



GOVERNMENT OF ODISHA

# NUTRITION BUDGET 2023-24



FINANCE DEPARTMENT

# NUTRITION BUDGET

## 2023-24



**FINANCE DEPARTMENT**



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## ABBREVIATION

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A&FE	Agriculture & Farmers' Empowerment
AE	Actual Estimates
AMB	Anaemia Mukta Bharat
AMLAN	Anaemia Mukta Lakshya Abhiyan
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BASUDHA	Buxi Jagabandhu Assured Water Supply to Habitations
BE	Budget Estimates
BMI	Body Mass Index
CBC	Community Based Creches
CFTRI	Central Food Technological Research Institute
CS	Central Sector Scheme
CSO	Civil Society Organisations
CSR	Corporate Social Responsibility
CSS	Centrally Sponsored Scheme
DAMaN	Durgama Anchalare Malaria Nirakarana
DHFW	District Health and Family Welfare
DHIS	District Health Information Software
DM	Disaster Management
DMF	District Mineral Foundation
DRF	Disaster Response Fund
DWDC	Directorate of Women & Child Development
EOM	Establishment Operation and Management
F&ARD	Fisheries and Animal Resources Development Department
FS&CW	Food Supply and Consumer Welfare
FNWH	Food, Nutrition, Health and WASH Interventions
FY	Financial Year
GSDP	Gross State Domestic Product
H&FW	Health and Family Welfare
H&UD	Housing and Urban Development

ICDS	Integrated Child Development Scheme
ICMR-RMRC	Indian Council of Medical Research- Regional Medical Research Centre
IFA	Internal Financial Advice
IMR	Infant Mortality Rate
IYCF	Infant & Young Child Feeding
LANCET	Looking at North Carolina Educational Technology
PFM	Public Finance Management
PVTGs	Particularly Vulnerable Tribal Groups
MDM	Mead Day Meals
MSPY	Mukhymantri Samproona Pushti Yojana
MMR	Maternal Mortality Rate
MS	Mission Shakti
MSME	Ministry of Micro, Small & Medium Enterprises
NFHS	National Family Health Survey
NHM	National Health Mission
NIPI	National Iron Plus Initiative
OMBADC	Odisha Mineral Bearing Areas Development Corporation
PDS	Public Distribution Centre
PIP	Performance Implementation Plan
PMMVY	Pradhan Mantri Matru Vandana Yojana
POSHAN	Prime Minister's Overarching Scheme for Holistic Nutrition
PR&WD	Panchayatraj and Drinking Water
PVTG	Particularly Vulnerable Tribal Groups
RE	Revised Estimates
S&ME	School and Mass Education
SAMMPurNA	Sishu Abang Matru Mrutyu ra Purna Nirakarana Abhiyan
SDGs	Sustainable Development Goals
SNP	Supplementary Nutrition Programme
SOPAN	Strategy for Odisha's Pathway to Accelerated Nutrition
SS&EPD	Department of Social Security & Empowerment of Persons with Disability
SSS	State Sector Scheme

STSC, M&BC	Scheduled Tribes & Scheduled Castes Development, Minorities & Backward Classes
THR	Take Home Ration
UN	United Nations
UNICEF	United Nations Children Federation
WASH	Water, sanitation and health
WCD	Women and Child Development
WHO	World Health Organisation
WIFS	Weekly Iron and Folic Acid
WR	Water Resource





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## PREFACE

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Nutrition plays a central role of human health and development of an individual and community at large. Thus, Nutrition security is an essential dimension of health for current and future generation to ensure inclusive and sustainable development. According to the World Health Organisation (WHO), better nutrition strengthens infant, child and maternal health, and people with adequate nutrition are more productive to create opportunities to gradually break the cycles of poverty and hunger. However, during the last decade, Malnutrition, in every form has been a significant threat to human health where Undernutrition is vital. The conceptual framework on determinants of child under-nutrition by the United Nations Children's Fund (UNICEF) describes the immediate causes of inadequate dietary intake and disease which can be addressed through nutrition centric interventions. Government all over the world, and leading international organizations like UNICEF and WHO consider nutrition as a key development priority. Addressing the gaps in nutritional attainment of the people globally through public welfare schemes and programmes can help the government in taking effective steps towards creating improved nutritional outcomes.

The government of Odisha has undertaken strategic measures to combat malnutrition through adequate provisions in the budget. The mechanism of inter-sectoral convergence of nutrition schemes at different levels is well-established in the state. Several forums like the State Mission Steering Group-cum-Nutrition Council, State Empowered Programme Committee as well as Monitoring and Review Committee at the State, District and Block levels are working to reduce malnutrition. The post COVID-19 scenario led by deprivations faced by the poor, job losses, closure of businesses, and reduction in wages due to the pandemic-induced instability, there has been increase in inequality impacting food security of vulnerable sections of the society. In this juncture, the Government of Odisha have carried out various affirmative policy measures for scaling up nutrition in the post COVID-19 pandemic.

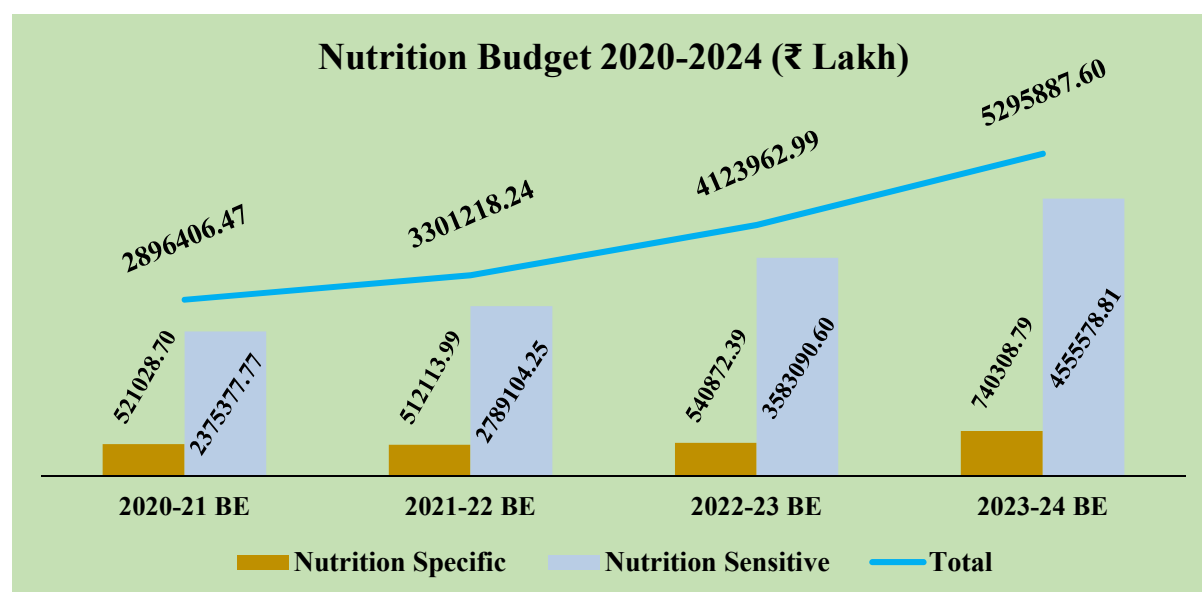
Nutrition Budget serves as a handy tool which can effectively help the government in incorporating nutritional outcomes in its development policies, programmes and schemes. The Government of Odisha is India's first state to initiate the concept of Nutrition Budgeting in the Financial Year (FY) 2020-21. This analysis follows a multi-sectoral approach that deals with Nutrition Specific (directly nutrition-centric) and Nutrition Sensitive (indirectly nutrition-centric) schemes and interventions. Nutrition Budgeting is a PFM tool that helps the state government to deliver its commitments ensuring adequate nutrition for every citizen through targeted fiscal allocations to achieve nutritional outcomes during the estimated period. Further, the state government aims to support its nutrition agenda through agricultural

policies, public distribution system (PDS) and some other schemes/programmes which contribute to better nutritional outcomes. Moreover, state has taken up several significant schemes and programmes for improvement of health and nutritional status of the people in the state. Some of the notable schemes are AMLAN (Anaemia Mukta Lakshya AbhiyaN), SAMMPurNA (Sishu Abang Matru Mrutyu ra Purna Nirakarana Abhiyan), Ojan Utsaba, DAMaN (Durgama Anchalare Malaria Nirakarana), MSPY (Mukhyamantri Samproona Pushti Yojana) (formerly SOPAN), Odisha Millet Mission and so on. The Finance Department, in coordination with several other departments have been the strategic partners in preparing the Nutrition Budget. Other crucial stakeholders in this process are researchers, PFM professionals, economists, statisticians, and academic institutions, civil society organizations (CSOs), media, UN agencies like UNICEF and public representatives.

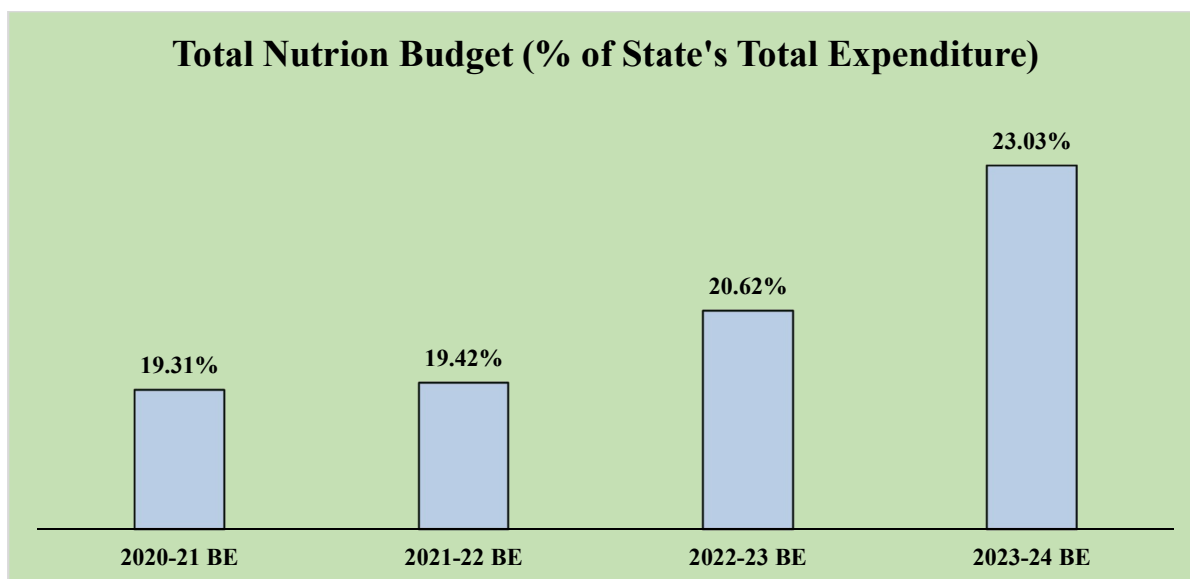
## EXECUTIVE SUMMARY

Good nutrition is the edifice that substantively influences child survival and development. Well-nourished children can grow and learn faster than their mal-nourished counterparts; they participate better in their communities and have the tenacity to face crises. In the current global landscape, many children are nutrition-deficient. Roughly one in three children under five is affected by malnutrition measured by popular parameters such as stunting, wasting, and overweight. Looking at the importance of nutrition, the government of Odisha has shown increased intention and efforts in allocating funds for nutrition-oriented schemes in recent years.

Since the inception of documenting the Nutrition Budget in 2020-21, its requirement in times of post Covid-19 pandemic has become prominent akin to deteriorating overall public health with women and children being the most vulnerable sections. The allocation size for the Nutrition Budget is on the continuous rise since its introduction in Odisha's Annual Budget. The two broad components of nutrition budgeting: **Nutrition-Specific** and **Nutrition-Sensitive** have also received increasing allocations barring a marginal fall in Nutrition-specific spending in 2021-22 as against 2020-21.



The Government of Odisha's objective to prioritize nutrition for the targeted population is evident as the share of the Nutrition Budget in the total annual expenditure has increased from 19.31% in 2020-21 to 23.03% in 2023-24. The steady increase in absolute size of Nutrition Budget and its share in total expenditure will complement in generating a robust public health system in Odisha.



In **Nutrition-Specific** allocation, the Food Supply and Consumer Welfare Department (FS&CW) has the highest share i.e., 41.55% of the total Budget Estimates for 2023-24, followed by the Women and Child Development Department (WCD) with 38.05%, and School and Mass Education Department with 13.55%. In **Nutrition-Sensitive** allocation, Panchayati Raj and Drinking Water department (PR&DW) has the highest share (30.51%), followed by the Health and Family Welfare department (22.81%), and Agriculture and Farmer's Welfare Department (A&FE) (9.92%) of the total Budget Estimates 2023-24. As per 2023-24 BE, Public Distribution System (Revolving Fund for Paddy Procurement) has the highest allocation (Rs.200000.00 Lakh) in **Nutrition-Specific** Component, followed by Public Distribution System (Rs.107588.38 Lakh), and Supplementary Nutrition Programme (Sakshyam Anganwadi and POSHAN 2.0) (Rs 104300.00 Lakh). The major allocation for **Nutrition-Sensitive** initiatives goes to Buxi Jagabandhu Assured Water Supply to Habitations (BASUDHA) (Rs. 754781.41 Lakh), followed by Jal Jeevan Mission (Rs.575000.00 Lakh), and Biju Swasthya Kalyana Yojana (Rs. 394686.06 Lakh) in 2023-24 BE.

The share of total Nutrition Allocation is 24.78% of the State's Total Budget (Gross), while it is 6.15% of the GSDP in 2023-24 BE. The total allocation on Nutrition has been increased from Rs. 4123962.99 Lakh in 2022-23 BE to Rs. 5295887.60 Lakh in 2023-24 BE. This increment of 28.42% rise in nutrition allocation shows a strong commitment of the Government of Odisha to meet the nutritional requirements of the people. In this way, higher allocation of public expenditures on both Nutrition Specific as well as Sensitive schemes and programmes would certainly serve in providing better nutrition to the people of the state.

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## CHAPTER I: INTRODUCTION

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Nutrition is a crucial part of human health and development. According to the World Health Organisation (WHO), better nutrition strengthens infant, child and maternal health, and people with adequate nutrition are not only more productive but also can create opportunities to gradually break the cycles of poverty and hunger. Interlinking it with various dimensions like health, hygiene, sanitation and gender equality, nutrition can lead to the strengthening of collective health. Therefore, a lot of importance has been accorded to nutrition in Goal 2 (Zero Hunger) of the Sustainable Development Goals (SDGs) adopted by the General Assembly of United Nations (UN).

During the last decade, malnutrition, in every form has been a deterrent threat to human health. As per the recent estimates, 149.2 million children under the age of 5 years are stunted (too short for their age) and 45.4 million are wasted (underweight for their height)<sup>1</sup> globally and around 45% of deaths among children under 5 years of age are related to undernutrition. The conceptual framework on determinants of childhood under-nutrition by the United Nations Children's Fund (UNICEF) describes the immediate causes of undernutrition as inadequate dietary intake and disease which can be addressed through nutrition specific interventions<sup>2</sup>. Governments all over the world, and leading international organizations like UNICEF and WHO consider nutrition as a key development priority. Mapping of the gaps in nutritional attainment of the people globally through public welfare schemes and programmes can help governments in taking effective steps towards improved nutritional outcomes.

India, despite substantial economic progress over the last two decades along with improvements in nutrition outcomes in the last decade, still carries a large burden of malnutrition. With 32.1% of children under the age of 5 being underweight (NFHS-5), malnutrition remains an inadequately addressed issue in India. The progress towards nutrition is highly variable across the Indian states as well as within states, possibly due to variation in the determinants as well as interventions targeted at nutrition. At the national level, many nutrition-specific interventions have been implemented in the recent years, such as provision of Supplementary Nutrition Programme, Anaemia Mukt Bharat (AMB) as well as Vitamin A supplementation to address macro and micronutrient malnutrition, and its associated risks. The

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<sup>1</sup> World Health Organization [https://www.who.int/health-topics/nutrition#tab=tab\\_2](https://www.who.int/health-topics/nutrition#tab=tab_2)

<sup>2</sup> India's Investment in Nutrition: States' Role and Response

Integrated Child Development Scheme (ICDS), POSHAN Abhiyan, Pradhan Mantri Matru Vandana Yojana (PMMVY) and the National Health Mission (NHM) are a few of the Centrally Sponsored Schemes (CSS) addressing nutrition at the Union level.

Government of Odisha has taken up several significant schemes and programmes for improvement of health and nutritional status of the people in the state. Some of the notable schemes are AMLAN (Anaemia Mukta Lakshya AbhiyaN), SAMMPurNA (Sishu Abang Matru Mrutyu ra Purna Nirakarana Abhiyan), Ojan Utsaba, DAMaN (Durgama Anchalare Malaria Nirakarana), MSPY (Mukhyamantri Samproona Pushti Yojana), Odisha Millet Mission and so on.

The challenges of poor nutrition outcomes can be better addressed at state level. An important step towards addressing malnutrition and ensuring wider coverage of nutrition interventions is through specific and focused budgetary commitments. Nutrition Budget serves as a handy tool which can effectively help the government in incorporating nutritional outcomes in its development policies, programmes and schemes. In accordance with the global perspective and agenda on nutrition, the government of Odisha approached the nutrition budget focusing on two types of multi-sectoral interventions: ‘**nutrition-specific**’ (direct nutrition-centric) and ‘**nutrition-sensitive**’ (indirect nutrition-centric).

Further, the state government aims to support its nutrition agenda through agricultural policies, Public Distribution System (PDS) and some other schemes/programmes which contribute to better nutritional outcomes. This has implications on bettering the inter-departmental coordination regarding nutrition service provisioning.

Odisha is the first Indian state to have initiated the concept of *Nutrition Budgeting* in 2020-21. Nutrition Budgeting is a PFM tool that helps the state government translate its commitments towards ensuring adequate nutrition for every child through targeted fiscal allocations to facilitate the timely achievement of nutritional outcomes during the next budget period. The Nutrition Budget statement will further help in analysing allocations vis-a-vis outcomes and support rational, targeted allocations, thereby promoting area-specific, outcome-specific, and sector-specific investments by the State Government.

## **NUTRITION BUDGETING IN POST-COVID-19 SCENARIO**

Due to the COVID-19, there has been a paradigm shift in the perspective on nutrition both at the individual and collective level across states, and at the national level as well. The

unprecedented lockdown imposed during the pandemic enforced a change in the pattern of food consumption, with higher intake of nutritionally poor foods that brought nutritional imbalances particularly in poorer households of the state. Government of Odisha through effective budgetary provisions has pledged to address the hunger in protein, inadequacy in calories, and deficiency in micronutrients among the people of Odisha.

In the post-pandemic era, the importance of specific and targeted budgetary provision for nutrition among the vulnerable sections of the society has been emphasised. Through the Nutrition Budget, the Government of Odisha not only aims to increase its impact by affirmative policy measures to scale up nutrition specific interventions, but also fight the intergenerational cycle of poverty and hunger. The major nutrition centric programme after the Post Covid Some of the notable schemes are AMLAN (Anaemia Mukta Lakshya AbhiyaN), SAMMPurNA (Sishu Abang Matru Mrutyu ra Purna Nirakarana Abhiyan), Ojan Utsaba and DAMaN (Durgama Anchalare Malaria Nirakarana). In addition, MSPY (Mukhyamantri Samproona Pushti Yojana), implemented in the entire 338 ICDS projects of the state through the Anganwadi Centres has been a new flagship programme by the state Government.

## **NOTABLE NUTRITION-CENTRIC SCHEMES AND PROGRAMMES**

Improvement of the nutritional status of its citizens, specifically women and children in the state is in focus of the Government of Odisha. In this regard, various schemes and programmes have been implemented by the state targeting those who are most vulnerable to malnutrition. A few of the notable schemes are given below:

### **1. AMLAN (Anaemia Mukta Lakshya AbhiyaN)**

To counter the increase in anaemia prevalence across the life cycle, Odisha is implementing the Anaemia Mukta Lakshya AbhiyaN (AMLAN) for accelerated reduction of anaemia. This scheme is implemented with joint efforts of several departments including Health and Family Welfare, School and Mass Education, Women and Child Development, Mission Shakti and ST and SC Development Department. The objective of this initiative is 10% reduction of anaemia every year taking NFHS 5 as the base. The strategy has been developed in the context of existing policies and programmes of the health, nutrition, and social sectors. It is designed and built on the technical and operational evidence from National Iron Plus Initiative (NIPI), Weekly Iron and Folic Acid (WIFS) programmes, and Anaemia Mukta Bharat (AMB).



The following unique activities are proposed as part of the scheme:

- i. Packaging of recommendations under different related guidelines into an implementable framework suited to local situation,
- ii. School students shall be tested at their respective schools on quarterly basis and other beneficiaries shall be tested on regular basis at UHSND/VHSND and HWCs. The beneficiaries of hard-to-reach areas shall be tested in T3 (Test, Treat, Talk) camps,
- iii. For better compliance to treatment, the in-school students who are identified as mild or moderately anemic shall be provided with therapeutic dose of IFA by the schoolteachers under supervision rather than handing it over to them for consumption at home,
- iv. Reporting mechanism is also clearly defined and has been integrated with the online reporting of the state (DHIS), so that it can be analyzed and reviewed for better programme implementation,
- v. Multivitamin & Multimineral Tablets will be supplemented along with IFA and Calcium.

## **2. SAMMPurNA (Sishu Abang Matru Mrutyu ra Purna Nirakarana Abhiyan)**

To accelerate the rate of reduction of IMR and MMR, the State Government is implementing a focused strategy for accelerated reduction of MMR & IMR ie SAMMPurNA” (Sishu Abang Matru Mrutyu ra Purna Nirakarana Abhiyan) in 15 districts with “Hard to Reach” areas and tribal communities. Moreover, some activities have been taken up statewide.

Some of the new features include:

- i. Identification of High-risk pregnancies & issuance of red card;
- ii. Birth preparedness and couple counselling;
- iii. Additional home visits to identified high risk pregnant woman;
- iv. Reimbursement of transportation cost of Rs. 1000/- to pregnant women from difficult villages;
- v. Provision of Rs.500/- towards assured drop-back transport Services for Pregnant Women after institutional delivery & Sick Infants treated at Public Health Facilities;
- vi. Surakhya Kabacha (Mother & Baby Kit) to all PW and newborn for preventing sepsis;
- vii. IEC/ BCC campaigns; viii. wage compensation to mothers for SAM children admitted to NRCs.

### **3. JibanSampark and Sampurna Barta**

The JibanSampark and Sampurna Barta programmes are implemented with local Civil Society Organizations in collaboration with the Departments of Health, DWCD and SC & ST Development. This programme aims to reach the PVTGs (Particularly Vulnerable Tribal Groups), other tribal communities and populations located in identified “Hard to Reach areas”. The design of this initiative is too pronged and follows a convergent approach. It includes working with the frontline functionaries (ASHA, AWW & ANM) to strengthen service delivery and communities to promote key behaviours and utilization of basic nutrition and health services. It is effectively bridging the remote communities to both the community based and facility-based health and nutrition services. In these projects, 16 CSOs work across 12 tribal districts. Through this initiative there has been an improvement in nutritional status, diet diversity, reduction of home deliveries and reduction in immunization Dropouts and Left Outs.

### **4. Ojan Utsaba**

“Ojan Utsaba” is observed statewide on a biannual basis at the AWCs to collect anthropometric data of individual children under the age of 5 years. This helps to reduce growth faltering by increasing the awareness of the caregivers on the importance of weighing and growth monitoring. Through this initiative pockets having high, moderate, and low malnutrition and pockets with improved nutrition status are identified. This is observed across all AWCs twice a year i.e in May and November. All children (0-5 yrs) enrolled at the AWCs are weighed at the AWC on the specified day. Supervisors, members of Jaanch committee, Mothers committee, PRI members, mother of a healthy child to monitor overall implementation of weighing of children.

The following services are provided during the Ojan Utsaba:

- i. Tracking the growth of all children
- ii. Validation of data on weighing of children submitted by AWWs
- iii. Capacity building of ICDS supervisors and AWWs on proper weighing

### **5. DAMaN (Durgama Anchalare Malaria Nirakarana or Elimination of Malaria in Remote/ Inaccessible Areas)**

Malaria in infants and children can lead to chronic illness and malnutrition and vice versa as malnourishment often adds vulnerability to malaria and both the conditions lead to death.

Along with high incidences of malaria, prevalence of malnutrition and anaemia among children and women is very high in Odisha. Anaemia is also common in pregnancy in tropical regions. Malaria is a major contributor to anaemia in pregnancy.

The unique features of DAMan include

- i. Specifically designed for the inaccessible, difficult, and hard to reach areas that are vulnerable for malaria;
- ii. Addresses malaria, anaemia, and malnutrition comprehensively;
- iii. Aimed at cleaning parasite reservoir (mass screening & treatment) as well as vector density (LLIN use up scaling & IRS) at one go from the community. The TPR has reduced from 5.95% in 2017 to 1.24% in 2021.

## 6. Mukhyamantri Samproona Pushti Yojana( MSPY)

The SOPAN (Strategy for Odisha's Pathway to Accelerated Nutrition) scheme has been recently renamed as “**Mukhyamantri Samproona Pushti Yojana( MSPY)**”. It is a state-funded targeted project that seeks to improve nutrition outcomes. This was being implemented in nutritionally vulnerable beneficiaries presently covering 125 nutritionally vulnerable blocks. However, it has been decided to cover the entire 338 ICDS projects of the state, with dovetailing funds from OMBADC and DMF.

The major intervention under the scheme are:

- ✓ The interventions proposed earlier i.e. weekly nutrition supplements to Adolescent girls (15-19 yrs.) and observation of *Kishori Mela* would continue to be implemented, in all 338 ICDS Projects of the State.
- ✓ There is provision for coverage of Adolescent girls (14- 18 years) under the Scheme for Adolescent girls (SAG) of GoI in 10 Aspirational districts where the girls would be covered under nutrition and non-nutrition components. However, in these 10 districts, where SAG is being implemented, the Adolescent Girls (14-18 years) would be excluded from the nutrition interventions, and only Girls (18-19 years) would receive the entitlements.
- ✓ Considering the physical inability of pregnant women & Lactating mothers to attend AWCs for spot feeding, along with the social dynamics, the provision for additional Take Home Ration (THR) in the form of nutrient rich food products, including Millets.

- ✓ The renewed focus is on coverage of MAM children which will considerably reduce the progressive expenditure on Severe Acute Malnutrition (SAM) children

There is provision of total expenditure of INR 257933 Lakh over a period of 5 years from FY 23-24 to FY 27-28 under the scheme from state budget, OMBADC and DMF. This shall be over and above the amount that has been already allocated for FY 20-21, FY 21-22 & FY 22-23, amounting to INR 18971 Lakh.

## **7. Swabhimaan**

Led by Odisha Livelihood Mission in convergence with DWCD and DHFW, Swabhimaan project (aimed at improving women's nutrition on the women's self-help group platform, was implemented across 23 blocks of Koraput, Angul and Sambalpur covering 334 GPs and 0.15 million HHs in these districts. The strategies aimed at giving further impetus and required focus in prioritization and strengthening of Food, Nutrition, Health and WASH (FNHW). Progress under Swabhimaan includes training of 2648 community resource persons (CRPs), preparation of 2648 village level nutrition plan and development of 29, 770 nutri-gardens. The end-line evaluation (conducted by IIPS) showed remarkable improvement in parameters such as improved diet diversity score of pregnant women from 33% to 48%, attendance in VHSND to 91% from 31%, and usage of napkins to 85% from 47%. Success under Swabhimaan in Odisha influenced the design and implementation of the FNHW strategy of the National Rural Livelihood Mission.

## **8. Pada Pusti Karyakram**

Pada Pusti Karyakram is a special programme to provide nutrition services in remote and hard-to-reach hamlets which do not have Anganwadi Centers and/or located far away from main Anganwadi Centers. Spot Feeding of Morning Snacks and Hot Cooked Meal to children aged 3-6 years is provided in a decentralised manner through community participation. Mother Groups voluntarily cook and feed children in the hamlet itself. Growth monitoring of children is done once a month in the hamlet with active participation of mothers. The goal is to improve nutritional status of pre-school Children (3-6 Years) in remote tagged villages. Pada Pusti Karyakram has been rolled out in 100 remote hamlets through the ICDS project. Each hamlet has Mother's groups that undertake group-based spot feeding of children as per ICDS food menu. This programme piloted in Muniguda block of Rayagada will be scaled up across the state.

## 9. ADVIKA (every girl is unique)

ADVIKA is a unique initiative of the State aiming to educate and empower all adolescent girls and boys of 10-19 years age to understand the importance of health & nutrition and practise life skills to voice their opinions. It is a common and coordinated platform for linking all government schemes targeted towards adolescents. Saturdays are observed as 'Kishori Diwas'. On this day the Anganwadi Worker engages with adolescent girls & boys with numerous life skill activities through a basket of resources developed as part of an ADVIKA Tool Kit. Within a span of one year, Advika has reached a million of girls and more than 1.5 Lakh Sakhi- Saheli (Peer Leaders) have been identified and engaged through ADVIKA to act as agents of change. Sakhi-Sahelis are instrumental in raising their voices on improving health & nutrition, mobilizing communities, supporting frontline workers in home visits, promoting 'no to child marriage, Yes to School', participate in Gram Sabha and 'Day for Children' meetings in panchayats. Towards promoting digital literacy and engaging adolescents digitally, whatsapp groups of adolescents have been formed.

## 10. Mascot "Tiki Mausi"

The mascot- 'Tikki Mausi' was launched by Department of Women & Child Development, and Mission Shakti Department, Government of Odisha, in collaboration with UNICEF. It aims to change the behaviour of common people and make them aware about child and woman's nutrition and development in every household. This Mascot is used to spread awareness on importance of fish and fish based nutrition for children and women.

## 11. Odisha Millet Mission

Millets are highly varied group of small-seeded cereal crops which require less water, farm inputs and are more resilient to climate vulnerability, and additionally rich in nutrients like calcium, iron and protein. It is notable to mention in this perspective that the United Nations General Assembly has declared the year 2023 as the **International Year of Millets** at its 75th session in March. It will create opportunity to raise awareness to bring millets into the consumption basket.

Odisha became the first Indian state to develop standard specifications for minor millet machinery and it is the first state in the country to complete the benchmarking of prices of little millet and foxtail millet. In 2017, the Government of Odisha launched a Special Programme for Promotion of Millets in Tribal Areas of Odisha known as Odisha Millets Mission (OMM) with

the objective to revive millets in farms and on plates. Through this mission, the state tries to improve nutritional security and promote sustainable agricultural practices. Currently, in more 2 Lakh farmers in CD Blocks from 19 districts in the state are cultivating several varieties of millets. Over the last five years, Odisha has recorded a 14-fold hike in the production of millets, from 3,333 hectares in 2017-18 to 53,230 hectares in 2021-22.

Odisha emerged as top state among general category states in the 1st 'State Ranking Index for NFSA (National Food Security Act), 2022 by Ministry of Consumer Affairs, Food & Public Distribution, Government of India.  
Source: PIB, GoI

**12.** Additionally, nutritional support has been provided through extra-budgetary sources such as funding from Odisha Mineral Bearing Areas Development Corporation (OMBADC), District Mineral Foundation (DMF) and Azim Premji Philanthropic Initiatives (APPI) across multiple districts in the state. Tele-monitoring and concurrent monitoring has been increased to ensure better nutritional intake. The state also extended efforts to bring a larger section of society under the nutrition net during COVID-19 which covered migrant children and pregnant and nursing women under SNP. Additionally, collaborations have been established with World Fish, ICMT-RMRC, CFTRI, World Food Programme and NIN, Hyderabad, to improve nutritional outcomes in the state.

## **NUTRITIONAL STATUS OF CHILDREN AND WOMEN IN ODISHA**

There have been continuous efforts by the Government of Odisha for improvement of the nutritional status of its population, specifically children and women. The impacts of the holistic initiatives have been reflected in the recently published National Family Health Survey - NFHS 5 report. According to this report, Odisha is among the frontrunners in many health and nutritional indicators. Odisha has been ranked 3<sup>rd</sup> among 28 States and 3 Union Territories in the report<sup>3</sup> on Breastfeeding and Infant and Young Child Feeding Practices (IYCF).

**Figure 1.1** depicts the nutritional status of children in Odisha reported in NFHS reports. There is a decline trend of stunting (low height-for-age) among children in Odisha. The proportion of

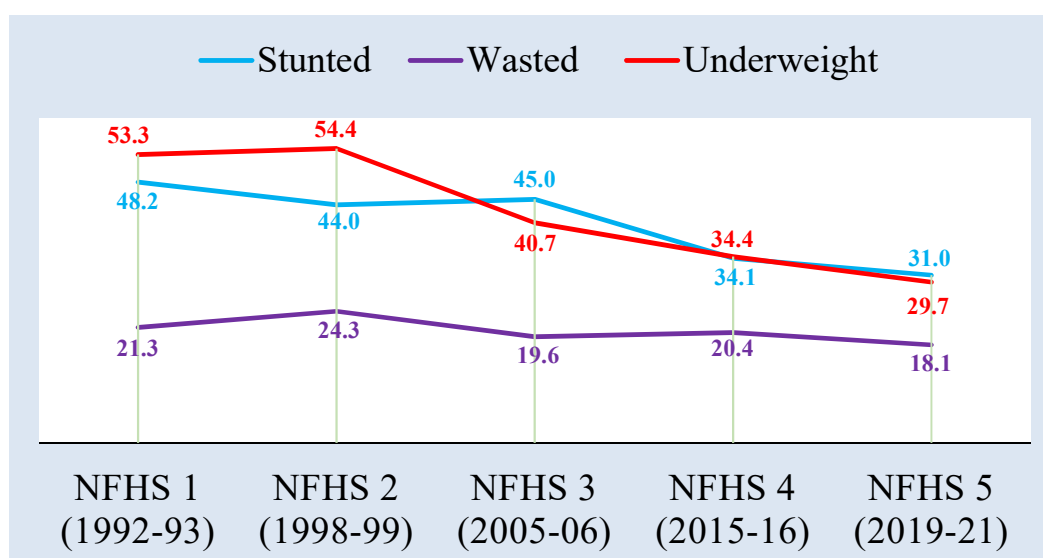
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<sup>3</sup> Breastfeeding, and Infant and Young Child Feeding Practices – Report Card : India, States and UTs (August 2019), prepared Ministry of Women and Child Development, Government of India

children under 5 years who are stunted (height-for-age) in the state has been consistently declined from 48.2% in NFHS 1 to 31.0 % in NFHS 5, except in NFHS 3. Likewise, underweight (low weight-for-age) among children has also a declining trend in the state. The share of children under 5 years who are underweight has decreased from 53.3% in NFHS 1 to 29.7% in NFHS 5. Overall, wasting (low weight-for-height) among children also has taken a mixed path over the periods in the state. The share of children under 5 years who are wasted has consistently declined from 20.4% in NFHS 4 to 18.1 % in NFHS 5.

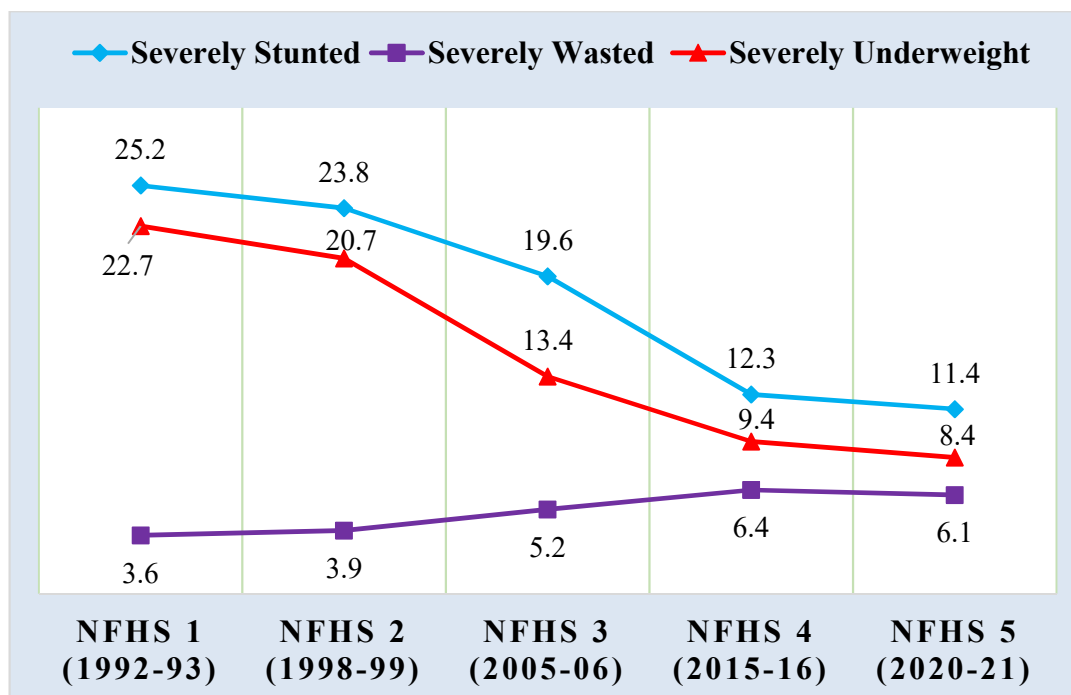
Moreover, the prevalence of severely stunted and severely underweight children has steadily declined in the state due to effective implementation of interventions for nutritional requirements of the children by the state government (**Figure 1.2**).

**Figure 1.1: Stunting, Wasting and Underweight among Children**



Note: Stunted – Proportion of Children under 5 years who are low height-for-age (in %)  
Wasted – Proportion of Children under 5 years who have low weight-for-height (in %)  
Underweight – Proportion of Children under 5 years who are underweight/ low weight-for-age (in %)

**Figure 1.2: Severely Stunting, Severely Wasting and Severely Underweight among Children**



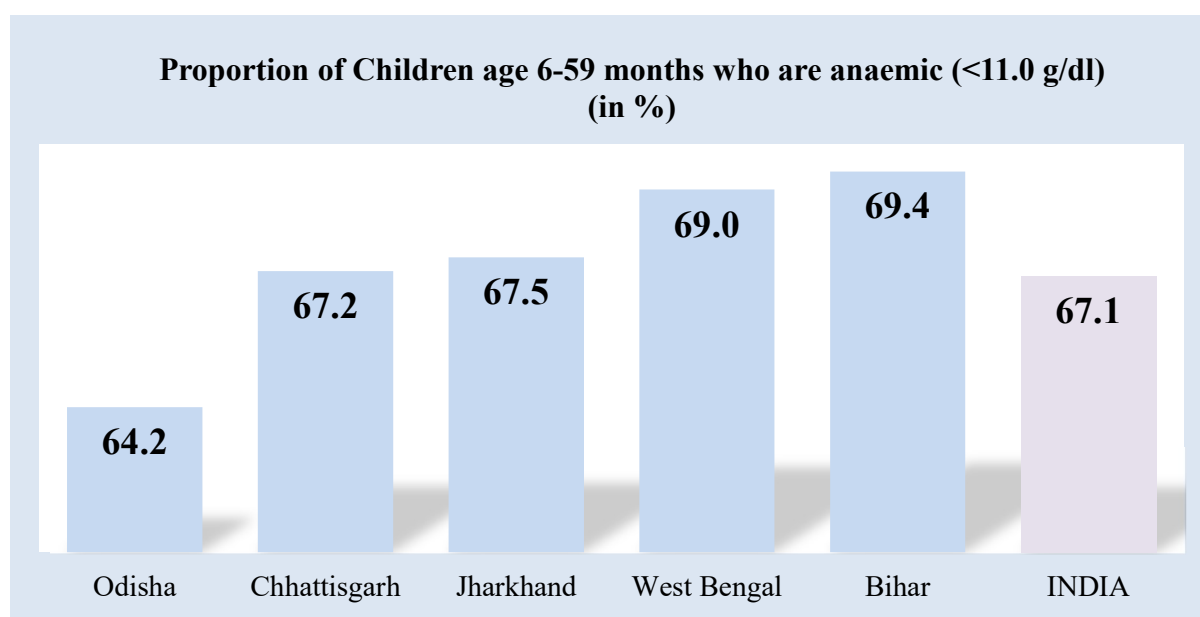
Note: Severely Stunted – Proportion of Children under 5 years who are severely low height-for-age (in %)  
 Severely Wasted – Proportion of Children under 5 years who have severely low weight-for-height (in %)  
 Severely Underweight – Proportion of Children under 5 years who are severely underweight/ low weight-for-age (in %)

It is revealed from NFHS 5 that the prevalence of anaemia in Odisha is lower than its nearby states (mostly eastern states) and India as well. As per the report, the proportion of children age 6-59 months who are anaemic (<11.0 g/dl) in Odisha is lower (i.e. 64.2%) than Chhattisgarh (67.2%), Jharkhand (67.5%), West Bengal (69.0%), and Bihar (69.4%). At National level, 67.1% of children in age group of 6-59 months are anaemic (**Figure 1.3**).

Odisha has also witnessed significant improvement in recent years as far as the early child health and nutritional status is concerned. It is revealed from the NFHS 5 (2019-21) report that in many indicators including early initiation of breastfeeding, exclusive breastfeeding, complementary feeding and adequate diet diversity in children, Odisha is in better position as compared to its neighbouring states and the national averages as well.

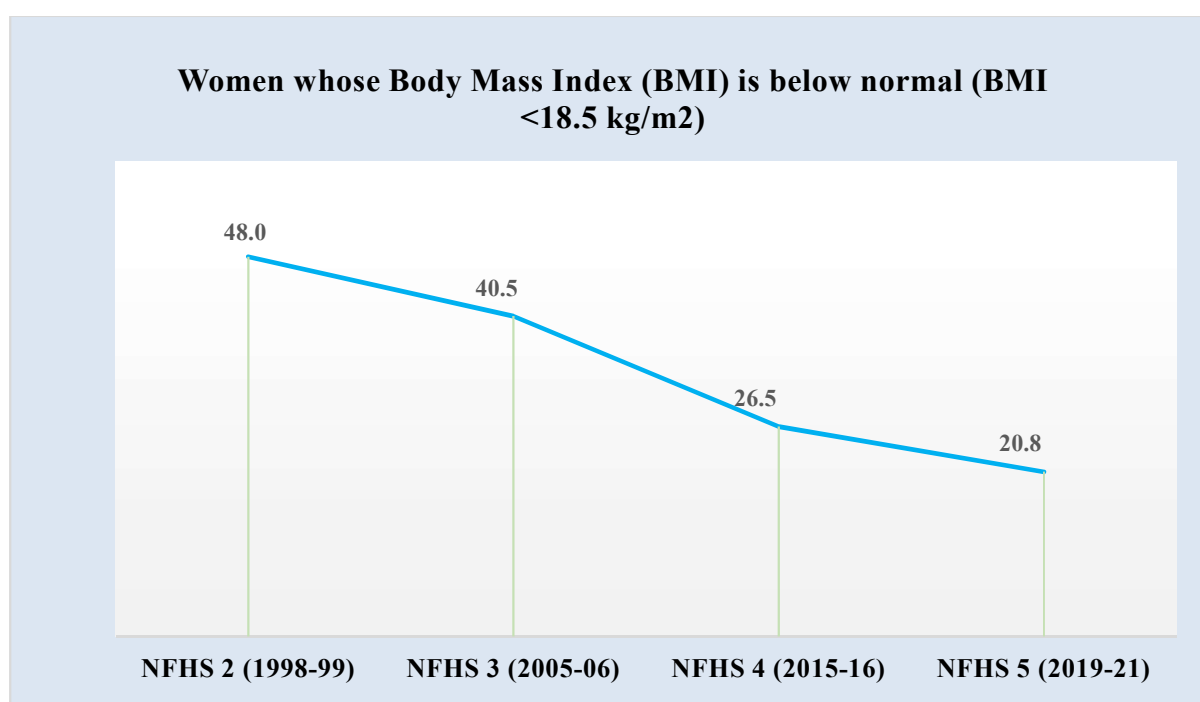


**Figure 1.3: Prevalence of Anaemia among Children**



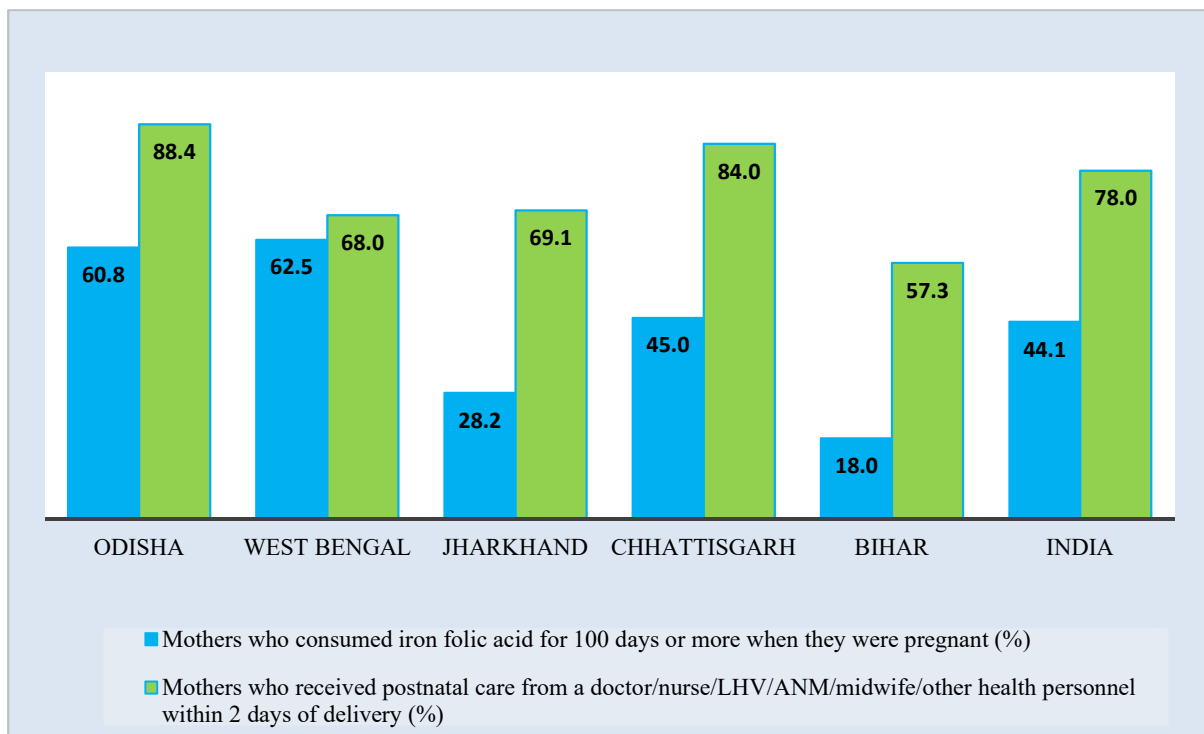
The Government of Odisha has been focusing on nutritional status of women in the state through nutrition specific and nutrition sensitive schemes and programmes. Thus, the nutritional status of women in Odisha has improved in recent years. The proportion of women whose Body Mass Index (BMI) are below normal (BMI <18.5 kg/m<sup>2</sup>) has declined from 48.0% in NFHS 1 to 20.8% in NFHS 5 (Figure 1.4).

**Figure 1.4: Women with Low Body Mass Index (BMI)**



Based on NFHS 5 data, **Figure 1.5** depicts the maternity care in Odisha and its neighboring states (mostly eastern States of India) such as West Bengal, Jharkhand, Bihar and Chhattisgarh. It is clear that, “the percentage of mothers who received postnatal care from doctor/nurse/LHV/ANM/midwife or other health personnel within 2 days of delivery” in Odisha is higher (88.4%) than the national average (78.0%) and its neighboring states (West Bengal, Jharkhand, Chhattisgarh and Bihar) as well. Likewise, “the percentage of mothers who consumed iron folic acid for 100 days or more when they were pregnant” in Odisha (i.e. 60.8 %) is much higher than the national average (44.1%).

**Figure 1.5: Status of Maternal Care (NFHS 5, 2019-21)**



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## CHAPTER II: NUTRITION BUDGET IN ODISHA

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The Government of Odisha presented its first Nutrition Budget in the Financial Year 2020-21 with the objective of improving the nutritional attainment of that state by ensuring better budgetary commitments. The **Nutrition Budget** document is an important tool for reviewing, analysing and evaluating the existing schemes and programmes of the state through the lens of nutrition. In this budget, the state has focused on the nutritional status of the people of Odisha which mostly addresses women and children. Based on the outcome data for several nutrition indicators in the previous years, it makes strategic budgetary decisions for the current and upcoming years. Some of the important examples can be, the initiatives taken by the state for promoting kitchen gardens to reduce nutrition security and improve diet diversity, implementing MSPY for improving key nutrition indicators like childhood wasting and stunting, improving complementary foods and feeding, etc. In the post pandemic situation also, Odisha has been consistently trying to restore health and nutrition service delivery through such initiatives. Additionally, the Government of Odisha has made the budgetary process digital in order to make the budgeting process more transparent and accountable.

### SCOPE OF NUTRITION BUDGET

Children, adolescent girls, and women are among the most nutritionally deprived groups in the community and hence investment in their nutritional interventions is of utmost priority. Children from vulnerable groups who are deprived of nutritional foods can further create the risk of a larger generation of people suffering from the impact of malnutrition. Hence, the challenges of stunting, wasting, and malnutrition need to be addressed through the collective efforts of multiple departments across the state system.

By recognizing the importance of nutrition budgeting in the respective departments for formulation and implementation of future policies and plans, the Government of Odisha has targeted on achieving accelerated nutrition outcomes in the state through effective interventions. In this regard, the state government has placed 27 schemes as Nutrition-specific, and 170 schemes as Nutrition-sensitive in the Budget Estimate 2023-24. It has been expected that such bifurcation of schemes across Nutrition-specific and Nutrition-sensitive categories would help in improving the nutritional outcomes of women and children.

The **Nutrition Budget** helps to prioritize the allocation of financial resources for all schemes and programmes addressing nutrition in the state. The document also analyses the disaggregated state expenditure for state nutrition initiatives through three years, enabling the state to ensure better budgetary flow in line with its policy priorities. The key stakeholders involved in the process can use the budget document to develop strategic implementation plans and budgetary planning for key initiatives that contribute to the state's nutrition journey. The Nutrition Budget is also a tool that can be used to identify critical funding and resource gaps in the state's nutrition strategy. Funding optimization and utilization of other funding sources, such as CSRs for improving the nutritional status of the state, are thus made possible through the nutrition budget statement.

## **METHODOLOGY**

The Nutrition Budget provides a comprehensive account of the nutrition initiatives that exist in the state. It has been developed after careful consideration and analysis of the 44 demand documents put forward by the state Departments. The identified schemes and programmes are categorized as shown in the figure on the left.

Furthermore, all schemes and programmes that constitute the Nutrition Budget have been classified into **Nutrition Specific (Part A)** and **Nutrition Sensitive (Part B)**.

**Part A – Nutrition Specific:** This section comprises schemes and programmes with provisions that directly impact nutrition and hence are nutrition-specific in nature. A 2013 LANCET study defines Nutrition Specific interventions as “Interventions which are immediate determinants of foetal and child nutrition and development - adequate food and nutrient intake, feeding, care giving and parenting practices and low burden of infectious diseases”. This includes support for exclusive breastfeeding for up to six months, appropriate and nutritious food supply, fortification of foods, micronutrient supplementation, treatment of severe malnutrition, etc. UNICEF study (UNICEF's approach to scaling up nutrition: for mothers and their children, 2015) highlights that “Nutrition-specific interventions, if scaled and utilized, can significantly reduce stunting, micronutrient deficiencies and wasting as well as the risk of overweight and obesity. These interventions largely focus on women, particularly pregnant and lactating women, and children under 2 years of age, in the most disadvantaged population.”<sup>4</sup>. The

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<sup>4</sup> Bhutta ZA, Das JK, Rizvi A, et al. (2013) Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? Lancet 382: 452-477

nutrition series of Lancet 2013 also highlights that stunting can be reduced by 20% if these interventions are delivered at 90% coverage<sup>5</sup>.

**Part B – Nutrition Sensitive:** This section comprises schemes and programmes that indirectly impact the nutrition journey and contribute to the improvement of nutrition security in the state. Enhancing the household and community environment in which children develop and grow, and increasing the effectiveness, coverage and scale of nutrition-specific interventions can help accelerate the progress towards improved nutrition<sup>6</sup>. A 2013 LANCET study defines Nutrition Sensitive interventions as *“Interventions which address the underlying determinants of foetal and child nutrition and development—food security; adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment and incorporate specific nutrition goals and actions. Nutrition Sensitive programmes can serve as delivery platforms for Nutrition Specific interventions, potentially increasing their scale, coverage, and effectiveness.”* This includes interventions that lead towards nutrition, such as agriculture, clean water and sanitation, education and employment, healthcare, support for resilience, and women’s empowerment, etc.

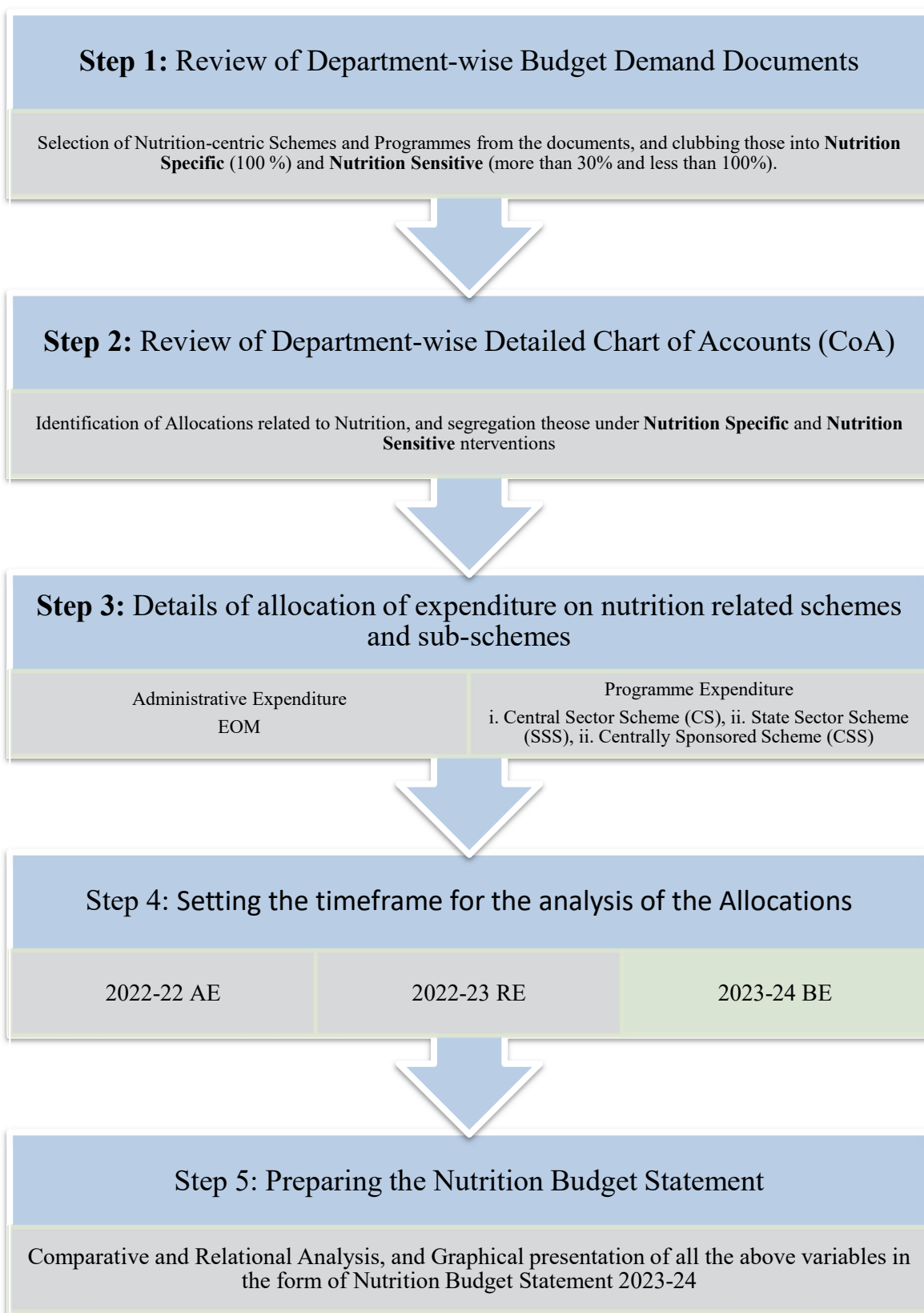
Moreover, the approved programme implementation plans under NHM for the years 2020-21, 2021-22 and 2022-23 have been reviewed, and Nutrition Specific interventions within these are placed in Annexure III. However, for methodological issues, they are not clubbed in the analysis and presentation of Nutrition budget placed in this document.

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<sup>5</sup> See Bhutta et al., 2013 and CBGA (2017) for details

<sup>6</sup> Ruel M, Alderman T. (2013) Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? The Lancet 382:536-551

## STEPS INVOLVED IN THE NUTRITION BUDGETING PROCESS

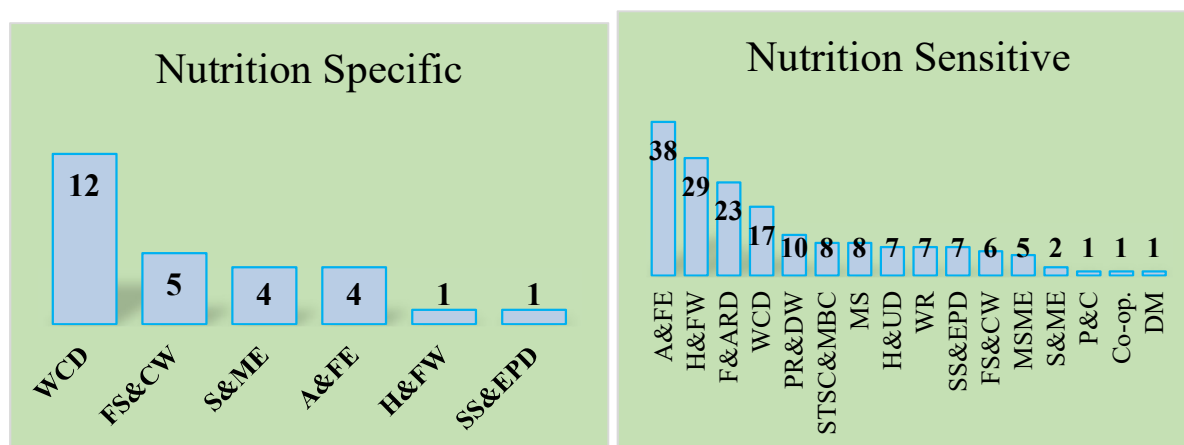


### CHAPTER III: STATE'S COMMITMENTS TOWARDS NUTRITION

The term 'Nutrition Budget' means allocating funds by the government to accelerate the nutritional status of the people. It is an effective mechanism that helps the government incorporate nutritional outcomes through its development schemes and programmes. The Government of Odisha is the first among the Indian states to introduce the Nutrition Budget Statement in the state budget 2020-21, making it a separate budget document on nutritional schemes, programmes, and their outlays. Accordingly, the state has prioritised nutrition by incorporating budgetary allocations to achieve its nutritional goals. The statement is divided into two segments disaggregating the state's nutrition schemes and programmes as Nutrition-Specific and Nutrition-Sensitive, following the globally accepted nutrition framework. The Government of Odisha has implemented 27 Nutrition Specific and 170 Nutrition Sensitive Schemes and Programmes in 2023-24 BE (Figure-3.1).

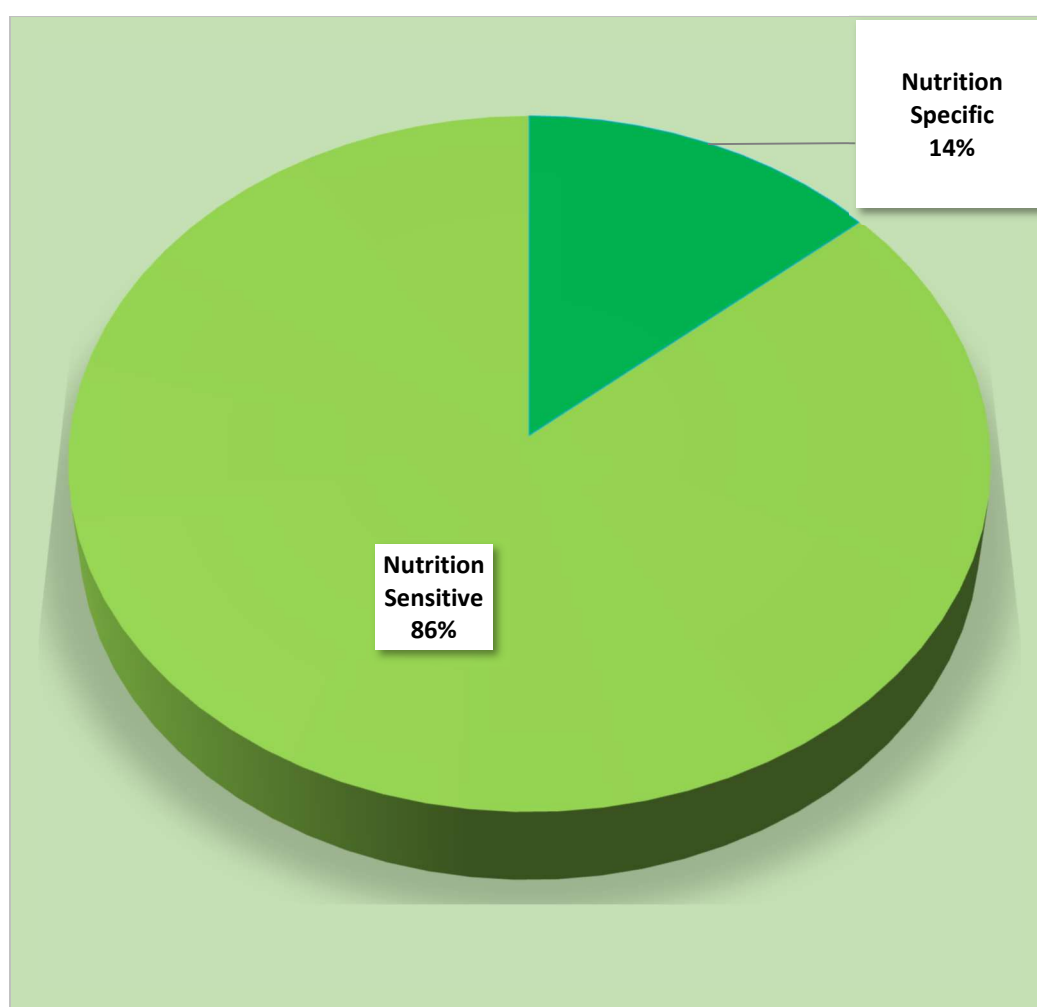
**Figure 3.1** reveals that there are 6 departments for nutrition-specific and 16 departments for nutrition-sensitive schemes and programmes as per 2023-24 BE. Among these, the largest number of nutrition-specific schemes and programmes are implemented by the Department of Women and Child Development (12), followed by the Food Supply and Consumer Welfare (5) and School and Mass Education (4) departments. Likewise, the highest number of nutrition-sensitive schemes and programmes are under the Department of Agriculture and Farmers' Empowerment (38), followed by Health and Family Welfare (29) and the Fisheries and Animal Resources Department (23).

**Figure 3.1: Distribution of Schemes and Programmes across Departments**



**Figure 3.2** reveals the share of Schemes and Programmes based on the Nutrition-Specific and Nutrition-Sensitive components. The Nutrition-Sensitive components comprise 86.29% share while Nutrition-Specific components include 13.71% share of total schemes and programmes for nutrition in 2023-24 BE.

**Figure 3.2: Shares of Schemes and Programmes in terms of Nutrition Specific and Nutrition Sensitive Components**

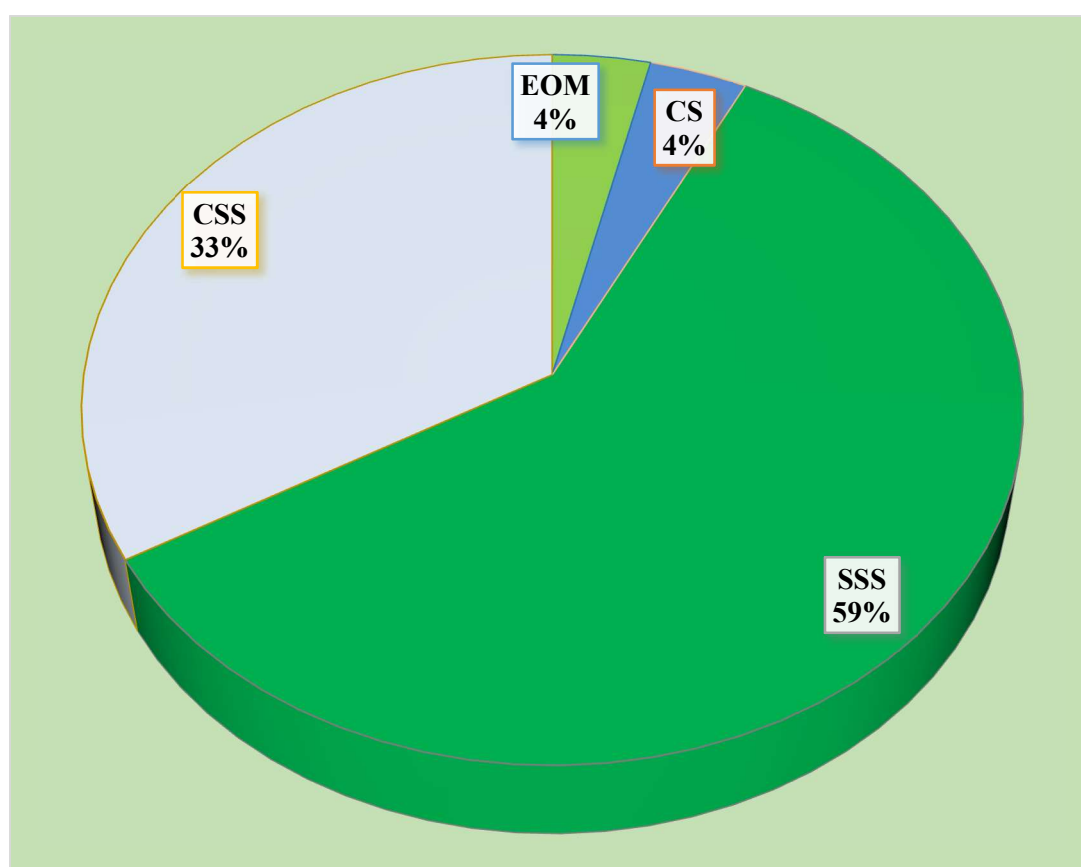


**Figure 3.3** shows the distribution of Nutrition-Specific schemes and programmes in terms of Central Sector Schemes (CS), State Sector Schemes (SSS), Centrally Sponsored Schemes (CSS), and Establishment, Operations, and Management (EOM) for 2023-24 BE. As per the estimates, 16 schemes and programmes share 59.26% of total schemes and programmes. Under CSS, 9 schemes and programmes have been sorted, representing 33.33% of the total. However,



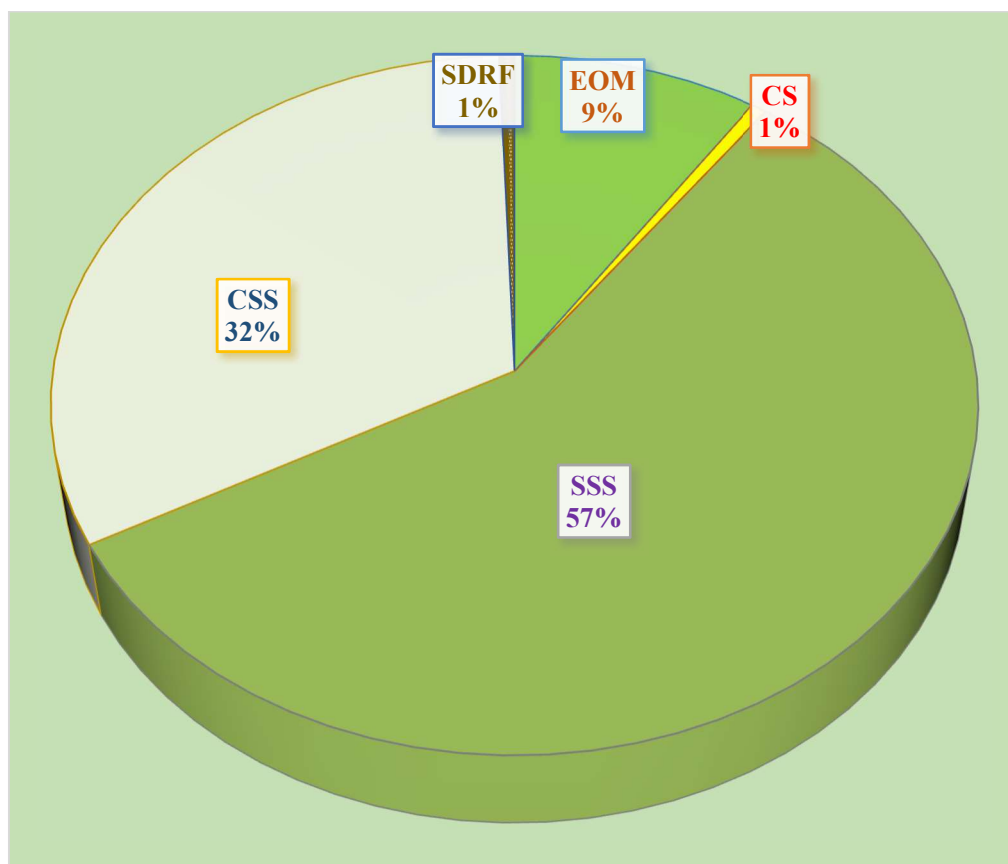
there is 1 scheme under CS and EOM each, which is 3.70% of total schemes and programmes in Nutrition Specific interventions.

**Figure 3.3: Distribution of Nutrition Specific Schemes and Programmes in terms CS, SSS, CSS and EOM**



**Figure 3.4** shows the distribution of Nutrition-Sensitive schemes and programmes in terms of Sector Scheme (CS), State Sector Schemes (SSS), Centrally Sponsored Schemes (CSS) and Establishment, Operations and Management (EOM). As per the BE 2023-24, the SSS covers the significant shares of distribution (57.06%) with 97 numbers schemes and programmes followed by CSS (32.35%) with 55 numbers, EOM (9.41%) with 16 numbers, CS (0.59%) and DRF (0.59%) with 1 of the scheme each.

**Figure 3.4: Distribution of Nutrition Sensitive Schemes and Programmes in terms CS, SSS, CSS, EOM and SDRF**



**Table 3.1** depicts the department-wise distribution of expenditure on nutrition based on specific and sensitive components for the three budget periods. The total expenditure on nutrition-specific components in 2023-24 (Rs 740308.79 Lakh) has increased from 2021-22 AE and 2022-23 RE. Moreover, this component has an increment of 36.87% for 2023-24 BE compared to 2022-23 BE (Rs. 540872.39 Lakh). Conversely, the total expenditure on nutrition-sensitive components has steadily increased from 2021-22 AE to 2022-23 RE and 2023-24 BE. It has increased by 27.14 % from 2022-23 BE.

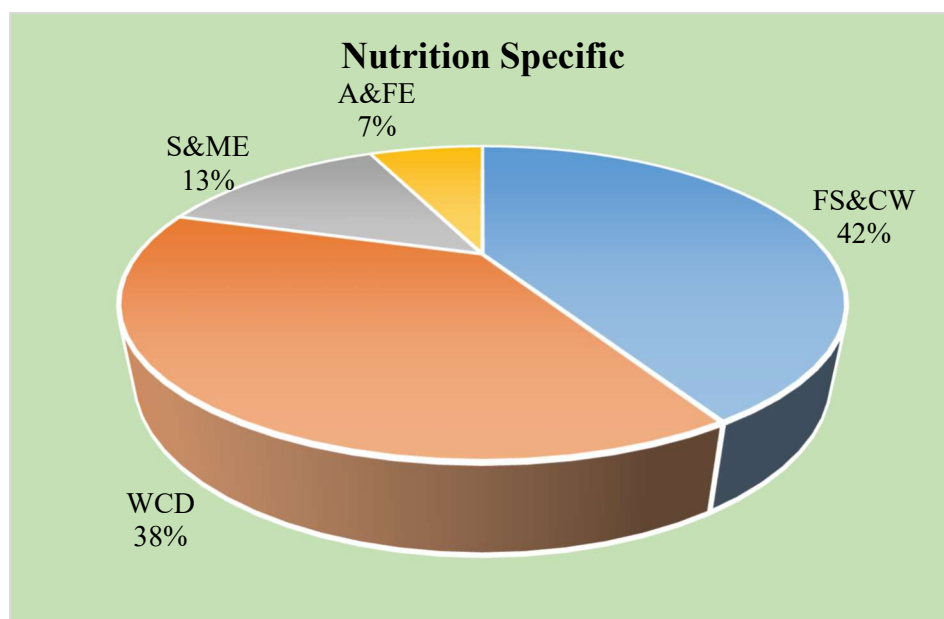
As per the budget estimates for 2023-24, the total amount of nutrition-specific expenditure stands at Rs. **740308.79** Lakh, while nutrition-sensitive expenditure gives a picture of Rs. **4555578.81** Lakh. Among the departments, FS&CW covers 307588.43 Lakh followed by WCD (281720.83 Lakh) and S&ME (100294.76 Lakh) in nutrition-specific components. Similarly, PR&WD has been allocated in nutrition-sensitive components with Rs. 1389898.17 Lakh followed by H&FW with Rs. 1039049.93 Lakh and A&FE 451872.74 Lakh.

**Table 3.1: Department-wise Distribution of Allocation on Nutrition (Rs. in Lakh)**

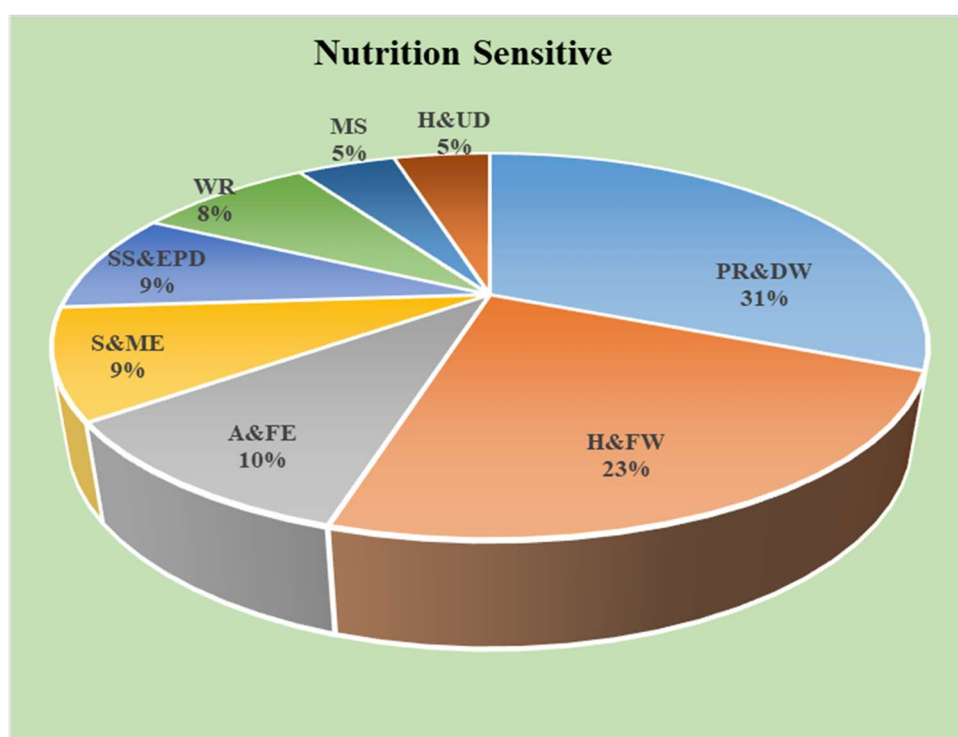
Departments	2021-22 (AE)	2022-23 (RE)	2023-24 (BE)
<b>Nutrition Specific</b>			
WCD	278400.05	292933.17	281720.83
FS&CW	207679.20	124242.24	307588.43
S&ME	83258.43	98040	100294.76
A&FE	21140.28	37160.79	50704.74
H&FW	0.00	100.00	0.01
SS&EPD	0.00	518.00	0.02
<b>Total</b>	<b>590477.96</b>	<b>552994.20</b>	<b>740308.79</b>
<b>Nutrition Sensitive</b>			
A&FE	241925.76	286179.44	451872.74
H&FW	645758.33	772679.70	1039049.93
F&ARD	35951.61	8114.57	22087.90
WCD	36888.08	24679.64	28244.73
PR&DW	854366.45	1030441.69	1389898.17
STSC&MBC	8207.04	21751.08	20300.44
MS	0	182420	208433.07
H&UD	92302.36	188123.94	204624.51
WR	155177.56	359194.82	368782.54
SS&EPD	295607.82	327789.31	378488.32
FS&CW	3736.98	4739.45	5326.83
MSME	1612.94	6590.00	20750.02
S&ME	161161.78	322482.27	407284.39
P&C	0.00	0.02	541.06
Co-op.	14394.41	10503.67	9894.07
DM	0.00	0.09	0.09
<b>Total</b>	<b>2547091.12</b>	<b>3545689.69</b>	<b>4555578.81</b>

Further, the department-wise shares of the nutrition-specific and nutrition-sensitive budget are shown in **Figure 3.5** and **Figure 3.6**, respectively. FS&CW shares 41.55% of the total budget in nutrition-specific components,, WCD shares 38.05%, and S&ME shares 13.55% (figure 3.5). Likewise, in nutrition-sensitive components, PR&WD has the highest share (30.51 %), followed by H&FW (22.81%) and A&FE (9.92%).

**Figure 3.5: Department-wise Shares of Nutrition Specific Allocation (in %)**



**Figure 3.6: Department-wise Shares of Nutrition Sensitive Allocation (Top 8 Departments) in %**



Additionally, the distribution of types of nutrition expenditure in terms of Establishment, Operations, and Management (EOM), Central Sector Scheme (CS), State Sponsored Schemes (SSS), Centrally Sponsored Schemes (CSS), and Disaster Response Fund (DRF) has been

shown in **Table 3.2**. The SSS allocates the highest amount of nutrition-specific expenditure, i.e., Rs 429478.31 Lakh, followed by CSS's allocation of Rs 310130.53 Lakh in 2023-24 BE. In the same way, SSS receives the major chunk of expenditure Rs 2537837.11 Lakh in nutrition-sensitive components, next to which SSS and EOM allocate Rs 1985079.95 Lakh and Rs 32661.65 Lakh, respectively.

**Table 3.2: Distribution of Different Types of Allocation on Nutrition (in Rs. Lakh)**

Nutrition Specific			
Types of Expenditure	2021-22 (AE)	2022-23 (RE)	2023-24 (BE)
EOM	565.64	884.15	699.94
CS	0.00	68.00	0.01
SSS	313197.62	245517.04	429478.31
CSS	276714.7	306525.01	310130.53
<b>Total</b>	<b>590477.96</b>	<b>552994.20</b>	<b>740308.79</b>
Nutrition Sensitive			
Types of Expenditure	2021-22 (AE)	2022-23 (RE)	2023-24 (BE)
AE - EOM	23578.24	29964.45	32661.65
PE - CS	0	0.01	0.01
PE - SSS	1087459.56	1543152.02	2537837.11
PE - CSS	1436053.32	1972573.12	1985079.95
DRMF - SDRF	0	0.09	0.09
<b>Total</b>	<b>2547091.12</b>	<b>3545689.69</b>	<b>4555578.81</b>

**Table 3.3** illustrates the share of nutrition to total Government expenditure of the state for the three financial years. As per the 2023-24 BE, nutrition-specific components account for a 3.46 % share of the total expenditure, while nutrition-sensitive components comprise 21.32%. The total share of expenditures (Specific and Sensitive on Nutrition) to Total Expenditure (State's Total Budget) is 24.78 % in 2023-24 BE.

**Table 3.3: Shares of Allocation on to State's Total Budget (in %)**

Shares of Allocations for Nutrition to State's Total Budget (in %)			
Years	Specific	Sensitive	Total
2021-22 AE	4.60	19.85	24.45
2022-23 RE	2.96	19.00	21.97
2023-24 BE	3.46	21.32	24.78

**Table 3.4** describes the share of nutrition expenditure to the total Gross State Domestic Product at the current price. According to 2023-24 BE, the nutrition-specific components constitute 0.86 % share, while nutrition-sensitive components include 5.29% share of the total GSDP. Overall, the share of total nutrition expenditure to the GSDP is 6.15 %.

**Table 3.4: Shares of Allocation on to GSDP (in %)**

Shares of Allocations for Nutrition to GSDP (in %)			
Years	Specific	Sensitive	Total
2021-22 AE	0.89	3.85	4.74
2022-23 RE	0.72	4.63	5.35
2023-24 BE	0.86	5.29	6.15

The state's commitment to improved nutrition has visibly reflected in its current budgetary provision. The allocations of public expenditures have a higher concentration on nutrition-centric schemes and programmes. Besides, the Government of Odisha has carried out various affirmative policy measures for scaling up nutrition in the post-COVID-19 scenario. The total allocation for nutrition has been increased to Rs 5295887.6 Lakh in 2023-24 BE from Rs 4123962.99 Lakh in 2022-23 BE, showing a hike of 28.42 % that can certainly outline Odisha's take on bringing provision of Nutrition in post-pandemic period.

The allocation in 2023-24 BE is more in Nutrition-Specific schemes and programmes like Public Distribution System (Revolving Fund for Paddy Procurement) with Rs 200000.00 Lakh, Public Distribution System with Rs 107588.38 Lakh, Supplementary Nutrition Programme (Saksham Anganwadi and POSHAN 2.0) with Rs. 104300.00 Lakh, and PM POSHAN with Rs. 90000.00 Lakh. The major allocation for Nutrition-Sensitive initiatives are Jal Jeevan Mission with Rs. 575000.00 Lakh, Buxi Jagabandhu Assured Water Supply to Habitations (BASUDHA) with Rs 754781.41 Lakh, Biju Swasthya Kalyana Yojana (Rs. 394686.06 Lakh). In this way, higher allocation of public expenditures on both Nutrition Specific and Sensitive schemes and programmes through these effective initiatives would certainly provide better nutrition to the people of the state.

## ANNEXURE

<b>Part-A: Nutrition Specific Schemes and Programmes (Rs. in Lakh)</b>					
<b>Sl. No.</b>	<b>Scheme Name</b>	<b>Exp. type</b>	<b>2021-22 (Actual)</b>	<b>2022-23 (RE)</b>	<b>2023-24 (BE)</b>
<b>Food Supplies and Consumer Welfare Department</b>					
1	2337 - Subsidy to OSCSC for Annapurna under NSAP	PE - CSS	126.26	115.90	0.03
2	2799 - Public Distribution System	PE - SSS	207505.10	124058.33	107588.38
3	2799 - Public Distribution System	PE - CSS	47.84	0.01	0.01
4	2799 - Public Distribution System - 78826 - Revolving fund for Paddy Procurement	PE - SSS	0.00	0.00	200000.00
5	3430 - Integrated Management of Public Distribution System(IM-PDS)	PE - CS	0.00	68.00	0.01
	<b>Total</b>		<b>207679.20</b>	<b>124242.24</b>	<b>307588.43</b>
<b>School and Mass Education Department</b>					
1	0900 - Mid-Day Meals	PE - SSS	5576.60	0.00	0.00
2	0900 - Mid-Day Meals	PE - CSS	77681.83	0.00	0.00
3	3581 - PM POSHAN	PE - SSS	0.00	9040.00	10294.76
4	3581 - PM POSHAN	PE - CSS	0.00	89000.00	90000.00
	<b>Total</b>		<b>83258.43</b>	<b>98040.00</b>	<b>100294.76</b>
<b>Health and Family Welfare Department</b>					
1	3606 - Special Campaign for reduction of Mortality rate ( Maternal, Neonatal, Anaemic etc.)	PE - SSS	0.00	100.00	0.01
	<b>Total</b>		<b>0.00</b>	<b>100.00</b>	<b>0.01</b>
<b>Department of Agriculture and Farmers' Empowerment</b>					
1	3231 - Special Programme for Promotion of Millets in Tribal Areas	PE - SSS	21140.28	36160.79	0.00

2	3596 - Innovative Agroforestry for Food and Nutrition Security	PE - SSS	0.00	1000.00	0.00
3	3720 - Odisha Millet Mission - 18086 - Special Programme for Promotion of Millets	PE - SSS	0.00	0.00	49704.74
4	3724 - Soil Conservation & Watershed Management - 20051 - Innovative Agroforestry for Food and Nutrition Security	PE - SSS	0.00	0.00	1000.00
	<b>Total</b>		<b>21140.28</b>	<b>37160.79</b>	<b>50704.74</b>
<b>Department of Women &amp; Child Development</b>					
1	0481 - Feeding Programme	AE - EOM	565.64	884.15	699.94
2	2678 - Conditional cash transfer for Pregnant women (MAMATA)	PE - SSS	27747.27	23340.18	21891.25
3	3259 - State support to ICDS	PE - SSS	45641.47	41802.72	38063.13
4	3410 - Strategy for Odishas Pathway to Accelerated Nutrition (SOPAN)	PE - SSS	5055.85	8611.00	0.00
5	3447 - Nutrition Governance	PE - SSS	0.00	100.00	150.00
6	3448 - Supply of subsidised Rice	PE - SSS	324.27	386.00	386.00
7	3450 - State Support to ICDS - Training	PE - SSS	206.78	400.02	400.02
8	3513 - Saksham Anganwadi and POSHAN 2.0	PE - CSS	150702.73	87249.43	86462.86
9	3516 - Scheme for Adolescent Girls (Nutrition)	PE - CSS	240.88	200.00	11913.54
10	3553 - POSHAN 2.0 (Sakshyam anganwadi and POSHAN 2.0)	PE - CSS	16052.91	18640.07	17454.07
11	3554 - National creche scheme (Sakshyam anganwadi and POSHAN 2.0)	PE - CSS	0.00	0.00	0.02
12	3560 - Supplementary nutrition programme (Sakshyam anganwadi and POSHAN 2.0)	PE - CSS	31862.25	111319.60	104300.00
	<b>Total</b>		<b>278400.05</b>	<b>292933.17</b>	<b>281720.83</b>
<b>Department of Social Security &amp; Empowerment of Persons with Disability</b>					
1	3448 - Supply of subsidised Rice	PE - SSS	0.00	518.00	0.02
	<b>Total</b>		<b>0.00</b>	<b>518.00</b>	<b>0.02</b>
	<b>Total (Part A)</b>		<b>590477.96</b>	<b>552994.20</b>	<b>740308.79</b>



<b>Part-B: Nutrition Sensitive Schemes and Programmes (Rs. in Lakh)</b>					
<b>Sl. No</b>	<b>Scheme Name</b>	<b>Exp. type</b>	<b>2021-22 (Actual)</b>	<b>2022-23 (RE)</b>	<b>2023-24 (BE)</b>
<b>Food Supplies and Consumer Welfare Department</b>					
1	1162 - Rationing and supply of Food Grains	AE - EOM	3611.45	4431.76	4458.33
2	1341 - State Consumer Protection Commission	AE - EOM	0.00	0.00	5.00
3	3087 - Odisha State Food Commission	AE - EOM	125.53	257.68	247.76
4	3087 - Odisha State Food Commission	PE - CS	0.00	0.01	0.01
5	3479 - Social Audit Under NFSA	PE - SSS	0.00	50.00	535.00
6	3683 - State CDR Commission	PE - SSS	0.00	0.00	80.73
	<b>Total</b>		<b>3736.98</b>	<b>4739.45</b>	<b>5326.83</b>
<b>School and Mass Education Department</b>					
1	3380 - State Support for Samagra Shiksha	PE - SSS	0.00	436.68	30000.01
2	3381 - Samagra Shiksha	PE - CSS	161161.78	322045.59	377284.38
	<b>Total</b>		<b>161161.78</b>	<b>322482.27</b>	<b>407284.39</b>
<b>Scheduled Tribes &amp; Scheduled Castes Development, Minorities &amp; Backward Classes Welfare Department</b>					
1	0047 - Ashram School	AE - EOM	4677.51	6792.80	6829.77
2	0047 - Ashram School	PE - SSS	254.53	478.00	495.15
3	0047 - Ashram School	PE - CSS	0.00	0.02	0.02
4	2255 - Multi-sector Development Programme	PE - CSS	0.00	0.04	0.04
5	3383 - Pradhan Mantri Jan Vikash Karyakarm	PE - CSS	3275.00	2196.02	500.02
6	3570 - Kalinga Model Residential Schools (KMRS)	AE - EOM	0.00	440.18	315.98
7	3571 - Biju Pattanaik Adarsh Vidyalaya (BPAV)	AE - EOM	0.00	166.27	159.45
8	3642 - Pradhan Mantri Adi Adarsh Grama Yojana(PMAAGY)	PE - CSS	0.00	11677.75	12000.01
	<b>Total</b>		<b>8207.04</b>	<b>21751.08</b>	<b>20300.44</b>
<b>Health and Family Welfare Department</b>					
1	0106 - Capital Hospital, Bhubaneswar	PE - SSS	70.32	85.02	90.02

2	0253 - Dental College, Cuttack	PE - SSS	4.00	10.00	10.00
3	0646 - Hospital and Dispensaries	PE - SSS	257.95	258.25	753.25
4	0725 - Institute of Paediatrics, Cuttack	PE - SSS	24.01	37.01	37.01
5	0886 - Maternity and Child Welfare Centres	AE - EOM	964.41	1206.73	1227.83
6	0888 - Medical College Hospital, Berhampur	PE - SSS	41.65	73.18	73.18
7	0889 - Medical College Hospital, Burla	PE - SSS	126.97	140.76	130.01
8	0890 - Medical College Hospital, Cuttack	PE - SSS	234.53	315.82	238.61
9	0897 - Medical Institution of Malkangiri Zone	PE - SSS	0.00	0.03	0.03
10	0898 - Medical Institution of Umerkote Zone	PE - SSS	0.00	0.01	0.01
11	1016 - Other Hospitals	PE - SSS	1100.00	1100.02	1100.02
12	1092 - Primary Health Centre	PE - SSS	0.00	0.06	0.06
13	1447 - T.B. Control Programme	PE - SSS	0.00	0.01	0.01
14	2190 - National Rural Health Mission	PE - CSS	254598.14	129406.01	0.00
15	24002 - Diet	PE - SSS	3716.49	7259.66	7116.64
16	2943 - National Health Mission	PE - CSS	0.00	54334.16	191064.24
17	3045 - Food Safety Programme	PE - SSS	517.09	484.00	532.00
18	3176 - Medical College Hospital, Puri	PE - SSS	0.00	0.02	0.02
19	3178 - Medical College Hospital, Koraput	PE - SSS	22.24	50.01	28.51
20	3180 - Medical College Hospital, Baripada	PE - SSS	20.77	50.01	50.01
21	3182 - Medical College Hospital, Balasore	PE - SSS	5.50	15.01	2.51
22	3184 - Medical College Hospital, Bolangir	PE - SSS	17.26	50.01	50.01
23	3215 - Rashtriya Swasthya Suraksha Yojana	PE - CSS	0.00	0.06	0.06
24	3261 - Mukhya Mantri Swasthya Seva Mission	PE - SSS	173031.18	210585.57	300300.00
25	3313 - NIRMAL	PE - SSS	37000.00	53807.77	64569.32
26	3317 - National Urban Health Mission	PE - CSS	3493.28	0.05	0.00
27	3384 - Biju Swasthya Kalyana Yojana	PE - SSS	170512.54	313410.40	394686.06
28	3660 - Strengthening of Tertiary Care Cancer Facilities under NPCDCS	PE - CSS	0.00	0.06	1990.51
29	3691 - Ama Hospital	PE - SSS	0.00	0.00	75000.00
	<b>Total</b>		<b>645758.33</b>	<b>772679.70</b>	<b>1039049.93</b>

Housing and Urban Development Department					
1	0941 - Maintenance and repair of water supply and sanitary Installations	AE - EOM	6385.54	7276.96	8030.45
2	1557 - Water Supply and Sanitary Installations	AE - EOM	5354.28	6269.67	7197.03
3	1561 - Water Supply in Urban Areas	PE - SSS	19744.00	46912.53	26168.43
4	2613 - AMRUT	PE - CSS	1310.00	60132.10	99567.19
5	2916 - National Urban Livelihood Mission	PE - CSS	2238.67	2082.57	1000.00
6	3221 - Swachha Bharat Mission (SBM) - Urban	PE - CSS	26773.51	25000.09	23000.00
7	3249 - Buxi Jagabandhu Assured Water Supply to Habitations (BASUDHA)	PE - SSS	30496.36	40450.02	39661.41
	<b>Total</b>		<b>92302.36</b>	<b>188123.94</b>	<b>204624.51</b>
Planning and Convergence Department					
1	0114 - Census of Minor Irrigation and Statistics	PE - CSS	0.00	0.02	541.06
	<b>Total</b>		<b>0.00</b>	<b>0.02</b>	<b>541.06</b>
Panchayati Raj and Drinking Water Department					
1	1872 - National Rural Employment Guarantee Scheme	PE - CSS	247398.45	199000.00	164000.00
2	2245 - NREGS Head Quarter Cell	PE - CSS	67.46	239.48	207.30
3	2950 - National Rural Livelihood Mission (NRLM)	PE - CSS	108552.41	0.10	0.00
4	3013 - National Rural Livelihood Mission (NRLM) Head Quarters Cell	PE - CSS	193.26	894.40	490.81
5	3227 - Revolving Fund for MGNREGS wages	PE - SSS	0.00	100000.00	100000.00
6	3235 - Swachha Bharat Mission (SBM) - Gramin	PE - CSS	0.00	0.06	0.06
7	3249 - Buxi Jagabandhu Assured Water Supply to Habitations (BASUDHA)	PE - SSS	92963.55	95000.00	615120.00
8	3250 - Buxi Jagabandhu Assured Water Supply to Habitations (BASUDHA) under RIDF	PE - SSS	76724.27	75307.65	100000.00
9	3438 - Jal Jeevan Mission	PE - CSS	328467.05	510000.00	575000.00
10	3644 - State Support to MGNREGS	PE - SSS	0.00	50000.00	50000.00
	<b>Total</b>		<b>854366.45</b>	<b>1030441.69</b>	<b>1389898.17</b>
Water Resources Department					
1	2160 - Accelerated Irrigation Benefit Programme (AIBP)	PE - CSS	141412.15	297082.92	184656.83
2	2725 - Medium Irrigation Project	PE - SSS	1489.58	29780.86	10393.66
3	2951 - Water Sector Infrastructure Development Programme (WSIDP)	PE - SSS	9909.57	20753.19	136802.04
4	3302 - Gangadhara Meher Lift Canal System	PE - SSS	0.00	0.00	35000.00

5	3458 - Major Irrigation Project	PE - SSS	2366.26	3942.90	1930.00
6	3562 - Rural Infrastructure Assistance to State Government (RIAS)	PE - SSS	0.00	7634.94	0.00
7	3565 - Micro Irrigation Fund (MIF)	PE - SSS	0.00	0.01	0.01
	<b>Total</b>		<b>155177.56</b>	<b>359194.82</b>	<b>368782.54</b>
<b>Department of Agriculture and Farmers' Empowerment</b>					
1	0987 - O.U.A.T., Bhubaneswar	AE - EOM	0.00	0.00	803.59
2	1751 - Implementation of Horticultural Prog. in Non-Horticulture Mission District	PE - SSS	296.72	521.00	0.00
3	1862 - Micro Irrigation (Horticulture)	PE - SSS	4367.00	5000.00	0.00
4	1957 - Development of Potato Vegetables & Spices	PE - SSS	10575.00	7140.00	0.00
5	2163 - Rashtriya Krushi Vikas Yojana (RKVY)	PE - CSS	8262.66	30000.00	30615.20
6	2183 - Strengthening of School of Horticulture	PE - SSS	100.00	205.00	0.00
7	2562 - Innovative Projects	PE - SSS	0.00	0.00	1500.00
8	2607 - Development of Agriculture firms	PE - SSS	1000.00	1000.00	0.00
9	2907 - Horticulture Mission Plus	PE - SSS	525.00	601.00	0.00
10	2958 - Organic Farming(Horticulture)	PE - SSS	0.00	1500.00	0.00
11	3056 - State Patoto Mission	PE - SSS	300.00	300.00	0.00
12	3064 - Pradhan Mantri Krishi Sinchai Yojana (PMKSY)	PE - CSS	0.00	27200.25	22567.40
13	3148 - Paramparagat Krishi Vikash Yojana (PKVY)	PE - CSS	0.00	2643.36	2600.00
14	3320 - Farmers Welfare - KALIA	PE - SSS	206028.55	145789.66	0.00
15	3342 - National Project on Soil Health & Fertility	PE - CSS	0.00	4583.00	0.06
16	3345 - Pradhan Mantri Krishi Sinchai Yojana (PMKSY) - Per Drop More Crop	PE - CSS	4525.10	18000.00	19987.00
17	3387 - National Food Security Mission (NFSM) - Other Crops	PE - CSS	5062.40	18601.75	10096.19
18	3388 - National Food Security Mission (NFSM) - Oil Seeds and Oil Palm	PE - CSS	675.00	1200.00	1000.00
19	3441 - Rejuvenating Watershed for Agricultural Resilience through Innovative Development (REWARD)	PE - SSS	0.00	7000.00	0.00
20	3538 - National Food Security Mission-Oilseeds	PE - CSS	208.33	3775.00	2409.00
21	3565 - Micro Irrigation Fund (MIF)	PE - SSS	0.00	0.01	0.02
22	3566 - SIDBI Cluster Developement Fund (SCDF)	PE - SSS	0.00	0.01	0.03
23	3591 - Crop Diversification Programme	PE - SSS	0.00	10619.40	34178.40

24	3595 - Empowerment of women in Agriculture - 20047 - Promotion of Entrepreneurship for Women SHG (including Mission on Floriculture & Mushroom )	PE - SSS	0.00	0.00	10000.00
25	3608 - Training and Capacity Building	PE - SSS	0.00	500.00	0.00
26	3714 - Crop Production Management	PE - SSS	0.00	0.00	4227.30
27	3718 - Harnessing Irrigation Potential	PE - SSS	0.00	0.00	30000.00
28	3719 - Farmers Welfare	PE - SSS	0.00	0.00	0.03
29	3719 - Farmers Welfare - 20045 - Farmers Welfare - KALIA	PE - SSS	0.00	0.00	187893.00
30	3721 - Promotion of Crop Specific Clusters in Horticulture	PE - SSS	0.00	0.00	16580.68
31	3721 - Promotion of Crop Specific Clusters in Horticulture - 18092 - Special Fruit Specific Scheme	PE - SSS	0.00	0.00	1539.36
32	3722 - Development & Management of Farms/ Nurseries	PE - SSS	0.00	0.00	2860.00
33	3723 - State Top up Assistance for Horticultural Intervention	PE - SSS	0.00	0.00	5500.60
34	3724 - Soil Conservation & Watershed Management	PE - SSS	0.00	0.00	8000.00
35	3725 - Coffee Mission - 22093 - Coffee Plantation for sustainable Livelihoods	PE - SSS	0.00	0.00	12650.00
36	3726 - Development of OUAT	PE - SSS	0.00	0.00	16564.88
37	3727 - National Mission on Natural Farming	PE - CSS	0.00	0.00	4000.00
38	3728 - Agriculture Input Management	PE - SSS	0.00	0.00	26300.00
	<b>Total</b>		<b>241925.76</b>	<b>286179.44</b>	<b>451872.74</b>
<b>Fisheries &amp; Animal Resources Development Department</b>					
1	0248 - Demonstration and Development of Inland Fisheries	AE - EOM	754.86	992.85	990.80
2	0821 - Live Stock Breeding- cum-Dairy Farm	AE - EOM	595.50	681.04	665.13
3	0989 - Off-shore Fisheries	AE - EOM	410.91	466.68	427.84
4	1075 - Poultry Breeding Farm	AE - EOM	640.41	723.99	665.65
5	1383 - Strengthening of Dairy Organisation	PE - SSS	1516.24	0.00	0.00
6	2490 - Encouragement of commercial poultry entrepreneurs and backyard poultry production	PE - SSS	5548.68	0.00	0.00
7	2755 - Matshyajibi Unnayan Yojana	PE - SSS	199.97	0.00	0.00
8	2842 - Promotion of Intensive Aquaculture	PE - SSS	1470.59	0.00	0.00
9	3077 - Feed & Fodder Production in Different Agro-Climatic Zones for Utilisation for Livestock in Odisha	PE - SSS	493.33	0.00	0.00
10	3157 - Support to Private Goshala	PE - SSS	1500.00	0.00	0.00

11	3159 - White Revolution - Rashtriya Pashaudhan Vikash Yojana	PE - CSS	585.88	0.00	0.00
12	3170 - Implementation of Fisheries Policy	PE - SSS	2138.72	3750.01	860.02
13	3175 - Promotion of Reservoir Fishery Production	PE - SSS	300.00	0.00	0.00
14	3197 - Development of Fisheries in collaboration with International Institutions	PE - SSS	412.46	0.00	0.00
15	3265 - Integrated Development and Management of Fisheries	PE - CSS	13424.62	0.00	0.00
16	3266 - Machha Chasa Pain Nua Pokhari Khola Yojana	PE - SSS	1526.41	0.00	0.00
17	3337 - Integrated Livestock Development Programme	PE - SSS	3360.88	0.00	0.00
18	3338 - Support to OMFED-Incentive to Dairy Farmers of DCS	PE - SSS	1072.15	0.00	0.00
19	3617 - Animal Welfare Activities	PE - SSS	0.00	1500.00	2000.00
20	3621 - Poultry Development	PE - SSS	0.00	0.00	15675.23
21	3622 - Dairy Development	PE - SSS	0.00	0.00	320.75
22	3700 - Integrated Sample Survey (Salary)	PE - CSS	0.00	0.00	437.78
23	3701 - Integrated Sample Survey (Other Component)	PE - CSS	0.00	0.00	44.70
	<b>Total</b>		<b>35951.61</b>	<b>8114.57</b>	<b>22087.90</b>
<b>Co-operation Department</b>					
1	3320 - Farmers Welfare - KALIA	PE - SSS	14394.41	10503.67	9894.07
	<b>Total</b>		<b>14394.41</b>	<b>10503.67</b>	<b>9894.07</b>
<b>Department of Women &amp; Child Development</b>					
1	1902 - Repair/Addition/ Alteration of Anganwadi Centres and CDPO Office building (Non-Residential Buildings)	AE - EOM	57.84	57.84	186.97
2	1902 - Repair/Addition/ Alteration of Anganwadi Centres and CDPO Office building (Non-Residential Buildings)	PE - SSS	0.00	0.01	0.01
3	3192 - Biju Sishu Surakshya Yojana	PE - SSS	300.00	300.00	300.00
4	3192 - Biju Sishu Surakshya Yojana - 78774 - ASHIRBAD	PE - SSS	3500.00	5000.00	5200.00
5	3450 - State Support to ICDS - Training	PE - SSS	0.00	0.01	0.01
6	3451 - Mission Shakti Programme	PE - SSS	31584.00	0.00	0.00
7	3514 - Anganwadi Services - District Cell	PE - CSS	878.50	1101.42	1113.58
8	3515 - Anganwadi Services - Training Programme	PE - CSS	147.41	796.24	863.25
9	3517 - SAMBAL	PE - CSS	420.33	0.00	0.00
10	3555 - Adhaar enrolment kit (Sakshyam anganwadi and POSHAN 2.0)	PE - CSS	0.00	0.02	0.02

11	3556 - Equipment and furniture (Sakshyam anganwadi and POSHAN 2.0)	PE - CSS	0.00	1420.40	2580.36
12	3557 - Construction of AWC building (Sakshyam anganwadi and POSHAN 2.0)	PE - CSS	0.00	937.22	1724.40
13	3558 - Maintenance & repair of AWC buildings (Sakshyam anganwadi and POSHAN 2.0)	PE - CSS	0.00	1461.57	1492.53
14	3559 - Upgradation /Renovation of AWC building (Sakshyam anganwadi and POSHAN 2.0)	PE - CSS	0.00	10634.65	9884.96
15	3667 - Shakti Sadan (SAMARTHYA)	PE - CSS	0.00	2577.47	3777.44
16	3668 - State Hub for Empowerment of Women (SAMARTHYA)	PE - CSS	0.00	242.79	971.20
17	3671 - Palna (SAMARTHYA)	PE - CSS	0.00	150.00	150.00
	<b>Total</b>		<b>36888.08</b>	<b>24679.64</b>	<b>28244.73</b>
<b>Micro, Small &amp; Medium Enterprises Department</b>					
1	2329 - Subsidies for Small Scale Industries - 43053 - Prime Ministers Employment Generation Programme	PE - SSS	0.00	3000.00	1400.00
2	2329 - Subsidies for Small Scale Industries - 43061 - Subsidies under Food Processing Policy	PE - SSS	871.12	1400.00	2000.00
3	3113 - Promotion of MSME	PE - SSS	741.82	1749.99	16950.01
4	3113 - Promotion of MSME - 41613 - Financial Assistance to Food Testing Laboratories	PE - SSS	0.00	0.01	0.01
5	3389 - Agro food Processing and Value addition (Pilot) Programme-World Bank (EAP)	PE - SSS	0.00	440.00	400.00
	<b>Total</b>		<b>1612.94</b>	<b>6590.00</b>	<b>20750.02</b>
<b>Department of Social Security &amp; Empowerment of Persons with Disability</b>					
1	0959 - National Old age Pension to destitute	PE - CSS	85038.35	88498.01	88311.33
2	2097 - Madhubabu Pension for Destitute	PE - SSS	172450.37	179900.99	250125.94
3	2432 - Indira Gandhi National Disable Pension Scheme	PE - CSS	6737.97	7343.98	7681.28
4	2433 - Indira Gandhi National Widow Pension Scheme	PE - CSS	31145.61	32066.49	32069.74
5	2851 - Winter Allowance	PE - SSS	0.00	19429.84	0.03
6	3137 - Programmes and activities for Transgender	PE - SSS	235.52	250.00	0.00
7	3137 - Programmes and activities for Transgender	PE - CSS	0.00	300.00	300.00
	<b>Total</b>		<b>295607.82</b>	<b>327789.31</b>	<b>378488.32</b>
<b>Disaster Management</b>					
1	0043 - Arrangement for Drinking Water	DRMF - SDRF	0.00	0.09	0.09
	<b>Total</b>		<b>0.00</b>	<b>0.09</b>	<b>0.09</b>

Mission Shakti Department					
1	2916 - National Urban Livelihood Mission	PE - CSS	0.00	1048.00	0.00
2	2950 - National Rural Livelihood Mission (NRLM)	PE - CSS	0.00	90469.26	99579.81
3	3451 - Mission Shakti Programme	PE - SSS	0.00	77272.00	98883.00
4	3528 - National Rural Economic Transformation Project (NRETP)	PE - CSS	0.00	10910.59	7000.04
5	3529 - Start-up Village Entrepreneurship Programme (SVEP)	PE - CSS	0.00	1200.04	1200.04
6	3530 - Mahila Kisan Sashaktikaran Pariyojana (MKSP)	PE - CSS	0.00	0.06	0.06
7	3532 - Rural Self Employment Training Institutes (RSETIs)	PE - CSS	0.00	1320.05	1320.05
8	3567 - Department of Mission Shakti	AE - EOM	0.00	200.00	450.07
	<b>Total</b>		<b>0.00</b>	<b>182420.0</b>	<b>208433.07</b>
	<b>Total (Part B)</b>		<b>2547091.12</b>	<b>3545689.69</b>	<b>4555578.81</b>

**Snapshot of Budget Allocation**

Budget Allocation	2020-21 AE	2021-22 RE	2022-23 BE
Nutrition Specific Schemes (Part A)	590477.96	552994.20	740308.79
Nutrition Sensitive Schemes (Part B)	2547091.12	3545689.69	4555578.81
<b>TOTAL</b>	<b>3137569.08</b>	<b>4098683.89</b>	<b>5295887.60</b>



SL. No.	Part-C: Nutrition Specific Components under NHM PIP	2020-21	2021-22	2022-23
1	Adolescent girls & Eligible couples: Conduct at least one FGD with expectant/pregnant & lactating mothers on breast feeding & nutrition	565.76	581.46	529.6
2	Day celebration: Breast Feeding Week (Aug 1-7) & New-born Care Week (Nov 15-21) at State level	38.9	6.4	30.21
3	Vitamin A syrup: 9 months to 5-year Children	84.8	191.41	197.3
4	Printing for Micronutrient Supplementation Programme: Programme- Vitamin A Supplementation	30	30	30
5	Incentive for IDCF for prophylactic distribution of ORS to family with under-five children	48.34	0	0
6	IEC/BCC activities under CH: The Child Health IEC/BCC activities including Supplementary Nutrition & NRC	234.2	0	0
7	Printing of IEC Materials and monitoring formats for IDCF	6.3	0	0
8	Mid-Media activities: IDCF Campaign		0	0
9	Orientation on National Deworming Day	108.66	158.57	158.69
10	Mass Media Interventions - Special campaign for National Deworming Day (NDD)	74	52.2	55.5
11	Mid-Media activities: Special campaign for National Deworming Day (NDD)		17.28	17.28
12	Printing of IEC materials and reporting formats etc. for National Deworming Day	70	70	70
13	Incentive for National Deworming Day for mobilising out of school children	0	96.91	98.07
14	Albendazole tablets: De-worming during pregnancy	0	15.48	15.51
15	Albendazole Tablets under WIFS (10-19 yrs)	134.23	241.34	309.76
16	Albendazole Tablets for children (5-10 yrs)	0	149.99	152.55
17	IFA syrups (with auto dispenser) for children (6-60months)	0	747.69	840.87
18	IFA supplements for adolescents 10-19 years	218.01	355.37	365.98
19	IFA tablets (IFA WIFS Junior tablets- pink sugar coated) for children (5-10 yrs)	112.49	212.82	232.49

20	IEC/BCC activities under MH: Promoting consumption of IFA, Albendazole & Calcium among pregnant and lactating mothers, Intake of Misoprostol by home delivery cases for prevention of PPH & others health like HIV, Safe abortion etc.	112.96	128.57	132
21	IFA supplements for pregnant women and breastfeeding mothers of children 0-6 months	359.74	632.71	633.39
22	Calcium supplementation for pregnant women and breastfeeding mothers	319.53	1536	1536
23	Anaemia Mukht Bharat: Micronutrient Supplementation Programme	30	30	
24	PM activities under Micronutrient Supplementation Programme	3	3	3
25	Training on facility-based management of Severe Acute Malnutrition Printing for Micronutrient Supplementation Programme	0	0	
26	Breast Feeding Week: state, district and block		22	
27	ASHA Incentive under NIDDCP	7.2	7.2	8.08
28	Supply of Salt Testing Kit	77.74	5.78	
29	LT under NIDDCP		1.72	0
30	Management of IDD Monitoring Laboratory	1	1	1
31	IEC/BCC activities under NIDDCP	0	11	12
32	IDD Surveys/Re-surveys	2.25	3	3
33	Printing under WIFS -WIFS cards, WIFS registers, reporting format etc	2.5	Added in Row 4	74.82
34	Strengthening WIFS		Integrated in AMB	Integrated in AMB
35	Training of Peer educators (district level)		Requirement Saturated	3.16
36	Training of Peer educators (Block level)	174.3	Requirement Saturated	26.4
37	RBSK training-Training of mobile Health Team-Technical and managerial (5 days)	16.47	71.67	9.15

38	Antenatal screening of all pregnant women coming to the facilities in their first trimester for sickle cell trait, Beta Thalassemia, Haemoglobin variants esp. Haemoglobin E and Anemia	0	0	0
39	Line Listing and Follow up of severely anaemic women	3.11	20.25 (integrated with CH SNCU Follow up)	709.57
40	One-time screening to identify the carriers of sickle cell trait, Beta Thalassemia, Haemoglobin variants at school especially class 8 students	16.05	27.8	20.52
41	NRCs	567	603	744.2
42	Incentive for referral of SAM cases to NRC and for follow up of discharge SAM children from NRCs	18.75	12.96	0
43	Staff for NRC	863.13	915.62	2.24
44	One day refresher training at state level on strengthening NRCs for ADMO(M)/SDMO/MO I/c, HM/Jr. HM /BPM of Concerned NRC (50 existing NRC) 2 person from each NRC	0	1.12	9
	Two days NRC management training for NRC Medical Officers at State level.			
	Three days training for NRC Staff Nurses and ANM and NRC counselors cum Medical Social worker at State level (including refreshers)	0	1.8	10.5
	Half yearly one day State level Review Mos & NCs		2.1	15
45	4 days Trainings on IYCF for MOs, SNs, ANMs of all DPs and SCs (ToT, 4 days IYCF Trainings & 1-day Sensitisation on MAA Program)	45.29	1.26	139.64
	<b>Total</b>	<b>4345.71</b>	<b>6936.48</b>	<b>7196.48</b>