

PUBLIC HEALTH AND NUTRITION IN MAHARASHTRA



Maharashtra's Commitment to **SDG 2** and **SDG 3** Rhetoric and Reality

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Maharashtra has traditionally been one of the progressive states with regards to welfare policies. But in recent years, it has been consecutively cutting its social sector spending which has in consequence impacted the budget allocated for public health. Despite its health indicators being better than the national average, it cannot afford to spend as less as 0.44% of its GSDP on the public health sector. Currently, Maharashtra is spending Rs 850 per capita on health, lesser than the national average of Rs 1217. Massive budget cuts and budget under-spending are bound to poorly impact the public health of the state. Such an impact would keep it from achieving the SDG 2 and 3 targets of universal health access, increasing health financing and removal of malnourishment among others.

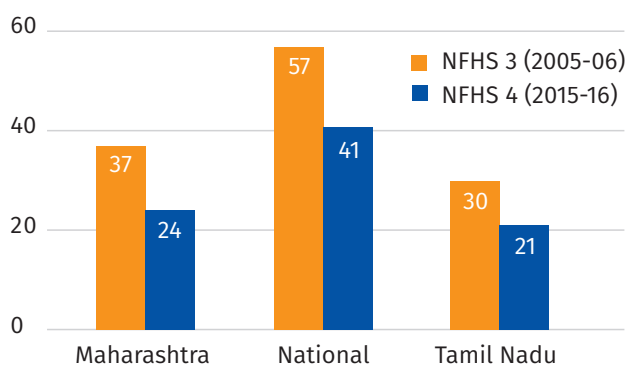
There is one PHC for every 33,984 persons in rural Maharashtra whereas the standard set down by the Government requires one for every 30,000 persons. There was an overall PHC, Sub-Centre and CHCs shortage of 18%, 22% and 35% respectively in Maharashtra in 2015 according to the Rural Health Statistics. Moreover, there are over 1,200 posts of medical officers in PHCs which are vacant. It has also been noticed in a survey conducted across Maharashtra by SATHI that the medicines for PHCs and RHCs are often delayed by 3-4 months. All of these point to insufficient management of public health for the marginalized.

The different indicators given below highlight ways in which Maharashtra is falling short of taking adequate care of its people. We have used the national average and statistics from Tamil Nadu since it spends more than Maharashtra on public health and medical education.

Infant Mortality Ratio

ICDS budget cuts are reflected in the high IMR of India and Maharashtra. Tamil Nadu fares much better than both of these. The nutritional needs of children are met through the ICDS which is why it is crucial that such cuts are not practiced henceforth.

Infant Mortality Rate-Maharashtra, National Average and Tamil Nadu (NFHS 3 & 4)



Body Mass Index

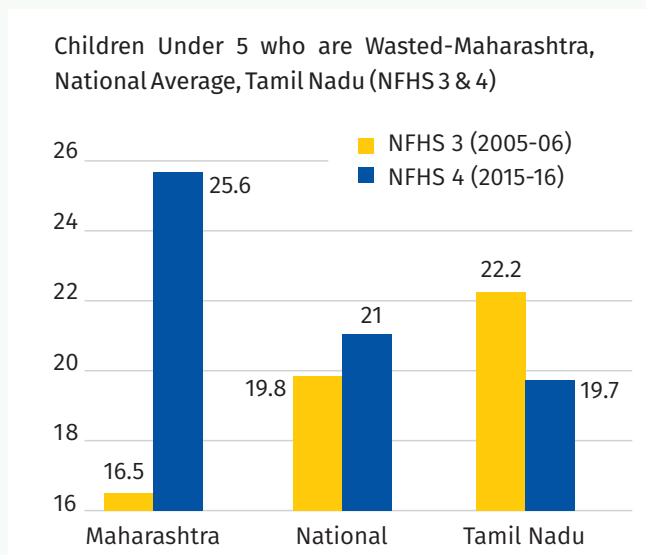
The problem of double burden of malnutrition comes to light with NFHS 3 and 4 data. While there has been a noticeable decrease in the number of women whose BMI is below normal (36.2% to 23.5%), obesity amongst women has increased at the same point (12.5% to 23.4%). The same case applies to men where this trend is being observed at the national level and within Maharashtra.



Disclaimer: This policy brief does not deal with all the targets in Goal 2 and 3, but focuses on malnutrition, Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR) and the health budget.

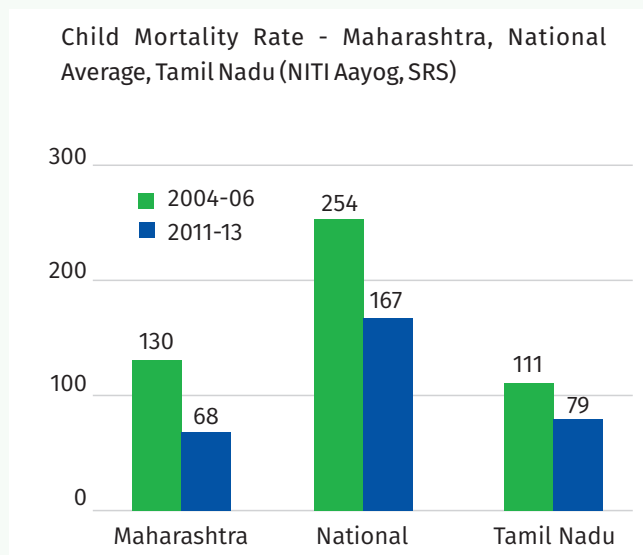
Malnourishment

Though Maharashtra is performing better than the national average, the percentage difference in stunted and underweight children in Maharashtra is marginal. The inordinate rise in the cases of Under 5 Wasted children points to a systemic failure in catering to the nutritional needs of children in the state.



Maternal Mortality Rate

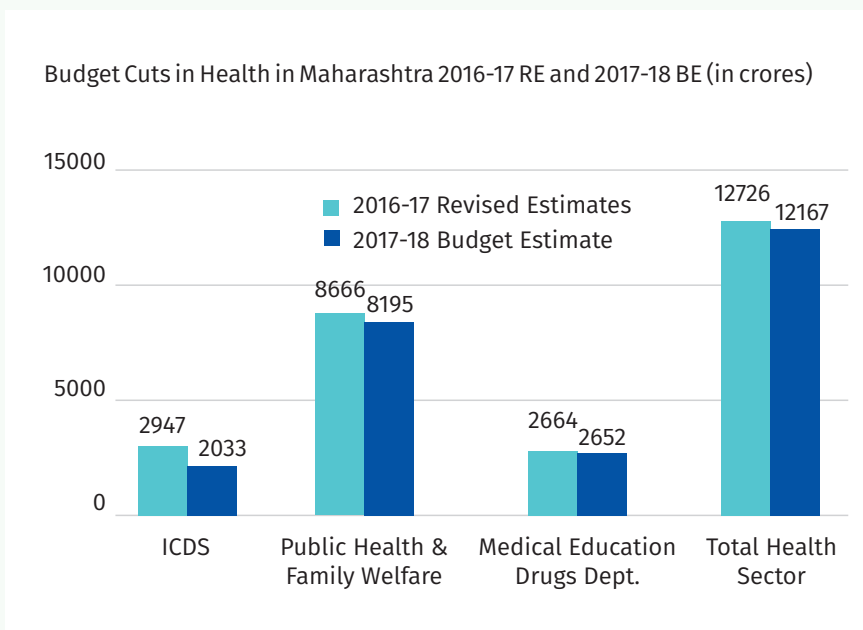
Successful attempt by Maharashtra in tackling MMR is visible here since the drop in the MMR in Maharashtra is much higher than the national average and Tamil Nadu. This particular problem is being tackled at an impressive rate.



Maharashtra's Health Budget

The all-India average of per capita expenditure on health is Rs 1217, whereas Maharashtra's expenditure is much lower at Rs. 850. States like Goa, Tamil Nadu and Rajasthan spend much more on Public health than Maharashtra. It's shocking that despite Maharashtra being one of the top contributors to India's tax base and GDP, the budget allocated to the health sector in the state is facing regular cuts. It comes as a shock that despite the massive cuts in 2016-17, the government continued to deprive this crucial sector of financial support in the 2017-18 budget.

The regular protests of Anganwadi workers are not desirable given the important role that they play in improving public health in the state. The state is not merely witnessing budget cuts, but there is regular budget under-spending too. 29% of the health budget was unspent in 2016-17. The sector is already burdened by insufficient resources, is heavily understaffed and the staff overworked. Maharashtra is the third costliest state to be hospitalised in rural India and 80.8% of the rural population still chooses to go to private hospitals. This points to an estimated increase in out-of-pocket expenditure.



Conclusion

The Maharashtra government has accepted that the health budget is insufficient, but the consequences of such budgets could lead to long term effects like stunted and wasted children. The government must move beyond accepting its faults and increase the budget allocated for public health and also ensure timely release of these funds. Furthermore, the state machinery needs to be strengthened to spend effectively.

Maharashtra cannot retain its position as a progressive state, if the health budget cuts become a characteristic part of Maharashtra state budgets. The large number of vacancies of doctors, shortage of PHCs, Sub-Centres and CHCs need to be done away with in order to ensure equitable access to healthcare services. It is also key that the government increases its social sector spending in order to ensure the ASHA and anganwadi workers are getting adequate honorarium for their work. Since they are the on-ground workers who form the backbone of the system it's crucial that they are not undervalued.

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