

# Closing Gaps for AMB Program Financing in Jharkhand

*Budgeting forms the mainstay to ensure seamless implementation for any program. As for Anemia Mukta Bharat (AMB), the financial guidelines set out the provisions, unit costs, and denominators to achieve the Key Performance Indicators (KPIs) by all states. If looking across two Financial Years (FYs): 2019-20 and 2020-21 – Jharkhand has been one of the well-performing states that has reduced planning and allocation gaps successfully. This practice insight captures the main processes, data insights, and key learnings from Jharkhand to understand the roll-out of the AMB financing component in the state.*

## Context

AMB program was launched at the national level in September 2018. It was rolled out in Jharkhand in February 2019. Financial provisions under AMB includes a total of 11 major and 49 minor heads as specified by the Ministry of Health and Family Welfare's (MoHFW) Performance Improvement Plan (PIP) format for all states (Figure 1). Jharkhand was a part of rigorous gap assessment conducted by UNICEF, supported by the national AMB Technical Support Unit (TSU) for the Ministry of Health and Family Welfare (MoHFW) at the Institute of Economic Growth (IEG), Delhi, with the support of WeCan at state level. The state government strengthened budgetary allocations to include the components of Education and Communication (IEC)/Behaviour Change Communication (BCC) activities, Accredited Social Health Activist (ASHA) incentives, and increased efforts on capacity building as per the AMB guidelines.

### Financing is integral for the realisation of budgetary heads



Figure 1: Major budgetary heads under AMB

# Key processes undertaken to close the budgetary gaps in Jharkhand

## I Assessment study

The assessment study was conducted from July 2019 till June 2020. It analysed a baseline picture for 14 Indian states covering 82% of AMB beneficiaries. In FY 2019-20, study found the scope of improvement in planning stage for all the states, wherein, only 36% of the budget was proposed against the requirement of achieving 100% KPIs. Jharkhand had a planning gap of 16% and allocation gap of 22% that the State committed to address.

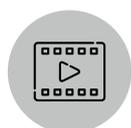
Prior to AMB, Jharkhand was addressing anemia with the help of National Iron Plus Initiative (NIPI) guidelines. The assessment study provided opportunity to the State to proactively analyse and pursue missing links to strengthen the fight against anemia while transitioning from NIPI to AMB implementation.



**ASHA incentives:** There was a continuation of ASHA incentives for severely anemic women from NIPI to AMB PIP. With AMB, now State had to expand on mobilising ASHA incentives for children and adolescents as per the National Health Mission (NHM) Financial Management Report (FMR) codes – 2.3.1.3, 3.1.1.1.9, and 3.1.1.1.10.



**Forecasting:** The State was doing the procurement of Iron and Folic Acid (IFA) Supplementation and Albendazole tablets based on NIPI guidelines till FY 2018-19. With the introduction of AMB, the state made transition from NIPI calculations to scientific calculations<sup>1</sup> as per AMB guidelines.



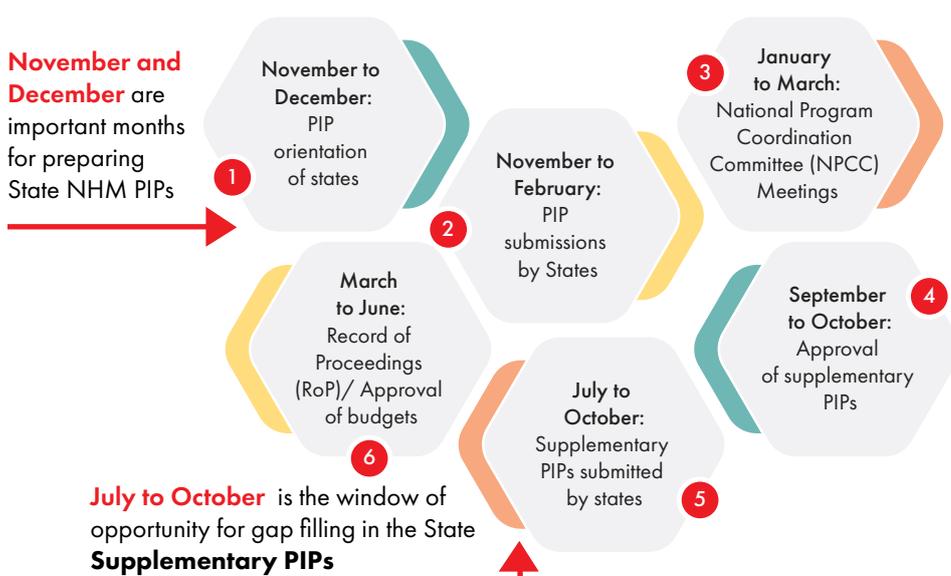
**IEC/BCC:** There was a scope of improvement in the budget head of IEC/BCC especially for the FMR codes – 12.4.2 and 11.4.2 that talked about printing leaflets for awareness generation on anemia under AMB.



**Capacity building:** AMB also provided opportunity to the State to reevaluate the logistical front to initiate capacity building in a phased-wise and coherent manner to have a maximised impact till the district level and below.

## II How were the Gaps Addressed?

### 1 Revisiting and understanding the State NHM PIPs for the inclusion of AMB components



Following figure represents crucial timelines for the submission of annual State NHM PIPs. Jharkhand leveraged the opportunity by integrating and prioritising AMB components into PIPs. Window of July to October was further given priority by the state for filling the gap for AMB components through supplementary PIPs.

Jharkhand showed commitment in following the decentralised mode of AMB budget allocation after seeking the approvals from the GoI. Budget flows from the State Resource Envelope (SRE) to District Resource Envelope (DRE) and further to the block level. There is also Block Resource Envelope (BRE), performing similar function as SRE and DRE.

Figure 2: Annual cycle for State NHM PIPs and how Jharkhand leveraged it for the inclusion of AMB components

Source: 'Improving Financial Efficiency for Achieving Programme Targets. Track Advocate Track Advocate (TATA) Strategy & Key Findings of Budget Gap Analysis'. Retrieved from: <https://anemiamukt Bharat.info/resources/>

<sup>1</sup> Details of the scientific estimations for IFA syrup/tablets and albendazole tablets enclosed under AMB can be accessed from Pg. 62 to 63 through the official operational guidelines. Retrieved from: <https://anemiamukt Bharat.info/wp-content/uploads/2019/09/Anemia-Mukt-Bharat-Operational-Guidelines-FINAL.pdf>

**2** Reviewing the NHM FMR codes and prioritising potential line items under specific budget heads that required further emphasis in AMB PIP building process. For instance:

**Expanding the slabs for ASHA incentives**

Due deliberations undertaken by the State landed focus on expanding the slab of ASHA incentives to **children and adolescents** in addition to the severely anemic women as per GoI guidelines. As a result, the State of Jharkhand significantly increased the investments into the budget head of ASHA incentives for FY 2019-20.



NHM took sincere efforts in facilitating the AMB capacity building through phase-wise planning. The state pro-actively prioritised AMB capacity building at the district level and below through the right set of partnerships, participants, and adequate training packages available on AMB dashboard. The technical support was further provided by the **National Centre of Excellence and Advanced Research on Anemia (NCEARA), IEG, UNICEF, WeCan, and Evidence Action**. With strengthened logistical support, the investment of funds for the capacity building increased during FY 2019-20.



**Prioritizing AMB capacity building**

**3** Developing annual **RoP Factsheet** through previous year's estimates and gaps assessment

**Understanding previous year's estimates**

The budgetary planning was done considering the denominators, and using formulas suggested by the MoHFW and GoI. However, for rationalising requirements for the next FY, expenditure of the current FY was also taken into the account. With estimations in place, Jharkhand proposed the budget for certain heads (like digital haemoglobinometers and ASHA incentives) at least three times across FY 2019-20 and 2020-21. After successful negotiations with the GoI, approved budget was then received by the State in form RoPs for decentralised disbursement through State and district resource envelopes.



**4** Elevating **scientific projections for procurement**

The quick transition from NIPI to AMB implementation allowed the actual procurement of IFA supplementation (which includes IFA Red, IFA Pink, IFA Blue, and Syrup) and Albendazole tablets as per the scientific computations. It significantly improving the financing for the mentioned budgetary head for FY 2020-21.



**Forecasting through Scientific estimations**

**5** Inclusion of IEC/BCC components during the PIP process

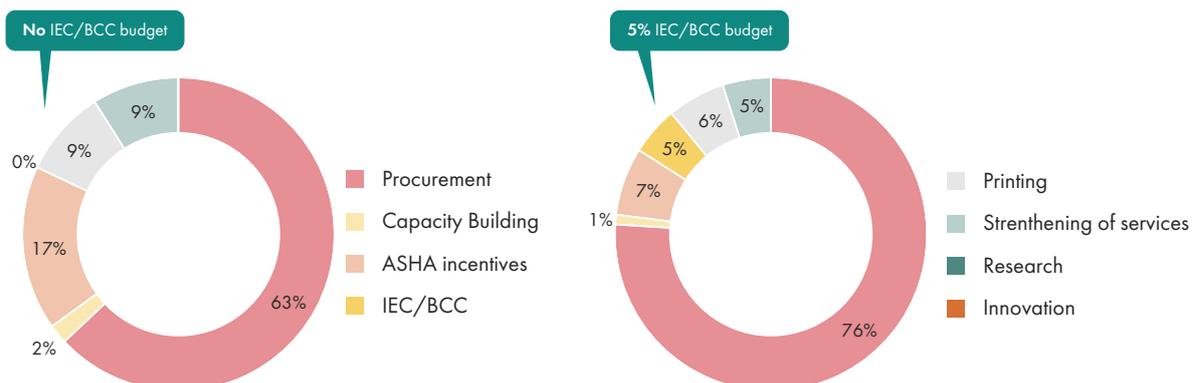


Figure 2: Contribution of IEC/BCC and other budgetary heads in AMB budget for FY 2019-20 & 2020-21 - Jharkhand

Source: AMB Webinar Series on 'Solid Body, Smart Mind, and Demand Generation for Anemia Mukht Bharat'. Presented by UNICEF, Jharkhand. Retrieved from: <https://anemiamukhtbharat.info/resources/>

## Inclusion of IEC/BCC activities

Jharkhand recorded the jump of 5% in AMB IEC/BCC budgeting in FY 2020-21 compared to no allocation in FY 2019-20 (Figure 3). For this, State engaged in mapping out the list of activities and materials that had to be budgeted as per the cost norms from MoHFW and the existing cost norms in the State. Templates were also drafted for components that did not have any prior national or state cost norms. The approved prototypes along with the easy to adapt and use formats for IEC/BCC were considered during the discussions of PIP process. With the national consultations and support, State utilised data from POSHAN Jan Andolan Dashboards to ensure Test-Treat-Talk (T3) camps were adequately budgeted for all districts, while considering the detailed T3 camp cost norms.



## 6 Advocacy through Inter-department convergence and stakeholder consultations at all levels

Jharkhand engaged in active stakeholder consultations with diverse partners during the PIP building process. Involvement of key line departments that included- Education, Women and Child Development (WCD) along with the nodal Health department made AMB planning inclusive and participatory. Technical assistance from the NCEARA and IEG further strengthened AMB capacity building. Visits by AMB unit members and experts from the All India Institute of Medical Science (AIIMS), Delhi supported the efficient roll out of training sessions and solving challenges in organizing T-3 camps.

## Convergence and stakeholder consultations



## Key Outcomes

As a key outcome to processes followed by Jharkhand, significant progress was made in bridging AMB planning and allocation gaps by 5% and 20% through FY 2019-20 and FY 2020-21, respectively (Table 1).

FY	Requirement (to achieve 100% KPIs)	Proposed	Approved/Allocated
2019-20	53.9 Cr (INR)	45.2 Cr (INR)	35.1 Cr (INR)
2020-21	50.9 Cr (INR)	45.1 Cr (INR)	44.4 Cr (INR)

-16%

Gap between the required and proposed budget to achieve 100% KPIs

-11%

-22%

Gap between the proposed and approved budget

-2% (approx.)

Table 1: Required, proposed, and approved AMB budget in Jharkhand across FY 2019-20 and 2020-21

Source: AMB Webinar Series on 'Solid Body, Smart Mind, and Demand Generation for Anemia Mukta Bharat'. Retrieved from: <https://anemiamuktbarat.info/resources/>

Jharkhand proposed for 89% of the required budget and received 98% of the proposed budget

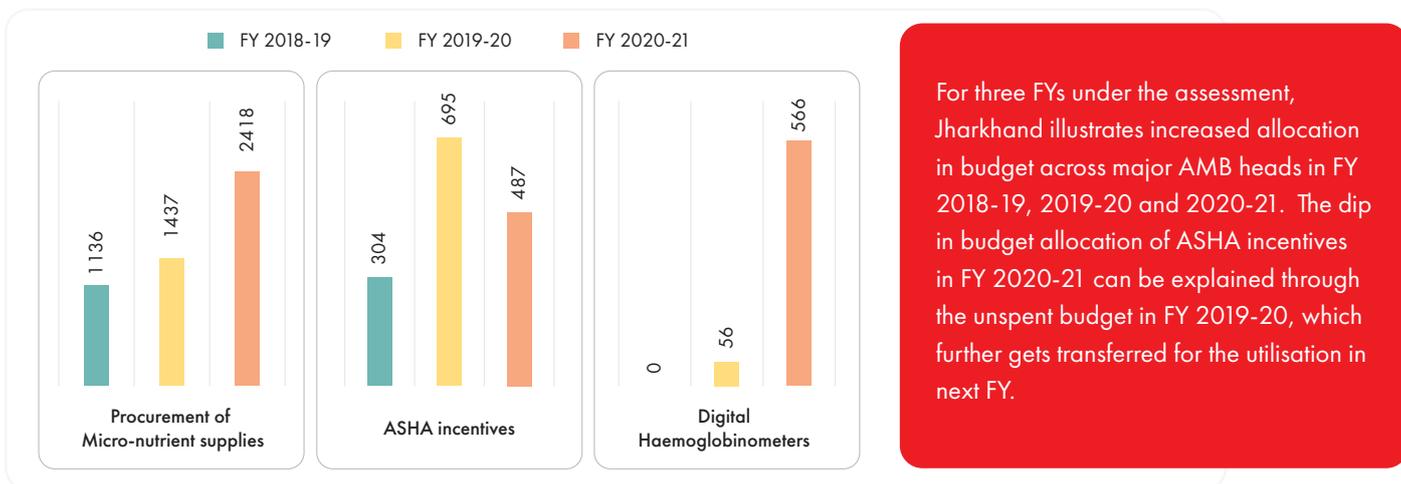


Figure 4: Approved budget (in lakhs) for major AMB heads across three FYs – 2018-19, 2019-20, and 2020-21

Source: State AMB RoP for FY 2018-19, 2019-20, 2020-21, Jharkhand

Jharkhand has shown commitment in procuring at least 50%-60% of micronutrient supplies which is an encouraging figure. The state's efforts in ensuring the inclusion of AMB components by prioritising NHM PIPs reaped benefits. Careful assessment of the areas of improvement, nuanced review of NHM FMR codes of essential budget line items, forecasting through AMB estimations, widening the scope of technical assistance in capacity building, increasing the slab of ASHA incentives (for children and adolescents), and allocating more budget for IEC/BCC activities primarily accounts for the improved AMB financing in Jharkhand.

## Key Learnings

### a What worked?

1. Planning for effective budgetary allocation formed an integral process in Jharkhand with constant inclusion of suggestions from different stakeholders at all levels.
2. There was a comprehensive mechanism for conducting annual reviews by the state to assess the progress of all districts. To make the process more robust, proper periodicity of review meetings must be established at all levels. It should take place every quarter, not only by the state but also at the district level and below.
3. NHM arduously tracked the procurement of micronutrient supplies and therefore ensure the maximum coverage in districts with the support of development partners. To strengthen the process further, process level indicators must be taken into the consideration. For instance, the number of training sessions conducted, the status of IEC/BCC, and demand generation activities organised at the ground level.
4. Jharkhand worked on overcoming the challenge of limited involvement of technical partners by holding national consultations with the NCEARA and IEG along with development partners like UNICEF, WeCan, and Evidence Action. Involvement of non-traditional partners such as those stakeholders working on anemia at ground level, engaging media, local NGOs, and leaders for demand generation activities can help and boost the last mile delivery of services.
5. Jharkhand could earmark dedicated AMB funds under IEC/BCC head for FY 2020-21 with continuous national support and interaction with the State IEC division. Support for timely utilization and completion of committed activities is important to secure budget under next PIP cycle.
6. NHM Jharkhand addressed the challenges posed by COVID-19 on priority basis. The State issued revised guidelines and reporting formats to districts thereby modifying the program implementation approach.
7. State NHM initiated AMB fellowship program to provide district level handholding support and promote convergence of line departments (Education, Health, and WCD). Such initiatives contribute in eliminating logistical impediments to ensure efficient roll-out of program and improve district level indicators.

### b Challenges

1. FY 2019-20 was a building phase for AMB where the entire emphasis was on streamlining procurement, supply chain management, distribution of IFA, monitoring through E-Aushadhi, and implementing capacity building programs. As a result, components like ASHA Incentive and IEC/BCC were less focused upon.
2. COVID-19 initially impacted the implementation of AMB activities on-ground with considerable administrative and infrastructural pressure that was addressed by the State on priority basis.
3. Till now, the primary focus was placed on the budget planning and allocation process. There has been a gap felt in terms of the periodic review mechanisms to check the utilisation rates for each of the budgetary heads.
4. Routine monitoring of AMB implementation was limited. This was felt due to the limited involvement of development partners at the state level to support and handhold districts for the timely implementation of AMB.

## About the Document

*Anemia is a grave cause of concern and a public health challenge of colossal proportions for the country despite concerted efforts being made by all the stakeholders involved.*

*The Anemia Mukht Bharat (AMB) program intensified and added to the interventions and endeavours being made under the National Iron Plus Initiative, Weekly Iron Folic Acid Supplementation and other iron supplementation programs. The AMB Compendium of Learnings is anchored in the lessons learnt from efforts made to strengthen the various system pillars for implementation of AMB program in Chhattisgarh, Jharkhand, Madhya Pradesh and Uttar Pradesh. In addition, the compendium also consists of an intervention on Anemia Control implemented in Odisha, that showed promising results. The package consists of a total of seven documents- an introductory synthesis document and six practice insights.*

## Author: We Collaborate for Nutrition (WeCan)

WeCan (We Collaborate for Nutrition) is a national level platform to foster cross-learning within the nutrition community, to collaborate and to leverage each other's experiences. WeCan facilitates scaling up of proven interventions for optimal utilization of resources and time to improve nutrition outcomes in India. Our goal is aligned with the overarching mandate of POSHAN Abhiyaan, a multisectoral nutrition flagship program of the Government of India. We work with a special focus on Maternal, Infant and Young Child Nutrition (MIYCN) and its key thematic areas.

## Contributors

This document is a collaborative effort. It has been developed with inputs from National Center for Excellence for Advanced Research in Anemia (NCEAR-A), National Health Mission (NHM), Chhattisgarh, NHM-Jharkhand, NHM-Madhya Pradesh and contributions and inputs from the following development partners:

### National Center for Excellence for Advanced Research in Anemia (NCEAR-A)

NCEAR-A is partner institute of the AMB program. To enable accelerated anemia control in India, under the aegis of Anemia Mukht Bharat – National Health Mission, National Centre of Excellence and Advanced Research in Anemia Control (NCEAR-A) has been established at Centre for Community Medicine, All India Institute of Medical Sciences (AIIMS), New Delhi.

### UNICEF

UNICEF is the global leader promoting and protecting children's rights in 190 countries, including India.

### Evidence Action

Evidence Action scales evidence-based and cost-effective programs to reduce the burden of poverty for hundreds of millions of people.



Address: B-84, Defence Colony, New Delhi - 110024  
Email: [wecollaboratefornutrition@ipeglobal.com](mailto:wecollaboratefornutrition@ipeglobal.com)