



## Mains Practice Questions

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**Q:** A third of the world's stunted children under five live in India. In light of the above statement, discuss the existing national framework to improve nutrition in India and its shortcomings in meeting its objective. (250 words)

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Approach:

- Explain Nutrition framework in India: Policy, Legislation, schemes, other initiatives
- List the shortcomings in the existing framework.
- Suggest steps for improvement.

### **Introduction**

- National framework to improve nutrition in India includes: National Food Security Act, 2013, Anganwadi Services Scheme (Integrated Child Development Services Scheme), National Nutrition Mission (NNM) or the Poshan Abhiyan and certain provisions in the Constitution.
- Despite strong Constitutional, legislative policy, plan and programme commitments 43% of Indian children under five years are underweight and 48% are stunted due to chronic undernutrition.
- Physical retardation, increased vulnerability to diseases through childhood and adulthood, impaired cognitive and motor development, stunting, wasting and limited educational accomplishments are major characteristics of the overall burden of ill health caused, and reduced productivity perpetuates poverty.

### **Body**

- National Food Security Act, 2013: provides subsidised food grains for food and nutritional security.
- The Anganwadi Services scheme, which incorporates the Integrated Child Development Services, caters to children up to age six, and to pregnant and lactating women.
- National Nutrition Mission (NNM) or the Poshan Abhiyan is India's flagship programme to improve nutritional outcomes for children, adolescents, pregnant women and lactating mothers.
- 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.
- National Nutrition Strategy (NNS) has set targets for 2022 and the Poshan Abhiyaan has also specified three-year targets to reduce stunting, under-nutrition and low birth weight by 2% each year, and to reduce anaemia by 3% each year.
- Other than this mandatory legislation for salt iodisation, micronutrient supplements (zinc, iron etc) sugar-sweetened beverage tax and food-based dietary guidelines add to the framework.

### **Shortcomings**

- Many policies, many formats. Variable policy formats that are followed, and there is lack of convergence and consistency in policy structure.
- Infrequent monitoring and evaluation of program implementation. While formulation processes are continuous, active, and systematic, they lack adequate documentation of past policy processes.
- Infrastructural shortfalls, quality issues, a shortage of staff and key functionaries, a bigger gap in the number of beneficiaries identified as compared with those actually receiving supplementary nutrition, the diversion of funds to activities not permitted under the scheme.
- Space constraints and lack of hygiene at Anganwadi Centres.
- The framework does not focus on the constructive role that the private sector, development agencies and civil society can play in realising the goals. There is no multisectoral comprehensive nutrition plan.
- Lack of awareness and access to authentic information on nutrition.

### **Steps to be taken**

- Frequent performance audit of the nutrition programmes to measure the impact of interventions. Can be done through- Information and communication technology (ICT)-based real-time monitoring systems, incentivising States for meeting targets, incentivising anganwadi workers for using IT-based tools, and having social audits.
- To eliminate stunting in the long run, interventions should be supported by improvements in the underlying determinants of undernutrition, such as poverty, poor education, disease burden, and lack of women's empowerment.
- Nutrition counseling (especially in relation to breastfeeding and supplementation) and conditional cash transfers also have the potential to reduce stunting and the burden of disease.
- Anganwadi Services Scheme must focus on the provision of physical infrastructure and funding, besides closer monitoring of the nutrition mission.
- The overhaul of capacity and capability in Integrated Child Development Services, mid-day meals and Public Distribution System.
- Multiple campaigns should be designed to inform, communicate and educate on nutrition-specific and nutrition-sensitive behaviours like breast feeding, diet diversity, hand-washing, de-worming, safe drinking water, hygiene (WASH) and sanitation.
- Food fortification should be promoted.

### **Way Forward**

- There is a need to create a pool of experts-validated information on nutrition that's accessible to all. The approach, commitment and resources therefore have to be inter-generational, multi-sector, multi-dimensional and multi-year.

- Public-private partnerships should be encouraged in creating and designing frameworks, structures, processes and metrics for action, implementation and tracking.

For example, involving the nutritionists to work with local communities on calorie and nutrition dense supplementary foods, using easily available local ingredients that are within the ICDS and MDM budget guidelines, and produced by self-help groups, could easily be anchored by the relevant private sector and development agencies, working with State governments, and considered a corporate social responsibility initiative.