10. NATIONAL RESPONSE TO ONGOING NUTRITION TRANSITION

In 1950 India faced two major nutritional problems. One was the threat of famine and the resultant acute starvation due to low agricultural production and the lack of an appropriate food distribution system. The other was chronic energy deficiency due to:

- low dietary intake because of poverty and low purchasing power;
- high prevalence of infection because of poor access to safe-drinking water, sanitation and health care;
- poor utilisation of available facilities due to low literacy and lack of awareness.

Initiatives to improve nutritional status of the population between 1950-1990 include:

- Increasing food production- building buffer stocks
- Improving food distribution- building up the Public Distribution System (PDS)
- Improving household food security through
  - Improving purchasing power
  - Food for work programme
  - Direct or indirect food subsidy
- Food supplementation to address special needs of the vulnerable groups-Integrated Child Development Services (ICDS), Mid-Day Meals
- Nutrition education especially through Food and Nutrition Board (FNB) and ICDS
- Efforts of the health sector to tackle
  - Adverse health consequences of undernutrition
  - Adverse effects of infection and unwanted fertility on the nutritional status
  - Micronutrient deficiencies and their health consequence

Source: Planning Commission, 2002

The country adopted multi-sectoral, multi-pronged strategy to combat these problems and to improve the nutritional status of the population. Article 47 of the Constitution of India states that "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". Successive Five-Year Plans laid down the policies and strategies for achieving these goals.

Progress achieved in seven five year plan periods was reviewed in 1991-92. It was obvious that threat of famine has disappeared. There was a significant decline in severe forms of under-nutrition. However mild and moderate under-nutrition and micronutrient deficiencies were widely prevalent.

India prepared and adopted the National Nutrition Policy in 1993 . The Policy advocated a comprehensive inter-sectoral strategy between 14 sectors (which directly or indirectly affect dietary intake and nutritional status of the population) for combating multi-faceted problem of under-nutrition and improving nutritional status for all sections of the society. The Policy sought to strike a balance between the short-term direct nutrition interventions and long-term institutional/structural changes to create an enabling environment and necessary conditions for improving nutritional and health status. The Policy also set goals to be achieved by each sector by 2000. A National Plan of Action (DWCD 1995) was drawn up and approved in 1995. In order to achieve inter-sectoral coordination at the highest level, a National Nutrition Council was formed under the chairmanship of the Prime Minister with Planning Commission as the secretariat for the Council. The Council was to act as the national forum for policy and strategy

formulation, review of performance and mid course corrections. A similar set up was envisaged at the state level. Inter-departmental coordination committee under the Department of Women and Child Development was to coordinate and review the implementation of the nutrition programmes.

Review of the situation in 2000-01 prior to the formulation of the Tenth Five Year Plan showed that while under-nutrition and micronutrient deficiencies continued to be major public health problems, over nutrition and obesity are also emerging as a major problem in many states. Taking cognizance of this Tenth Plan envisaged a **paradigm shift from:**

- household food security and freedom from hunger to nutrition security for the family and the individual;
- untargeted food supplementation to screening of all the persons from vulnerable groups, identification of those with various grades of under-nutrition and appropriate management;
- lack of focused interventions on the prevention of over-nutrition to the promotion of appropriate lifestyles and dietary intakes for the prevention and management of over-nutrition and obesity.

Eleventh Plan priorities

The Eleventh Plan working groups have reviewed the progress since 2002, problems faced in implementation and have made suggestions regarding priorities, strategies and programme modifications to be taken up during the Eleventh Five Year Plan. The working groups identified some of the major problems and made suggestions how to overcome them ; these are summarized below .

It was suggested that the emphasis during the Eleventh Plan may be on

- nutrition orientation of the food production policies to ensure national food security and freedom from hunger for all citizens
- providing nutrition security to families and every individual in the family, so that there is reduction in prevalence of under-nutrition and micronutrient deficiencies
- universal screening of persons belonging to vulnerable groups, identification and appropriate management of those with under-nutrition and micronutrient deficiencies
- promoting appropriate lifestyles and dietary intakes for the prevention and management of over-nutrition and obesity

Some of the strategies to achieve these goals include

- improving purchasing power of the poorer segments of population through poverty alleviation and employment guarantee scheme
- support for agriculture/food processing sectors to address supply side to improve availability, access and affordability of pulses, vegetables and fruits at affordable

cost throughout the year improving access to subsidized food stuffs (including pulses and iodised/double fortified salt in some states) through public distribution system

- demand creation for consumption of balanced food in adequate quantities through nutrition and health education
- enhancing the coverage, content and quality of ongoing programmes
    - for improving nutritional status of vulnerable groups under the ICDS
    - for combating anaemia , IDD and Vitamin A deficiency

Universalisation of ICDS with quality

ICDS is the oldest and the largest of the food supplementation programmes in the world. However the impact of this programme in terms of improvement in nutritional status of the vulnerable groups has been suboptimal. During the Eleventh Plan efforts have to be will be made to enhance quality and impact of ICDS programme through

- improving infrastructure of anganwadi center so that the essential minimum equipment and supplies needed for good quality services are available ;
- improving the knowledge and skills of the AWW through effective training
- creating nutrition awareness through IEC at all levels (community, women's group, village-level workers, PRIs, programme managers and policy makers at the state and central levels);
- and improving community ownership of the programme
- establishing effective supervision of the ICDS functioning
- ensuring inter-sectoral coordination and strengthening nutrition action by the health sector
- improving monitoring so that problems in implementation of the programme are identified and appropriate mid course correction

The working groups had also identified problems in specific groups and suggested remedial measures .

Improvement in maternal nutrition / nutrition in early infancy

Problem

Currently less than 20 % of pregnant and lactating women avail the ICDS food supplements provided in the Anganwadi ; many may not be undernourished ; very few take the food supplements regularly .

The data from the pilot project on food grain supplementation to pregnant and lactating women has shown that this strategy can be implemented effectively even in the poorly performing districts in all states and through this majority of the undernourished pregnant women can be provided with food grains . As they have to collect the food grains from the ration shop only once in the month the coverage is better and the intervention is cost effective .

Strategy for the 11th Plan

Identify and weigh all pregnant women – provide 6 kg of food grains free of cost to those with weight less 45 kg for the remaining period of pregnancy; ensure that they get appropriate antenatal care

Identify and weigh all lactating women - provide 6 kg of food grains free of cost to those with weight less 40 kg for the first year of lactation; ensure that their infants are exclusively breast fed for the first six months

Reduce IMR / improve nutritional status in infancy

Problem

Majority of births in populous states occur at home and absence of mechanism for recognition of the at risk low birth weight neonate contributes to high neonatal mortality
The Tenth Plan goals for early initiation of breast feeding, exclusive breast feeding and timely initiation of complementary feeding have not been achieved

Strategy for the 11th Plan

- Provide a 10 kg tubular Salter balance to the AWW; ensure that she weighs all neonates born at home as early as possible after birth, identifies those weighing less than 2.2.kg and refers them to the nearest hospital with paediatrician
- Focus on behavioral change communication(BCC)through all channels with emphasis on interpersonnel communication to promote exclusive breast feeding for the first six months
- Ensure timely immunisation by ANM by ensuring that all infants do come to AW on the immunisation day
- BCC for appropriate complementary feeding:, ensuring timely initiation, appropriate quality , quantity and frequency of feeding
- Weigh all infants using the tubular Salter balance accurately at least once in three months; identify those with varying grades of under-nutrition and provide needed nutrition care
- BCC regarding appropriate feeding during illness and convalescence

Preschool children

Problem
The rate of reduction in under-nutrition in children is too slow ; the goals for the Tenth Plan in terms of reduction in under-nutrition in children have not been achieved

Strategy for the 11th Plan

ICDS – universalisation and improving quality

- Ensure that all preschool children in the village/ urban block are identified in the survey and are registered with the AW.
- prevent under-nutrition by providing nutrition education through interpersonal communication (by ANM/AWW) to all families with preschool children to
  - promote appropriate intra-family distribution of food;
  - dietary diversification to meet the nutritional needs of the child
- Demonstrate how to cook low cost balanced tasty meals from locally available cereal, pulse and vegetables and feed the young children – demonstration can be done in the anganwadi on immunisation, health and nutrition days
- Operationalise universal screening of all preschool children for under-nutrition, monitoring growth in individual child's card (cards should be made available) and identifying children with different grades of undernutrition.
- Operationalise nutrition interventions for the management of under-nutrition:

  - For children with mild undernutrition - teach the mothers on care of these children with home available food
  - children with moderate and severe under nutrition and give appropriate nutrition and health care ; take home food supplements may have to be given for the initial period and the children carefully monitored
  - identify severely undernourished children who fail to improve under home management, those with infections and other complications and refer them to hospitals for care

Decentralized district based planning

Problem

There are massive differences not only between states but also between districts in the same state. Some states and some districts in all states have achieved substantial improvement in health and nutrition indices while large populous states/ districts lag behind.

Undernourished Children: NFHS (1998-99)	Average	Best	Worst
Weight-for-age	**47.0**	20.6	55.7
Height-for-age	**45.5**	18.1	55.5
Weight-for-height	**15.5**	4.8	24.3

Strategy for the 11th Plan

The district should be taken as a unit for planning, implementation and monitoring of the ICDS programme . District data on nutrition and health status of children from DLHS

will have to be used for district based planning as well as assessing the impact of interventions through ICDS . Specific efforts should be made to provide adequate inputs based on the actual situation in the district and not have arbitrary uniform numbers for providing supplementary feeding in the anganwadi .

There is a need to address budgetary allocation for ICDS to improve quality of services. It is important to specify district wise the investments needed to operationalise interventions,provide the needed outlays, monitor nutrition outputs and outcomes

Intersectoral collaboration

Infections aggravate undernutrition. Interventions to reduce infections such as improved access to safe drinking water and sanitation and improved access to health care for early and effective treatment of infections should receive priority attention because they will result in improvement of nutritional status of the population. There is a need to ensure sytematic collaboration between the ICDS and NRHM/RCH such as the Health/Nutrition days which are operational in several states. It is essential to ensure active involvement of the PRI and the community in monitoring the activities and improving the functioning of the AWC.

Monitoring of ICDS programme

The ICDS reporting formats for should be reviewed, simplified, reduced, and made similar to RCH formats. Simplified and rapid reporting, supported by computerisation would be helpful. Some of the states like Orissa and West Bengal have utilised user friendly soft ware to graphically depict monthly progress so that these indices could be easily monitored . The fact that there is close monitoring will bring about accountability; also problem areas where implementation is faltering can be readily identified and corrective measures taken. Some of the key activities which need to be monitored closely by the AWW, supervisor, DM to improve accountability and performance at village, block and district level are :

- registration of pregnant women, births and deaths
- nutrition education, impact of counselling on infant and young child feeding
- coverage under universal weighing to detect growth faltering, number of malnourished children and the care that they are receiving
- coverage under the food supplementation programmes, regularity of the coverage and coverage of the udnernourished persons and the impact of the supplementation in undernourished persons
- immunization rate, ORT use and nutrition care during illness.

The Approach Paper to the Eleventh Plan has given high priority to effective implementation of focused and comprehensive interventions aimed at improving the nutritional and health status of the individuals. It was emphasized that the increased outlays to combat the dual nutrition burden should result in improved outcomes and outputs in terms of reduction in both under and over nutrition.

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