Karnataka	43	46.1	44.8	50.8
Kerala	36.7	32.7	34.6	32.8
Lakshadweep	44.9	63.5	46.1	-
Madhya Pradesh	49.7	53.6	52.4	55.8
Maharashtra	48.2	47.7	47.9	48
Manipur	26	25.9	26	35.7
Meghalaya	37.7	56.1	51.7	45.4
Mizoram	21.2	30	24.6	37.6
Nagaland	21.2	25.4	23.7	-
Odisha	47.7	51.9	51.2	60.9
Punjab	52.9	54.7	54	37.9
Pondicherry	52.3	55.7	53.4	
Rajasthan	40.7	49	46.8	52.6
Sikkim	34.3	35.6	35.2	59.4
Tamil Nadu	53.7	56.8	55.2	53.1
Telangana	55.4	58.2	56.9	-
Tripura	55.7	54	54.5	65.6

Uttar Pradesh	52.8	52.4	52.5	49.7
Uttarakhand	42	41.1	41.4	54.8
West Bengal	58.4	64.8	62.8	63.2
All India	51	54.3	53.1	55.2

Source: National Family and Health Surveys: State level Fact sheet

Table A.8: Percentage of pregnant women aged between 15-49 years who are anemic

	NFHS-4	**NFHS-4**	**NFHS-4**	**NFHS-3**
State	**Urban**	**Rural**	**Total**	**Total**
Andaman & Nicobar	-	55.8	61.4	-
Andhra Pradesh	57.1	51.6	52.9	-
Arunachal Pradesh	35.7	33.4	33.8	51.8
Assam	37.9	45.7	44.8	72
Bihar	61.7	58	58.3	60.2
Chandigarh	-	-	-	-
Chhattisgarh	33.8	43.6	41.5	63.1
NCT Delhi	45.1		45.1	29.9
Dadra Nagar Haveli	-	-	67.9	-
Goa	-	-	26.4	36.9
Gujarat	47.2	54.7	51.3	60.8
Haryana	50.2	58.1	55	69.7
Himachal Pradesh		50.5	50.4	38.1
Jammu & Kashmir	34.9	39.4	38.1	55.7
Jharkhand	57.3	63.7	62.6	68.5
Karnataka	39.6	48.7	45.4	60.4
Kerala	22.7	22.5	22.6	33.8
Lakshadweep	33.5	-	36.5	-
Madhya Pradesh	49.2	56.4	54.6	57.9
Maharashtra	48.5	49.9	49.3	57.8
Manipur	28.5	23.7	25.2	36.3
Meghalaya	38.6	51.3	49.5	58.1

Mizoram	24.1	29.9	26.6	48.3
Nagaland	29.1	28.8	28.9	-
Odisha	46.2	47.8	47.6	68.1
Punjab	34.7	46.5	42	41.6
Pondicherry	23.6	31.2	26	-
Rajasthan	41.4	48	46.6	61.7
Sikkim	33.6	19.6	23.6	62.1
Tamil Nadu	37	52.1	44.3	54.7
Telangana	44.3	55.1	49.8	-
Tripura	49.8	55.8	54.4	57.6
Uttar Pradesh	49.2	51.4	51	51.5
Uttarakhand	44.5	43.6	43.9	50.8
West Bengal	54.3	53.3	53.6	62.6
All India	45.7	52.1	50.3	57.9

Source: National Family and Health Surveys: State level Fact sheet

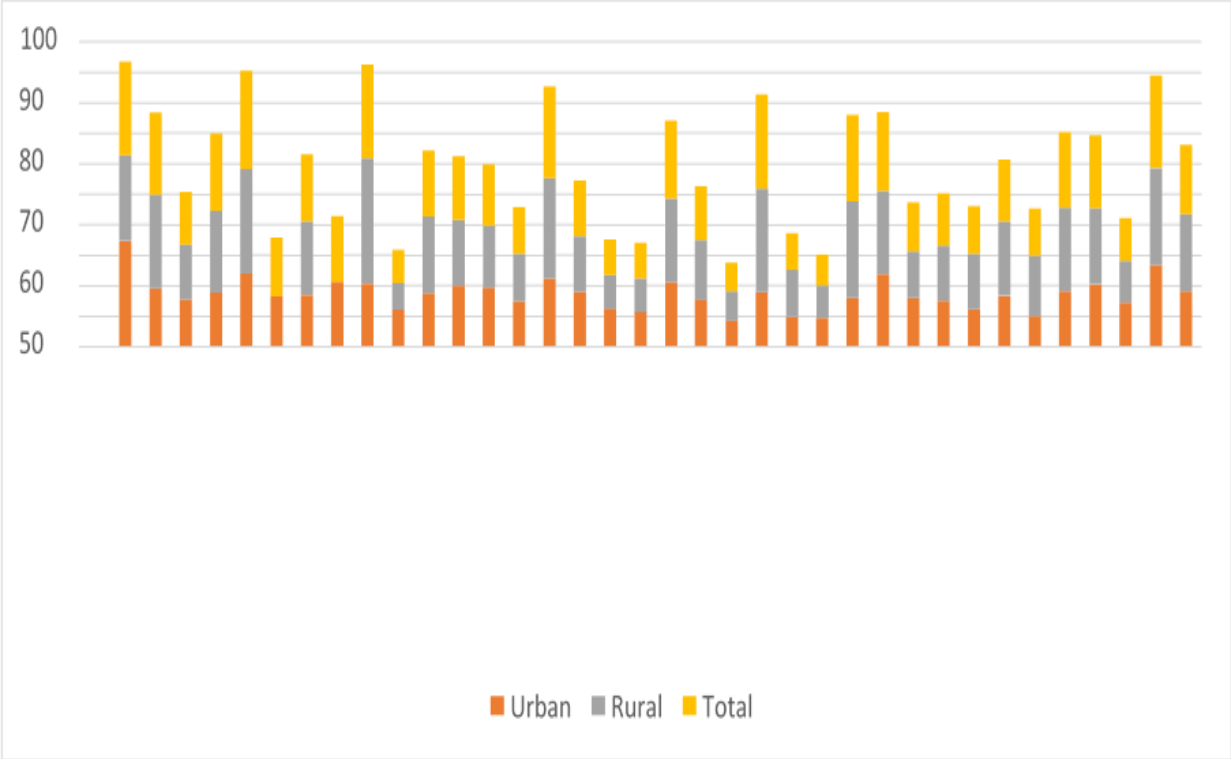
Table A.9: Percentage of all women whose Body Mass Index (BMI) is below normal (BMI<18.5kg/m2)

	NFHS-4	**NFHS-4**	**NFHS-4**	**NFHS-3**
State	**Urban**	**Rural**	**Total**	**Total**
Andaman & Nicobar	10.1	15.5	13.1	-
Andhra Pradesh	11.5	20.3	17.6	-
Arunachal Pradesh	8.8	8.5	8.5	16.4
Assam	17.9	27	25.7	36.5
Bihar	22.2	31.8	30.4	-
Chandigarh	12.3	-	13.3	-
Chhattisgarh	17.6	29.6	26.7	43.4
NCT Delhi	12.8	14.4	12.8	14.8
Dadra Nagar Haveli	15.8	39.1	28.7	-
Goa	10.3	22.2	14.7	27.9
Gujarat	18.1	34.3	27.2	36.3
Haryana	12.2	18.2	15.8	31.4

Himachal Pradesh	11.7	16.7	16.2	29.9
Jammu & Kashmir	7.7	14.1	12.1	24.6
Jharkhand	21.6	35.4	31.5	42.9
Karnataka	16.2	24.3	20.7	35.4
Kerala	9.1	10.2	9.7	18
Lakshadweep	12.1	17.4	12.5	-
Madhya Pradesh	20.6	31.8	28.4	41.7
Maharashtra	16.8	30	23.5	36.2
Manipur	8.5	9	8.8	14.8
Meghalaya	11.4	12.3	12.1	14.6
Mizoram	7.5	9.6	8.3	14.4
Nagaland	12.9	11.8	12.2	17.4
Odisha	15.8	28.7	26.4	41.4
Punjab	9	13.5	11.7	18.9
Pondicherry	10.5	13.2	11.3	-
Rajasthan	18.6	29.9	27	36.7
Sikkim	7.5	5.8	6.4	11.2
Tamil Nadu	10.9	18.5	14.6	28.4
Telangana	16.1	29	23.1	-
Tripura	16.2	20.1	18.9	36.9
Uttar Pradesh	17.6	28.1	25.3	36
Uttarakhand	15.5	20	18.4	30
West Bengal	14.1	24.6	21.3	39.1
All India	15.5	26.7	22.9	9.3

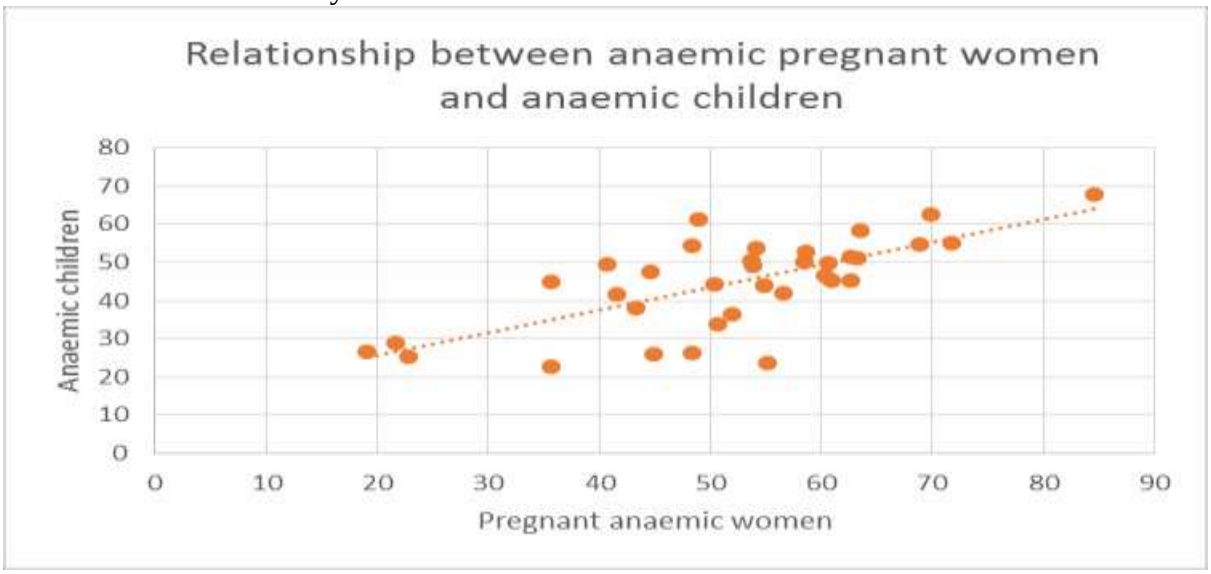
Source: National Family and Health Surveys: State level Fact sheet

Figure 1: Percentage of Anaemic men aged between 15-49 years: NFHS-4 region wise



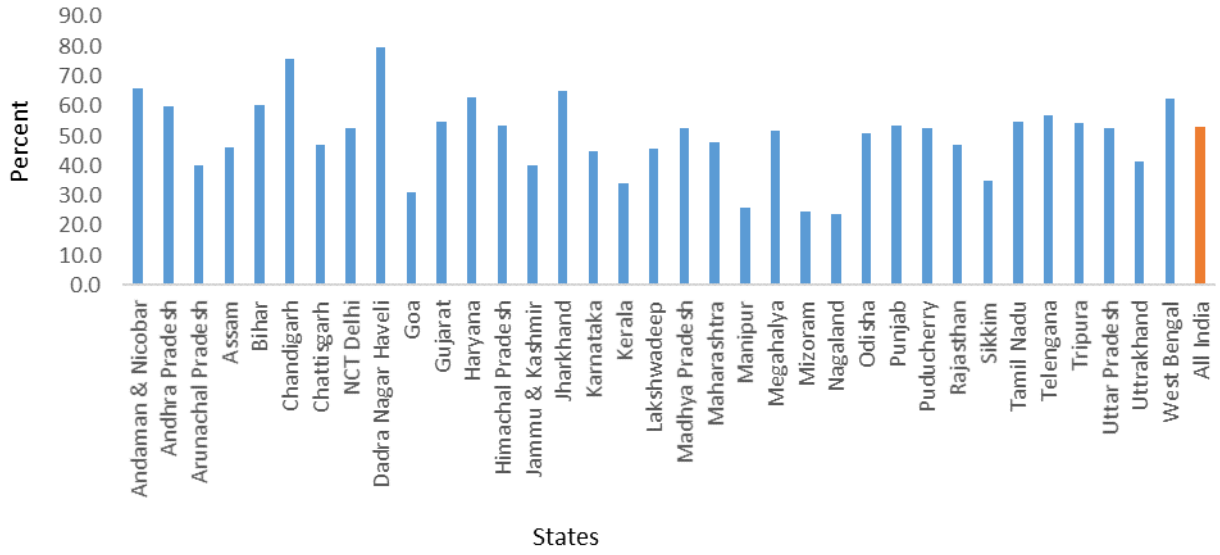
Source: *National Family and Health Surveys: State level Fact sheet*

Figure 2: Scatterplot of percentage of Anaemic pregnant women aged between 15-49 years and Anaemic children: NFHS-4



Source: *National Family and Health Survey-4: State level Fact sheet*

Figure 3 : Percentage of women aged between 15-49 years with low BMI



Source: National Family and Health Survey-4: State level Fact sheet

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