

Nutritional Policy Impediments in India's Tribal States of: Madhya Pradesh, Rajasthan, and Maharashtra



Executive Summary

Despite the existence of an assorted set of food security policies, malnutrition still presents a major humanitarian concern for many parts of India. What is needed is a unified nutritional policy that addresses, not only food availability and accessibility, but guidelines to comprehensively address the persistence of this malnutrition crisis. The following is a future-oriented analysis of India's efforts to end malnutrition and impediments to this goal. The first part of the report maps the existing policy frameworks and enforcing actors dedicated to tackling malnutrition in India, with a focus on the three states of Madhya Pradesh, Rajasthan and Maharashtra, where Action Against Hunger works. The second part of the report analyzes the heavy trends and critical drivers impacting the implementation of these policies: 78 selected factors or actors that range in scale (from the individual, to states, to the nation and on to the international system) and theme (from social, economic, and political).

The following scenario analysis identifies twelve of these impediments to treating malnutrition that were found to be of the greatest significance. Six are considered **'heavy trends'** as they will have a foreseeable impact through 2020, continuing to shape the policy implementation context as they do now. The other six are **'uncertainties'** because their plausible effect is not clearly defined over the next three years. How these uncertainties unfold will shape the future of nutritional policy implementation. By combining possible outcomes for each, we devise four scenarios that are presented in the final section of the report describing these possible futures.



Introduction

Malnutrition in India and the states of Maharashtra, Madhya Pradesh, and Rajasthan.

Despite rapid economic growth over the last decade, malnutrition still affects large portions of India's population.¹ In 2017, India's score on the Global Hunger Index (GHI) was estimated as "serious" (31.5).² India has one the world's highest prevalence of child wasting, a trend that has persisted for decades, which drags down its composite GHI score. In other areas though, progress has been made in recent decades such as reducing child stunting. India's GHI score has progressively decreased since 1992, when it was considered "alarming" (46.4).³

From 1992 to 2014, India has achieved strong declines in indicators associated with child malnutrition. International estimates have found that undernourishment has fallen from 22.2% to 15.3%, under five stunting from 57.1% to 38.7%, under five wasting from 21.1% to 15.1%, and under five mortality from 8.4% to 3.8%.⁴ Despite the progress made these numbers are still far too high, particularly for wasting. Given the population size of India, these percentages equate to millions of people. Around one-third of the global population of children suffering from growth and developmental problems related to malnutrition, are in India.⁵ The figures also vary widely across the country, with some regions being particularly impacted.

Table 1. Estimates of Prevalence of Malnutrition for Children Under 5 (%) from India's National Family Health Survey 4⁶

	Stunting	Wasting	Mortality
Maharashtra	34.4	25.6	2.9
Rajasthan	39.1	23.0	5.1
Madhya Pradesh	42.0	25.8	6.5
National	38.4	21.0	5.0

Malnutrition programming

The fight against malnutrition is a constitutional obligation enshrined in Article 47 of the Constitution of India, which states: *“the State shall regard raising the level of nutrition and standard of living of its people and improvement in public health among its primary duties.”* Based on this duty and the public good, the government has implemented a range of policies to address the malnutrition crisis. These policies depend on rapid economic growth, education and health as core areas of planning. In 2018, India will embark on its next Five-Year Plan developed, executed, and monitored by the newly created National Institution for Transforming India (NITI) Aayog (2014-present), a new body created by National Democratic Alliance (NDA)-led government in replacement of the Planning Commission (1951-2014).

The central components to the government’s nutritional policy are the Public Distribution System (PDS), Mid-Day Meal (MDM) scheme, and Integrated Child Development Services (ICDS) scheme. The PDS provides food and other staples at subsidized rates, to ensure food is accessible to the poor. The MDM program aims at improving nutritional conditions by providing free meals to young students (Class I to VIII) in government schools. The Integrated Child Development Services scheme is tasked with improving the nutritional and health status of children from 0-6 year’s old and providing supplementary nutrition to pregnant and nursing mothers.⁷ The National Food Security Act of 2013 (NFSA, also known as Right to Food Act) is also a milestone in improving child nutrition in India, endorsed by the Parliament of India on September 2013. It aims to provide subsidized food grains to approximately two-thirds of India’s 1.2 billion people. The two central pillars of this act are the expansion of the Public Distribution System (PDS) and the strengthening of the Integrated Child Development Schemes (ICDS).

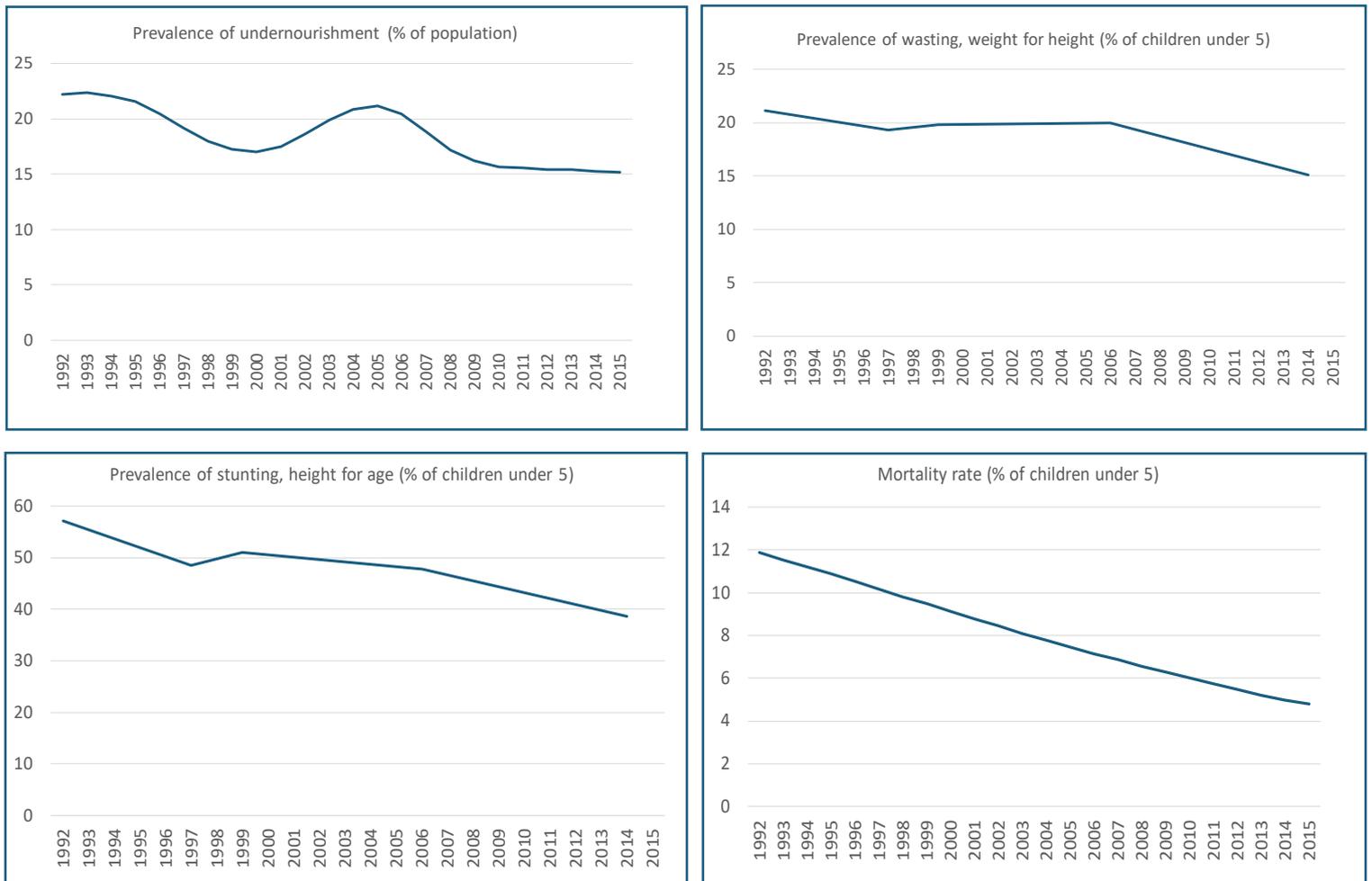


Figure 1. Prevalence of malnutrition-related indicators for India (1992-2015)⁸

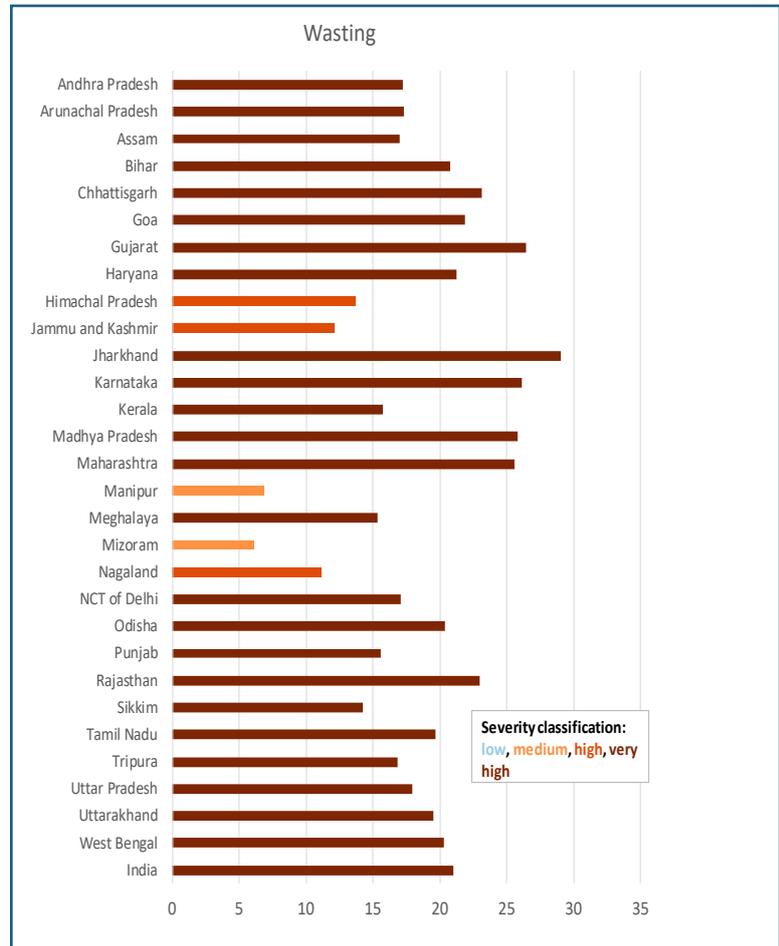
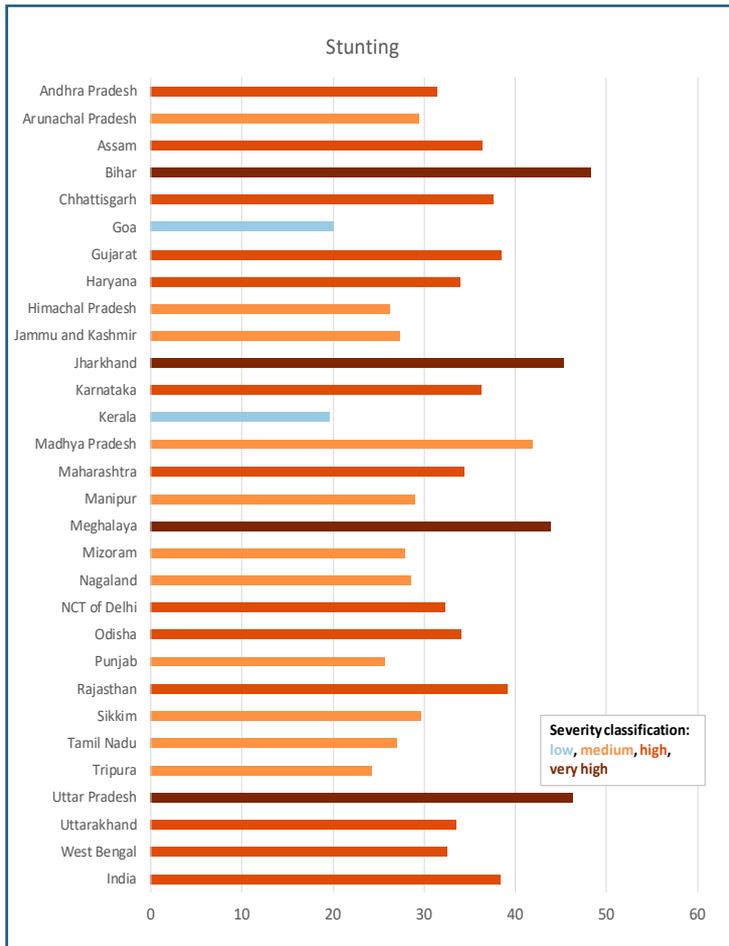


Figure 2. Prevalence of stunting and wasting for children under 5 by state⁹

Government nutritional programs have been guided by the National Nutrition Policy (adopted in 1993), under the Ministry of Women and Child Development, which prescribes sets of short-term and long-term measures to reduce the prevalence of undernutrition rates in India. The National Health Policy of 2017 also articulates the need to develop strategies and institutional mechanisms to create *Swasth Nagrik Abhiyan*—a social movement for health. It recommends setting indicators to track the progress of achievements in each of these areas. It is noteworthy that the direct treatment of Severe Acute Malnutrition (SAM) has not been a priority of either National Nutrition or Health policies, and it is not centrally regularized. In September 2017, NITI Aayog released the National Nutrition Strategy, intended as a guide for setting and coordinating these programs. In addition, the National Health Policy of India (released in 1983, revised in 2002 and 2017) guides the health sector's approach in Five-Year Plans and includes specific objectives for targeting some of the root causes of malnutrition. For example: reducing Infant Mortality Rates (IMR) and Maternal Mortality Ratio (MMR), TB-related mortality, malaria and other vector and water-borne diseases through the National Health Mission (NHM).

Over the recent years, nutrition policy established some convergence—at least on paper—with the Ministry of Agriculture and the Department of Food and Public Distribution. The Twelfth Five-Year Plan (2012-2017) indicates that agricultural development is an important component of a faster, more inclusive, sustainable growth approach. Although the current National Agricultural Policy released in 2000 does not mention nutrition at all, structural linkages have been identified between food security, livelihoods and nutrition in India, a country where the share of the households depending on the agriculture sector remains high (51% of total employment in 2010 was in the agriculture sector).³⁰ The National Agricultural Development Programme (*Rashtriya Krishi Vikash Yojana* or RKVY) is a flagship scheme with an outlay of Rs.250 billion over five years beginning in 2014. It aims at reorientating various agricultural strategies towards achieving the target of 4% growth, and incentivizing the states to allocate more resources to agriculture.

There are also many smaller national schemes that target specific nutrition-related issues. The Vitamin A Prophylaxis Programme (VAD) is intended to provide prophylactic Vitamin A to children up to six years of age alongside early detection and treatment of deficiency. The National Iodine Deficiency Disorders Control Programme (NIDDCP) works to control the problem of iodine deficiency disorders in India. The National Iron plus Initiative (NIPI) provides iron and folic acid supplementation to pregnant and lactating women, children from 6–60 months of age, and 10–19 year-old adolescents. The Weekly Iron and Folic Acid Supplementation (WIFS) scheme is a community-based intervention that addresses anaemia amongst adolescents, boys and girls, enrolled in class VI–XII of government, government-aided and municipal schools as well as 'out of school' girls, through Anganwadi centers. The Annapurna scheme, a social sector scheme that is part of the National Social Assistance Programme, provides food security to indigent senior citizens not covered under the TPDS with no income on their own.

Lastly, two more programs are of note. The National Rural Drinking Water Programme (NRDWP), revised in 2009 under the Ministry of Drinking Water and Sanitation, aims at providing every rural person with adequate access to safe water. Lastly, the Ministry of Tribal Affairs operates the Development of Particularly Vulnerable Tribal Groups scheme (PVTGs) aimed at the socio-economic development of the most vulnerable among tribes and isolated inhabitants, while retaining the culture and heritage of the community.



Heavy trends

This report identifies six heavy trends that represent drivers of change, whose impact through 2020 will have a high level of influence on the implementation of nutritional policy in the country. The nature of this impact is largely anticipatable. These drivers should not be viewed as immutable; rather, their rate of change is slower than the period considered by this study. As such, issues like discrimination and corruption are still important for long-term programming.

Caste- and tribal-based discrimination

Scheduled Castes and Scheduled Tribes will continue to face discrimination and inequality, because of insufficient or ineffective legislations and schemes for the empowerment of these marginalized groups.

Scheduled Castes (SCs) is the current legal term for members of historically disadvantaged people who exist outside the four Varna castes. They were previously classified as “Untouchables” until the term was prohibited for institutional use by the constitution of 1949. Scheduled Tribes (STs) denotes members of indigenous minority communities, commonly referred to as “Adivasi”, who have a long history of marginalization and displacement. They remain predominantly rural populations. Caste-based discrimination is “any distinction, exclusion, restriction or preference based on inherited status such as work and descent, commonly originating from a division of society into castes or social categories”.¹¹

The system itself is a vertical discrimination¹² based on inequalities, differentiating between ‘inferior’ and ‘superior’ categories/stratifications of individuals.¹³ To be part of one caste or the other affects not only one’s occupation, but also their habits and interaction with others. The daily significance of caste¹⁴ is noticeable in the three main areas dominated by the caste system and well-established across India: marriage, meals and religious worship. Despite the enactment of progressive legislations and schemes for the development and empowerment of the SCs and STs, for example: The Right to Fair compensation and transparency in Land Acquisition, Rehabilitation and Resettlement Bill (2012), and the Scheduled Tribes and other Traditional Forest Dwellers Act (2006), SCs and STs continue to face social, economic and institutional discrimination. The existing legislation has either been inadequate in scope or implementation to result in the transformative changes necessary, in order to resolve the long-standing inequalities these groups face in Indian society.

Table 2. Population of Scheduled Castes and Tribes¹⁵

	Scheduled Castes		Scheduled Tribes	
	Millions	%	Millions	%
Maharashtra	13.3	11.8	10.5	9.4
Madhya Pradesh	11.3	15.6	15.3	21.1
Rajasthan	12.2	17.8	9.2	13.5
National	201.4	16.6	104.3	8.6

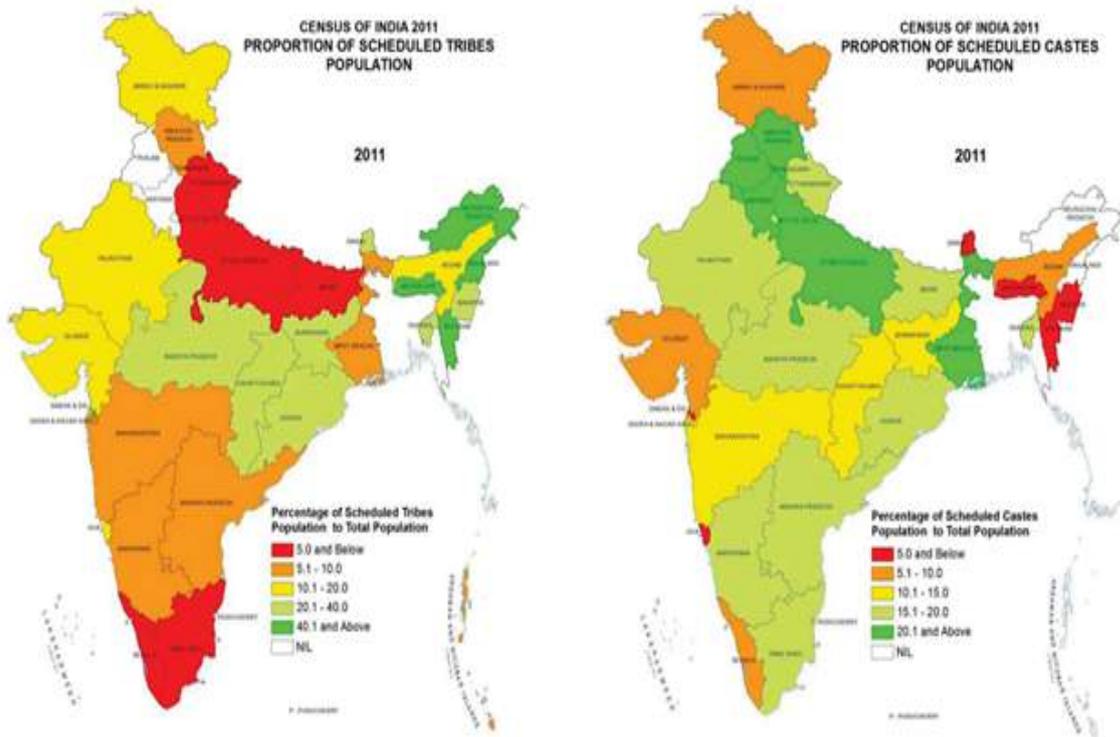


Figure 3. Maps of the percentage of Scheduled Tribe population (left) and Scheduled Caste population (right) to total population.¹⁶

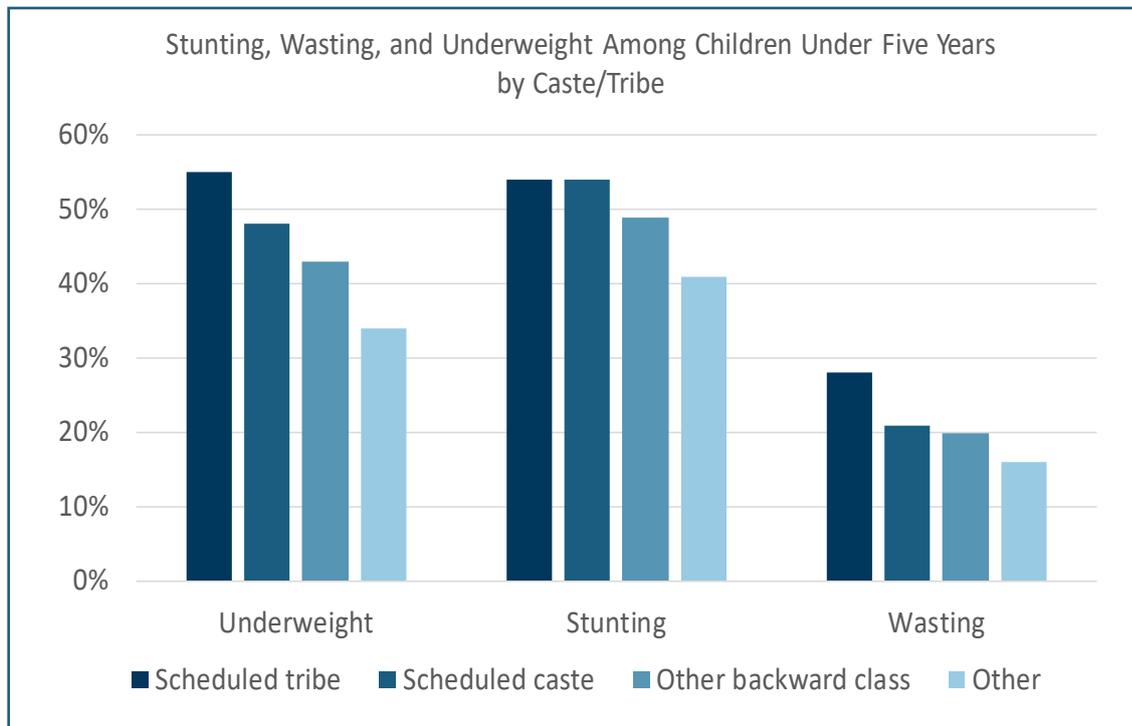


Figure 4. Stunting, Wasting, and Underweight Among Children Under Five Years by Caste/Tribe¹⁷

Scheduled Castes and Tribes face a nexus of issues like poverty, illiteracy, low educational levels, and discriminatory practices. As a result, they face an especially high prevalence of malnutrition, even for India. Figure 4, above, shows how much higher these figures are in children compared to other groups. To compound the problem, they have limited access to the nutritional and health services needed to address it. Caste inequality remains a major barrier to mainstreaming health care and to scaling up effective interventions across the country. Poverty and social exclusion have a multiplicative effect on the social determinants of health with those at higher risk for diseases also having a higher probability of being excluded from health care services.¹⁸

Gender-based discrimination

Women and girls will continue to face widespread discrimination and inequality, despite gradual improvements.

Discrimination against women and girls is a pervasive and long-running phenomenon that characterized Indian society at every level. Gender inequality remains a major barrier to human development. Girls and women have made major strides in recent decades, but true gender equality remains far off. They are discriminated against throughout their lives in education, political representation, labor markets, healthcare access, etc., which lead to negative consequences for the development of their capabilities, and their freedom of choice. Furthermore, such inequalities have a profound impact on the nutritional and health status of woman and girls.¹⁹

Legislation is an important component in empowering women and girls. There are currently a number of existing provisions from Article 15 of the Constitution prohibiting gender discrimination to a range of gender-sensitive schemes, such as the Ministry of Women and Child Development's 2001 National Policy for the Empowerment of Women. However, India still has a moderate disparity between the Human Development Index scores for men (0.671) and women (0.549)²⁰ and a medium classification on the Gender Inequality Index.²¹ Despite the importance of legislative action, cultural norms, as manifested in household decision making, remains a major contributor to gender inequality, and will likely continue to be so through 2030.²² Institutions have a great capacity to change social values, but social change takes time. Nevertheless, for long-term programming, it is important to consider the family as a central actor in empowering women and girls.

There remains some debate about intra-household food distribution, and if men receive a disproportionate share. The surveys conducted by the National Nutritional Monitoring Bureau found no evidence to support this belief.²³ Other studies have found preferential treatment in the raising of young boys over girls, including in nutritional matters.^{24 25} Though at the national level, prevalence of stunting for children under five are

within the margin of error for boys (39.5%) than girls (37.9%) and similarly for wasting (15.5%, 14.5%), this does not reflect interrelated factors such as economic status, family size and composition.²⁶

There has been an increase in the reported instances of various types of violence against women, such as domestic abuse, sexual assault and harassment.²⁷ Though it is possible that this does not reflect an increase in instances, but rather that women are reporting the instances more because they are more confident in the legal system, and less afraid of the accompanying taboos such attacks can also leave on women. In December 2012, the brutal rape of young women on a bus in New Delhi drew national outrage against the pensiveness of violence against women in the country. It likely also encourages many to come forward and begin reporting such crimes. As the figure below shows, 2013 saw a 35% increase in reported case from 2012. Though many still believe this number is far below the actual incident rate.²⁸ Better alignment is still needed of protection mechanisms and structures, from reporting, referral, security, and rehabilitation.

Gender- and Caste-based discriminations compound each other, making SC and ST women and girls especially disadvantaged and vulnerable to violence and sexual harassment.

Legal context

Existing legal protections and progressive schemes will remain in effect. New legislations, or changes to existing laws, are not likely to alter the nutritional context before 2020 due to the inertia in the system.

The Parliament of India is the bicameral supreme legislative authority in the country, headed by the President. The Rajya Sabha (Upper House or Council of States) is composed of 238 members elected by the states and 12 selected by the President, each serving a six year term. The Lok Sabha (Lower House or House of the People) is composed of 543 members elected by the people and two Anglo-Indians selected by the President, each serving five year terms. Of these, 84 seats are reserved for individuals belonging to Scheduled Castes and 47 for those of Scheduled Tribes. Parliament serves a predominant role in law-making. Apart from the wide range of subjects assigned to it by the Constitution, it can, under certain circumstances, assume legislative power over subjects normally falling within the reserved sphere of the states. It also has the power to initiate amendments to the Constitution. The federal system of government divides power between the Centre government, or Union, and the states. The constitution defines the powers of two. As such, legislation related to nutritional programs can come from either level of the federal system and can vary significantly between states.

Corruption

Corruption adversely affects the quality and quantity of nutritional programmes. While progress has been made in reducing corruption, it will still be a major hindrance through 2020.

Corruption remains endemic in India and it undermines nutritional policies at many levels. Grand corruption siphons off funds from programs. Petty corruption causes a financial burden on the poor, who are dependent on government services. For instance, 69% of Indians have had to pay a bribe to access public services.²⁹ Political parties, the police, and the legislature are considered some of the worst offenders, inhibiting anticorruption efforts.³⁰ The nation is ranked 79th out of 176 countries on Transparency International's Corruption Perception Index.³¹ Its current score of 40 is the highest since the launch of the Index in 1995. Growing public outrage over the state of corruption has led to some progress, such as the following government initiatives:³²

- 2016 Demonetization policies, such as the removal of 500 and 1,000 rupee notes were, in part, intended to curb bribery.
- 2016 International agreements with Switzerland, Singapore, Cyprus, and Mauritius in 2016 were intended to curb income tax evasion.
- The 2015 Black Money (Undisclosed Foreign Income and Assets) and Imposition of Tax Act were also enacted to curb income tax evasion.
- The 2014 Whistleblowers Act, still pending in the Rajya Sabha, was intended to protect individuals who exposed corruption.
- The 2013 Companies Act creates new policies intended to curb corruption within the private sector.
- The 2013 Lokpal and Lokayuktas Act, not yet enacted either, but would create anti-corruption agencies at the Centre and state levels.

Surveys have suggested that such reforms are working and that the preselection and experiences of corruption have fallen sharply in recent years.³³ Nevertheless, the persistence of corruption will continue to reduce the effectiveness of nutritional programming through 2020.

Unemployment and underemployment

Employment levels will continue to contribute to poverty and impede access to nutritious food. It will also influence population migrations and public trust in government programs.

The UN International Labour Organization (ILO) estimates that unemployment in India will increase in 2017-2018, because of employment stagnation. Unemployment is projected to reach 18 million people in 2018, up from 7.8 million in 2017.³⁴ This number represents only a small share of the total Indian population (4.3%). Official unemployment rates in Maharashtra are 3.8%; Madhya Pradesh 1.7%; and Rajasthan 4.5%.³⁵ However, these numbers do not convey the whole situation, as they do not take into account the underemployed. One only has to work 30 days a year to count as employed. Only 60.6% of workers are fully employed throughout the year. Additionally, 46.6% were self-employed and 32.8% were casual laborers, while only 17% received a regular wage and 28.8% were eligible for social security benefits.³⁶ This contributes to 21.9% of the population below the national poverty line.³⁷ High unemployment and underemployment is particularly pronounced for youth, reaching 41% for those under the age of 20 in 2011.³⁸ Due to their condition in India, women's rate of unemployment (8.7%) in India is twice as high as men's (4.3%).³⁹ Additionally, there is a pronounced gender pay gap with women earning only 57% of what men earn for a similar job.⁴⁰ NITI Aayog stated that "unemployment is the lesser of India's problems. The more serious problem, instead, is severe underemployment." They have called for more productive and higher-paying jobs such as those in large export-orientated firms, in manufacturing, and for the establishment of Coastal Employment Zones as found elsewhere in the region.⁴¹

Unemployment and underemployment lead to poverty, which restricts access to food necessary to meet daily requirements or ensure dietary diversity, thus leading to malnutrition as people resort to decreased food intake in quality and/or quantity.⁴² Additionally these employment conditions force a large share of the poorest and most marginalized to migrate to find jobs, which can hinder the implementation of nutrition policies and reduce the impact of nutrition- and education-related schemes.

Pro-breastfeeding lobby

The politically powerful lobby seeks to promote nutritional programming and education. However, they will remain more of an obstacle than aid in promoting nutritional security, because of their opposition to evidence-based interventions like the use of RUTF.

Infant nutrition influences development⁴³, and exclusive breastfeeding in the first 6 months of a child's life is a critical component of tackling undernutrition or malnutrition. However, during the 1970-80s, bottle-feeding with formula was promoted by the food industry and health ministries. This resulted in many negative health outcomes for infants, from lower health indicators, to illness from the use of unsafe drinking water. As a reaction to this trend, the 1990s saw the rise of the pro-breastfeeding lobby, which has especially campaigned for better access to medical services and information.⁴⁴ The lobby has since gained significant prominence and influence on the national and regional stage. The Breastfeeding Promotion Network of India (BPNI), founded in 1991, is the most influential of these actors. BPNI has successfully lobbied for several pieces of legislation and to inform nutritional policies. The organization works to promote nutritional education and counter unsound practices promoted by the food industry. They work directly on the implementation of nutrition policies.⁴⁵ Though, estimates still show that out of 26 million infants born in India every year, 14.5 million do not receive optimal feeding practices during the first year of life.⁴⁶ Additionally, only 12 million babies (44%) are breastfed within one hour of their birth. At state levels, this figure is 38% in Rajasthan, 43% in Madhya Pradesh and 56% in Maharashtra.⁴⁷

The pro-breastfeeding lobby has the strength and connections to greatly impact nutritional policy. Unfortunately, their policy goals are based more on ideology, than science. One major area of contention is over the use of supplemental feeding to treat malnutrition. These lobbies associate the practice with previous formula advocacy. Discussions over nutritional benefits versus misuse of supplemental feeding have not resolved the disagreement between the two actors. These groups are expected to continue to influence government policy away from more effective evidence based solutions that are recommended by the UN agencies, particularly the WHO, and NGOs.



Uncertainties

This report also identifies six drivers of change whose impact through 2020 will have a high level of influence on the implementation of nutritional policy in the country, but the outcome of which is uncertain. For example, population growth can be predicted many years into the future with a high degree of certainty, while political and economic conditions could develop in a number of possible ways, and so are less predictable. Each of these factors or actors could behave in different ways over the next couple of years, with each course holding its own implications for nutritional policy. Following their trajectories is important for understanding the evolving context. Additionally, because their future direction is not set, nutritional actors can help guide these influential factors and actors towards better policy. These six uncertainties were found to have the highest influence on the network of interactions between context drivers. So, affecting them will have a cascade effect throughout the system and induce far greater change than they could bring about on their own.

Food-based safety nets

The government of India has established numerous safety nets with the goal of reducing poverty and promoting human wellbeing. Several of these are specifically food-based, intended to promote food security. Many initiatives have been established in the past decade, for example, the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) in 2005 and the National Food Security Act (NFSA) in 2013. States have their own programs in addition to those of the Centre government. Some successful state programs have been adopted as national programs, like Maharashtra's Employment Guarantee Scheme.

Food-based safety nets can take many forms. The NFSA combines the benefits of the three largest of these: the Mid Day Meal (MDM) scheme, the Integrated Child Development Services (ICDS), and the Targeted Public Distribution System (TPDS). MDM provide a free meal to children at pre- to upper-primary schools. The schemes became increasingly common in states during the 1990s and were implemented nationally by 1998. The (ICDS), started in 1975, is an integrated program to provide supplementary nutrition, healthcare and education to children under six and their mothers.

The Public Distribution System (PDS) was created in 1947 to ensure food security in the country. It operates under the direction of the Ministry of Consumer Affairs, Food, and Public Distribution and is managed jointly by state governments in India. The scheme distributes subsidized food and non-food items to India's poor through a network of 'fair price shops' (also known as ration shops) established in states across the country. The Food Corporation of India, a Government-owned corporation, procures and maintains the PDS. An offshoot, the Targeted Public Distribution System (TPDS) focuses on the poorest populations of India living below the national poverty line. TPDS

is one of the world's largest food security schemes, serving over 800 million people across India.⁴⁸ Its aim is to reduce poverty and food insecurity through *"the mechanism of delivering minimum requirements of food grains at highly subsidized prices to the population below the poverty line."*⁴⁹ First launched in 1997, it sought to improve the safety net function of the original Public Distribution System by distinguishing people above and below the poverty line in rural and urban areas.⁵⁰

Food-based safety nets provide an essential component of nutritional policy and efforts to eliminate hunger and malnutrition in the country. However, they are not without controversy and implementation issues. Knowledge of, and enrollment in the programs, remains incomplete for all potential beneficiaries. On occasion, the goods are also sold on by the distributors or recipients. Data collection and information-sharing between programs remain a major issue, particularly data reliability and silo-ing. It is also argued that policymakers could do more to coordinate and compliment programs.⁵¹

Uncertainty remains as to whether this program will receive sufficient resources to be implemented efficiently and effectively at scale over the course of the outlook is unclear. Equally the long-term effectiveness of safety nets and the broader programs under that umbrella will be determined by the degree to which they focus on the root causes of malnutrition or just the symptoms.

Prenatal	<ul style="list-style-type: none"> • Maternity entitlements (Chap 2 NFSA) • ICDS health and nutrition awareness • ICDS supplementary nutrition for pregnant women
Preschool	<ul style="list-style-type: none"> • ICS supplementary nutrition for lactating mothers • ICS supplementary nutrition for preschool children • PDS
School	<ul style="list-style-type: none"> • Mid day meal schemes • Adolescent girls nutrition education • PDS
Adulthood	<ul style="list-style-type: none"> • MGNREGA • Maternity entitlements (Chap 2 NFSA) • PDS
Senior	<ul style="list-style-type: none"> • MGNREGA • Pensions • PDS

Figure 4. Life Cycle Approach to Safety Nets.⁵²

Government administration (BJP)

The Bharatiya Janata Party (BJP) has had a series of recent electoral successes and is expected to maintain political dominance through 2020. In 2014, the BJP won the largest parliamentary majority in thirty years. Recent states elections in 2017 have enhanced the BJP's influence.⁵³ Madhya Pradesh (2005), Maharashtra (2014) and Rajasthan (2013) have all elected a chief minister from the BJP. For general elections in 2019, BJP is strengthening its position in the south to undermine the opposition's efforts to form a coalition against the party.⁵⁴ The BJP is expected to win the general elections in 2019.⁵⁵

The BJP has campaigned to make malnutrition a national priority. Their commitment to these populist appeals remains to be seen. Their political dominance positions them to enact nutritional programming largely unencumbered, for better or worse. However, they have already run into controversy by basing nutritional policies on ideology rather than science, such as insisting on programs be vegetarian. Several BJP-controlled states have prohibited eggs from being served in Mid Day Meal programs despite known nutritional benefits. It is therefore uncertain whether future policies will be designed to fight malnutrition, or to please a small segment of their political base.

NITI Aayog (National Institution for Transforming India)

The National Institution for Transforming India, commonly referred to as NITI Aayog, was formed via a resolution of the Union Cabinet on January 1st, 2015 replacing the Planning Commission. NITI Aayog is the premier policy think tank of the Government of India, providing both directional and policy recommendations. It aims to foster states to act together in national interest and make the country to move towards cooperative federalism.⁵⁶ The institution works closely with state governments and provides technical and strategic advice both at state and national levels.⁵⁷ The NITI Aayog is composed of⁵⁸ the PM as a chairperson, a governing council representing the Chief Ministers of the states, a regional council, and subject experts. NITI Aayog is a collaborative federal body, whose strength is in its ideas, rather than administrative or financial control.⁵⁹

NITI Aayog publishes strategies, reports and statistics.⁶⁰ They have also developed a proposal for a National Nutrition Strategy⁶¹ that seeks to ensure *“that every child, adolescent girl and woman attains optimal nutritional status- especially those from the most vulnerable communities. The focus is on preventing and reducing undernutrition across the life cycle- as early as possible, especially in the first three years of life”*. It lays out three measurable nutritional goals for 2022: reducing the percent of underweight (<-2SD) children (<5y) from 35.7% to 20.7%, the prevalence of anemia in children (<5y) from 58.4% to 19.5%, and the prevalence of anemia in women (15-49y) from 53.1% to 17.7%.

In addition to documenting the current nutritional landscape, the strategy outlines specific interventions, and a framework to achieve its objectives. To this latter point, it recommends expanding the role of Integrated Child Development Services (ICDS) into a new body known as the National Nutrition Mission under the purview of the Ministry of Women and Child Development.

The main uncertainties pertaining to NITI Aayog and the National Nutrition Strategy are if it can create an impetus for action on malnutrition, and if it can align nutritional policy into effective programming.

Economic policy at state level

In India, states establish their economic policy in agreement with government policy set at national level. In its 15-year plan, the NITI Aayog estimates a growth average of around 8% for the next 15-16 years.⁶² Based on this rate estimation, they provide to states economic analysis and recommendations. In this framework, states are asked to follow the Centre government's lead. Modi has encouraged States to move towards a *“competitive federalism”*.⁶³ In this transformative vision, states should promote a business-friendly policy environment to bolster their economies. This vision of economic policy is intended to improve growth, innovation and experimentation.⁶⁴

Economic policy at the state level has an important role in national development under a federal system, as states are the implementers of national economic policy. Since the creation of the NITI Aayog in 2015, states are frequently asked to give their opinions on how to promote economic development, or how to implement policies. Recently, and in line with cooperative federalism,⁶⁵ Modi asked states to present what has worked best in their economy policies, to encourage other states to reproduce these successes.⁶⁶ for example, Madhya Pradesh's unconditional cash-transfer system for low-income and tribal people to directly enhance their nutrition status.⁶⁷

Economic policy at the state level is still constrained by the Centre government.⁶⁸ Monetary policy is set by the Centre government, while the Reserve Bank of India (RBI) sets rates. It is a federal prerogative and states do not have control over those rates. Recently, the RBI decided to maintain its repo rate at which it lends money to commercial banks in the event of any shortfall of funds.⁶⁹ This rate influences inflation, employment and poverty. Commercial banks can have more cash and so can inject it into the economy to supply business, commerce, projects, and thus boost the economy at a state level.

How states decide to pursue their economic policies in the near future could significantly affect the implementation of nutritional policies. The most direct is the amount of revenue states have, and can commit, to programming.

The figure below shows the amount of revenue going to the major development heads for the three states in the study region. Allocations to such programs as social services and agricultural development can have a significant impact at the local level.

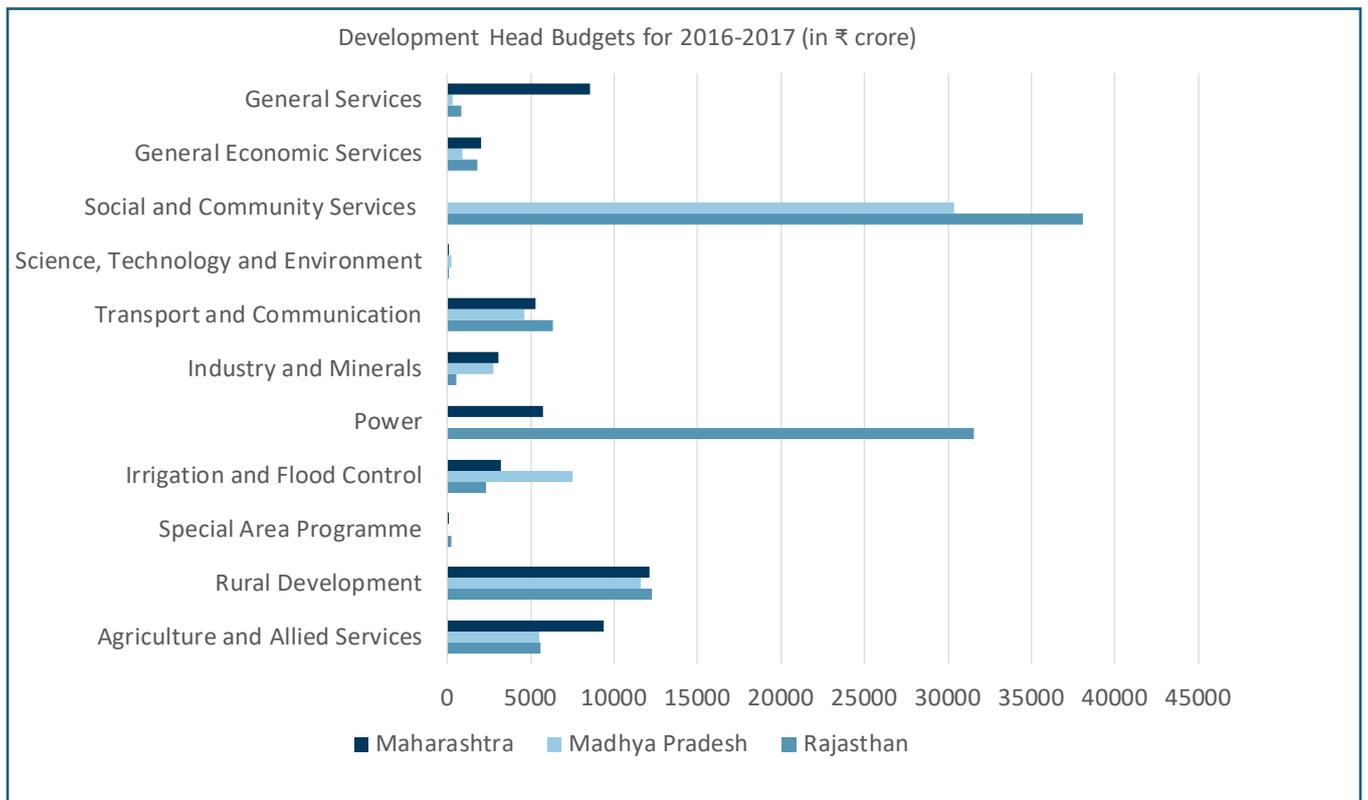


Figure 5. Development Head Budgets for 2016-2017 (in ₹ crore)

Additionally, more urban or rural-focused development will impact wealth and population distributions along with the extent, and location, of vulnerable groups. Recent proposals by NITI Aayog have favored urban development, such as large export oriented industries and coastal employment zones.⁷³ The tables below show how the manufacturing industry represents a small portion of labor employment, yet represents a large share of states' GDPs. The hope then is that by increasing this, more profitable sectors will spur better paying jobs and overall economic development.

An alternative approach is to focus on rural development, since nearly half of workers are employed in agriculture. The sector, however, represents only a small share of economic activity and the pay to workers is minimal. By contributing to agricultural development, it would be possible to raise the livelihoods of those workers so employed. Such programs could also be tied into the production of nutritious foods that could serve to address food security from the availability side rather than accessibility.

Table 3. Labor participation by sector, 2015-2016 (%)⁷⁴

	Agriculture	Industry	Service
Maharashtra	51	9	40
Madhya Pradesh	62	5	33
Rajasthan	44	8	47
Total	47	22	31

Table 4. State GDP by sector, 2015-2016 (%)⁷⁵

	Agriculture	Industry	Service
Maharashtra	10	26	64
Madhya Pradesh	34	22	38
Rajasthan	20	30	50
Total	17	29	54

National Nutrition Monitoring

Nutritional monitoring is essential for providing the baseline data from which to develop, and implement, nutritional policy and programming. Several health surveys, which include nutritional components, are run by various ministries ranging in scope, resolution, and objectives. However, they have not been well coordinated and they vary in their utility in informing nutritional policy and practice.

The National Nutrition Monitoring Bureau (NNMB) was a nationwide monitoring system established by the Indian Council of Medical Research (ICMR) in 1972, that closed due to budget constraints in 2015. It provided long-term monitoring of the nutritional status and dietary behavior of the population in ten states. NNMB's stated objectives were to *"to collect, on a continuous basis, on representative segments of population in each of the state's data on dietary pattern and nutritional status, adoption standardized and uniform procedures and techniques,"* as well as *"to periodically evaluate the ongoing National Nutrition Programs to identify their strengths and weaknesses, and to recommend appropriate corrective measures."*⁷⁶ It was a collaboration between the ICMR and the state governments who worked closely with the Central Reference Laboratory (CRL) in Hyderabad on survey methodology, development, pre-testing and finalization of survey instruments.⁷⁷

Additional ad hoc surveys have been conducted, such as the India Nutrition Profile (INP). The INP was intended to provide a complete profile of nutrition across India. To do so, a single district level survey of states not covered by the NNMB was conducted using the same methodology.

The National Sample Survey Office (NSSO) under the Ministry of Statistics and Programme Implementation conducts a wide range of social and economic surveys. Their reports on nutritional intake and expenditure have been conducted since 1987-1988, with their most recent report based on data from 2011-2012,⁷⁸ and the following survey currently underway for 2017-2018.⁷⁹ These surveys are also widely used by researchers, practitioners, and policy makers. With the closure of the NNMB, there has been discussion of expanding the NSSO's nutritional surveillance role to fill this gap.

The Ministry of Health and Family Welfare has conducted four National Family Health Survey (NFHS) in: 1992-1993, 1998-1999, 2004-2005, and 2014-2015. These surveys are conducted across all of the states and territories of India. They cover a range of health and nutritional indicators, with an emphasis on women and children.⁸⁰ Run in conjunction with the NFHS are District Level Household and Facility Surveys (DLHS). The most recent of which (2013-2014) has begun to include some child nutritional indicators like stunting, wasting, and anemia.⁸¹

Several uncertainties remain about the future of nutritional monitoring programs. There is the potential that the National Institute of Nutrition will launch a new expanded agency that will continue the work of the NNMB.⁸² An alternative proposal would expand the role of the NSSO to collect, monitor, and analyze welfare schemes and programs. National nutritional monitoring programs are vital to tracking malnutrition rates and distribution, and to making informed policy and programming decisions. However, this needs to be done in an effective and efficient way, through coordination across the ministries. It should also be cautioned that the existence of nutritional data and analysis does not guarantee that it will be used by decision makers to make evidence-based policy.

Reliable data

Information is essential for informed policy-making. For nutritional programs, reliable and current data is necessary to determine programmatic characteristics, locations, and funding requirements. Relevant and regular data is not often widely available in-country and remains a binding constraint, particularly in planning nutrition and health policy.⁸³ Data gaps are still considerable at the local, state, and even Centre level. If available, data is often questionable because of collection methods⁸⁴ or is published in a raw format without any analysis.⁸⁵

The Central Statistical Organisation (CSO) compiles reliable data; however, it is not readily accessible to allow organizations, researchers, and decision-makers to make full use of the resource. Currently, Sikkim is the only state in India to have an open data portal as of June 2016. The National Population Census is conducted every 10 years. The 2011 Census is to date the biggest source of primary data on various topics (demography, fertility & mortality, SCs and STs, religion, migration, households, and housing).⁸⁶ While this is vital baseline data, it has long update periods and takes a considerable amount of time to compile and release. At the district level, Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs), and Auxiliary Nurse Midwives (ANMs) are often tasked with data collection and validation; however, this data is often incomplete or inaccurate.⁸⁷

The uncertainties on the future state of data are on its quality and resolution. With investment in new initiatives and the utilization of new technologies, there could be a rapid improvement in the availability of reliable data. Though, without this would require a major commitment from the government and an effectively implemented program. Changes in the resolution of data collected also remains to be seen. Will efforts be put towards broad national surveys like the NNMB had conducted or towards more focused surveys of local hotspots of malnutrition?

Scenarios

The following scenarios are based on a morphological analysis of the six uncertainties. For each of the uncertainties, four possible hypotheses of the future course were composed. One was selected for each uncertainty based on plausible combinations to create the structure of the raw scenario, which was then expanded upon.

The scenarios are presented in a narrative from the perspective of 2020, representing a range of possible futures to illustrate the environment that nutritional actors may be operating in, and to assist them with strategic planning.

Table 5. Scenario Matrix

	Driver	Scenario 1	Scenario 2	Scenario 3	Scenario 4
Uncertainties	Food-based safety nets	<ul style="list-style-type: none"> Sufficient program resources Focus on root causes 	<ul style="list-style-type: none"> Sufficient program resources Focus on symptoms 	<ul style="list-style-type: none"> Insufficient program resources Focus on root causes 	<ul style="list-style-type: none"> Insufficient program resources Focus on symptoms
	Government administration (BJP)	<ul style="list-style-type: none"> Effective policies Nutritional policy enactment 	<ul style="list-style-type: none"> Effective policies Attention diverted from nutrition goals 	<ul style="list-style-type: none"> Politics over effective policies Nutritional policy enactment 	<ul style="list-style-type: none"> Politics over effective policies Attention diverted from nutrition goals
	Niti Aayog	<ul style="list-style-type: none"> Increased impetus Policy alignment 	<ul style="list-style-type: none"> Increased impetus Policy advice (but no alignment) 	<ul style="list-style-type: none"> No increased impetus Policy alignment 	<ul style="list-style-type: none"> No increased impetus Policy advice (but no alignment)
	Economic policy at State level	<ul style="list-style-type: none"> Increased funding Rural focus 	<ul style="list-style-type: none"> Increased funding Urban focus 	<ul style="list-style-type: none"> No increased funding Rural focus 	<ul style="list-style-type: none"> No increased funding Urban focus
	National nutritional monitoring	<ul style="list-style-type: none"> Data used to inform policy Coordinated 	<ul style="list-style-type: none"> Data used to inform policy Not coordinated 	<ul style="list-style-type: none"> Data not used to inform policy Coordinated 	<ul style="list-style-type: none"> Data not used to inform policy Not coordinated
	Reliable data	<ul style="list-style-type: none"> Good quality and coverage National level focus 	<ul style="list-style-type: none"> Good quality and coverage Local level focus 	<ul style="list-style-type: none"> Limited quality and coverage National level focus 	<ul style="list-style-type: none"> Limited quality and coverage Local level focus
Heavy Trends	Caste- and tribal-based discrimination	Continued discrimination as progressive legislations and schemes for development and empowerment are not fully implemented			
	Gender-based discrimination	Women and girls will continue to face widespread discrimination. Protection mechanism and structures are still not aligned			
	Legal context	New legislations, or changes to existing laws, are not likely to alter the nutritional context before 2020 due to the inertia in the system			
	Corruption	Corruption will still be a major issue			
	Unemployment and underemployment	Employment levels will continue to contribute to poverty and impede access to nutritious food			
	Pro-breastfeeding lobby	They will remain more of an obstacle than aid in promoting nutritional security because of their opposition to evidence-based interventions like the use of RUTF			

Scenario #1 – Coordinated response

The BJP is using their political capital to address the country's malnutrition crisis, as they had campaigned to do. The government is promoting evidence-based nutritional policies in cooperation with experts from across the sector. Political ideology has been kept out of programming decisions. NITI Aayog's National Nutrition Strategy is serving to align the policy and operations of nutritional actors into a more effective and comprehensive strategy, while also galvanizing them to action. National Sample Survey Office (NSSO) is empowered to coordinate, manage, and analyze national data. This has led to more effective and efficient nutritional surveillance across the country to track trends over time and identify priority areas for interventions. The quality and quantity of nutritional data is rapidly improving too, especially through the use of new technologies. As data collection and analysis is more coordinated with the government's strategy, decision makers are able to make more informed decisions based on current and reliable information.

Continued economic growth provides the financial support to this political commitment, allowing states to commit more resources to malnutrition programming. States are focusing a larger share of these resources on rural development, particularly the modernization of the agriculture sector. Increased rural livelihood opportunities are slowing the rate of urbanization.

However, some feel that attention has been diverted away from the wellbeing of those living in the slums. Anganwadi and ASHA workers are receiving more pay and training. PDS procurements are slowly decentralizing to make them more locally responsive, while also focusing on providing more nutrient-rich foods. Lastly, local programming is attempted to tackle some of the root causes of malnutrition, by expanding to include nutritional education and addiction treatment.

Implications: strong improvements to nutritional conditions through Centre government-led policy coordination.



Scenario #2 -Decentralized response

The BJP is faced with pressing political issues that diverts their attention and political will away from the fight against malnutrition. However, they are still supportive of evidence-based nutritional policies and are not creating any ideologically rooted obstacles, in the way of effective programming. Meanwhile, NITI Aayog's National Nutrition Strategy is galvanizing nutritional actors to commit renewed energy and resources towards reducing malnutrition rates. While providing important recommendations on nutritional policies, the lack of leadership from the Centre government prevents the strategy from leading to a structural alignment of institutions and programs.

Decision makers are still using national nutritional data to inform policy, as much as possible. However, the lack of coordination between the monitoring programs means survey data is often inconsistent, and so not useful for this purpose. There are still efforts to improve the collection and use of nutritional data. Instead of broad national surveys, areas with severe malnutrition are being prioritized for a more detailed study by actors outside of the Centre government. In priority area, frontline works like Anganwadi, ASHA, and NGO workers are being provided and trained to use smartphones with user friendly software, to collect and monitor data, in real time.

Local programming is then being tailored to the specific needs of the location. Solid economic growth is allowing for states to dedicate more resources to combatting malnutrition, yet there is little coordination as each pursues their own initiatives. Economic policies are increasingly focused on the manufacturing sector. The prioritization of urban growth is neglecting rural areas and furthering urbanization and an expansion of slums. However, efforts are underway to provide assistance to those living in the slums, while long-term infrastructure and housing projects are planned to help alleviate the worst of the issue. State support is providing for increased pay and training for Anganwadi and ASHA workers along with designing a more effective PDS. While programming efforts are improving in their treatment of malnutrition, they are not working to address its root causes.

Implications: uneven improvements to nutritional conditions from locally-focused programming, with greater successes seen in priority areas and urban environments.



Scenario #3 – Politics over Policy

The BJP is facing political issues that takes precedence over their past commitments to fighting malnutrition. As the pressure mounts, they are basing more of their policies on populist appeal, rather than reliable evidence. They are relying increasingly on a strict form of Hindutva nationalism, as a governing doctrine. In the realm of nutrition, this leads them to prohibit meat and eggs in nutritional programming, and prohibit the slaughter of cattle and sale of beef. The administration's political power allows for them to swiftly enact programming restrictions through the Centre and state governments. In this context, NITI Aayog's National Nutrition Strategy does not stimulate much new action against malnutrition. However, it is still received well within the nutritional sector and serves to improve coordination between actors on policy and programming. The political shift away from evidence-based nutritional policies coincides with a decrease in reliable data, as it is no longer seen as a priority by senior policymakers.

The Ministry of Health and Family Welfare launches a new nutritional survey that is supposed to continue the work of the NNMB. While still welcomed by researchers and civil society, many are concerned that the new survey program will not be supported enough to produce very useful data, or it would be used to inform national policy. Stagnating growth and competing priorities lead states to maintain, or even reduce, spending on malnutrition related programs. As part of the BJP's appeal to their base, state governments focus on rural development programs of limited scope. NGOs are adapting by focusing on their work with local communities, using bottom-up approaches to nutritional programming, such as attempting to resolve some of the underlying causes by providing nutritional education and addiction treatment. Nevertheless, the political interference and funding shortages cause nutritional conditions to deteriorate.

Implications: worsening nutritional conditions resulting from political interference with programming.



Scenario #4 - Neglect

The BJP is basing nutritional policy on nationalist ideology rather than science. However, other political issue consumes their attention and so nutritional policy suffers more from neglect than active interference. NITI Aayog's National Nutrition Strategy is having little meaningful impact as it is not being used to support, or coordinate policy. National nutritional monitoring remains uncoordinated across ministries. The slowing of economic growth is causing states to reduce funding levels for malnutrition programs. Their economic policies are increasingly focused on trying to jump start the economy by expanding the manufacturing and service sectors.

Rural areas are becoming more depressed and many more are migrating to cities to look for work, further burdening overstretched resources. Conditions in the slums are slowly deteriorating. Anganwadi and ASHA workers continue to receive limited pay and training, and as conditions worsen they struggle to keep up with even basic treatment and monitoring. Civil society has been able to continue working on malnutrition, largely unobstructed by the administration. Despite national funding cuts, they are able to receive international support to continue their work and keep the nutritional levels from worsening.

Implications: minimal improvements to nutritional conditions from a lack of political and financial support for programming.



Conclusion

Malnutrition remains a persistent issue across much of India, despite the existence of extensive nutritional policies and programs. To understand the impediments to these policies, the report examined 78 drivers of change. Six heavy trends that will continue to shape this context through 2020 are: caste- and tribal-based discrimination, gender-based discrimination, the legal context, corruption, unemployment and underemployment and the pro-breastfeeding lobby. By analyzing the drivers with less foreseeable impacts, the report identifies an additional six uncertainties whose course will be important in shaping the nutritional context in the coming years. These are: food-based safety nets, the BJP, NITI Aayog, economic policy at the state level, the continuation of the National Nutrition Monitoring Bureau's (NNMB) baseline data, and reliable data more generally.

Based on possible outcomes for each of these uncertainties, scenarios were created to explore possible futures that can be used to plan for a range of possible contexts that Action Against Hunger and other nutritional actors may be operating in by 2020. Central themes of these scenarios are the need for good data, evidence-based policies, government leadership in coordinating policy implementation, and support for programming. Support for these areas will be necessary for meeting policy goals. However, we cannot be certain of what policy impediments may present themselves in the near future. By planning for a range of contingencies we can ensure that our programs are able to make the greatest impact possible, in the fight against malnutrition.



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