



## Rethinking India's Nutrition Strategy

*This editorial is based on “[Tackling the problem of nutrition](#)” which was published in The Hindu on 17/03/2025. The article brings into focus India's nutrition challenge, which extends beyond food insecurity to cultural, gender, and health factors.*

**For Prelims:** [Public Distribution System](#), [Saksham Anganwadi](#), [Poshan 2](#), [Integrated Child Development Services](#), [Green Revolution](#), [National Nutrition Policy](#), [Mid-Day Meal Scheme](#), [Universal Immunization Programme](#), [National Food Security Act \(NFSA\) \(2013\)](#), [One Nation, One Ration Card](#), [Global Hunger Index](#), [NFHS-5 report](#), [One Nation, One Ration Card](#), [Farmer Producer Organizations](#).

**For Mains:** Evolution of Nutritional Security Programmes in India, Issues Leading to Nutritional Insecurity in India.

India's [nutrition](#) challenge extends beyond **food insecurity**, encompassing **cultural habits**, **gender relations**, and **diet-induced diseases** across all demographics. While Budget 2025 increases funding for [Saksham Anganwadi](#) and [Poshan 2.0](#), these programs maintain a **narrow focus on maternal and child malnutrition**, overlooking other vulnerable groups. There is a need for a comprehensive nutrition agenda that recognizes diverse nutritional needs, leverages local food systems, and utilizes health and wellness centers as delivery mechanisms.

### How Nutritional Security Programmes Evolved in India?

- **Post-Independence Era (1950s-1970s): Food Sufficiency & Basic Nutrition Support**
  - In the early years, India faced **severe food shortages, famine risks, and widespread malnutrition**, prompting a **food security-first approach**.
    - The government's priority was to **increase agricultural production and ensure minimum food availability** for the masses.
    - **Nutrition-specific policies were limited**, primarily focusing on targeted feeding programs for children and mothers.
  - **Key Initiatives:**
    - [Public Distribution System \(PDS\)](#) (introduced around World War II, expanded post-1947): Provided subsidized staple grains to address food insecurity.
    - [ICDS \(1975\): Integrated Child Development Services](#) launched to provide **supplementary nutrition, immunization, and preschool education** to children under 6 and pregnant/lactating mothers.
    - **Balwadi Nutrition Programme (1970s)**: Provided **nutritional supplements** to preschool children in rural areas.
- **Green Revolution & Expansion of Food-Based Schemes (1980s-1990s)**

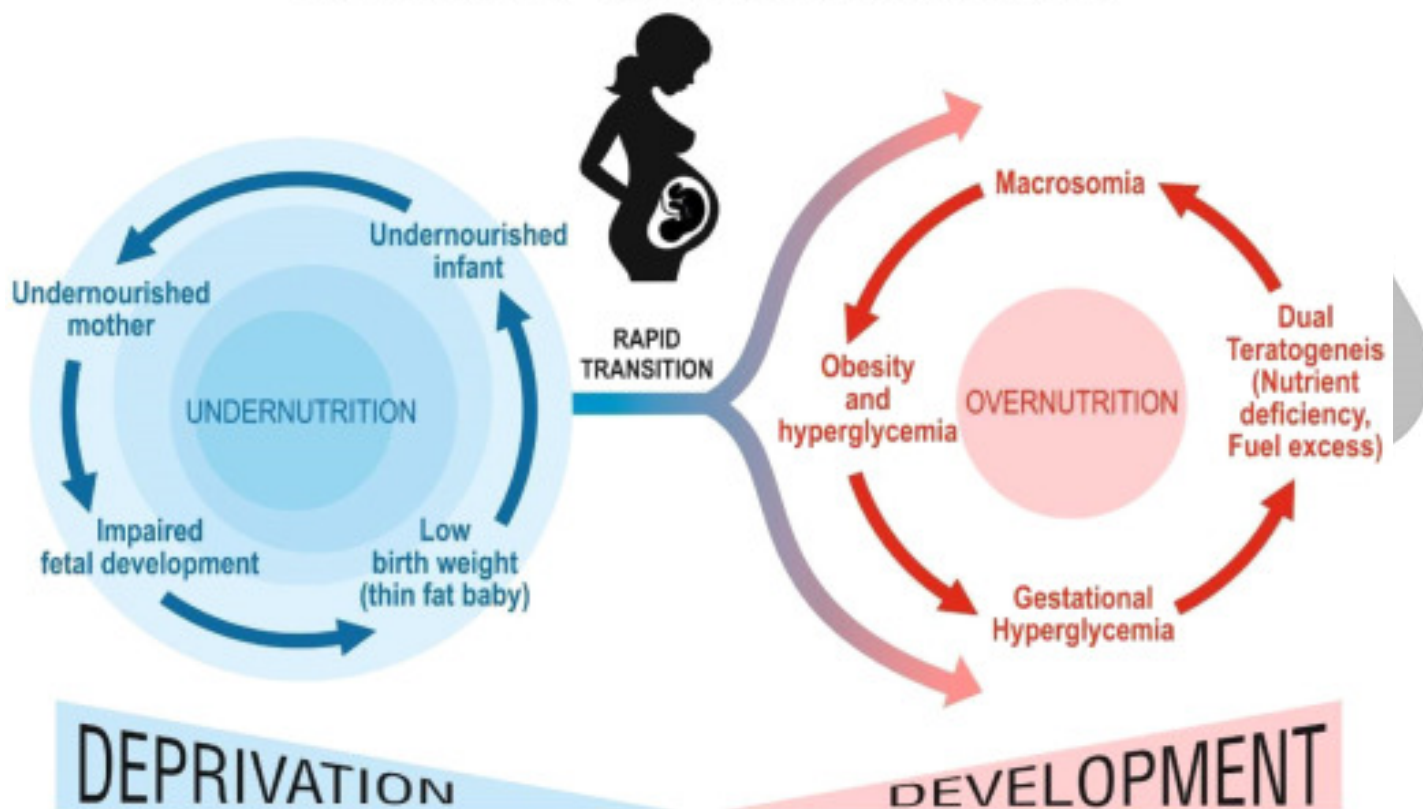
- With the **Green Revolution (1960s-70s)** ensuring **food self-sufficiency**, attention shifted to **expanding social welfare programs for nutrition**.
  - The government **institutionalized nutrition programs within healthcare and education systems**, recognizing that malnutrition persisted despite food availability.
- **Key Initiatives:**
  - **Mid-Day Meal Scheme (MDMS) (1995, formalized under Supreme Court directive in 2001)**: Provided **cooked meals** to schoolchildren, improving **nutrition and school enrollment**.
  - **National Nutrition Policy (1993)**: Introduced a **multi-sectoral approach**, integrating agriculture, health, and food distribution for better nutritional outcomes.
  - **Universal Immunization Programme (1985)**: Helped combat **nutrient deficiencies linked to infections**.
- **Rights-Based Approach & Micronutrient Interventions (2000s-2010s)**
  - The 2000s saw a **paradigm shift from welfare-based nutrition support to rights-based food security and micronutrient interventions**.
    - The government **recognized hidden hunger (micronutrient deficiencies)** and the need for a legal framework to ensure universal food access.
  - **Key Initiatives:**
    - **National Food Security Act (NFSA) (2013)**: Made PDS as **legal entitlements**, ensuring food for upto 75% of the rural population and 50% of the urban population
    - **Iron & Folic Acid Supplementation (2013)**: Addressed **widespread anaemia** among women and children.
    - **Fortification Programs**: Launched **fortified rice, wheat, and milk** distribution to tackle hidden hunger.
    - **POSHAN Abhiyaan (erstwhile National Nutrition Mission)**: It was launched in March 2018 to achieve improvement in nutritional status of Children from 0-6 years.
- **Comprehensive Nutrition & Health Integration (2020s - Present)**
  - India's latest approach **combines nutrition, healthcare, agriculture, and behavioral change**, recognizing that malnutrition is **not just about food availability but also quality, affordability, and awareness**.
    - The government is now **leveraging digital technology, local food systems, and climate-resilient agriculture** for better nutritional outcomes.
  - **Key Initiatives:**
    - **Poshan 2.0 (2022)**: Merged **ICDS, Mid-Day Meal, and Poshan Abhiyaan** for a **life-cycle approach** to nutrition.
    - **Millet Promotion under International Year of Millets (2023)** - Encouraged **nutrient-rich, climate-resilient crops** in **PDS, Mid-Day Meals, and ICDS**.
    - **One Nation, One Ration Card (ONORC)**: Ensured **migrant workers** could access **subsidized food** anywhere in India.
    - **Health & Wellness Centres (Ayushman Bharat)**: Integrated **nutrition counseling, non-communicable disease prevention, and lifestyle interventions** into primary healthcare.

## Why does India Continue to Grapple with Nutritional Insecurity?

- **Persistent Child Malnutrition and Anaemia:** India's excessive focus on food security has not translated outcomes away from **nutritional security**, leading to **high child malnutrition and anemia**.
  - Poverty, lack of dietary diversity, and poor maternal health continue to affect early childhood nutrition.
  - **NFHS-5 (2019-21)**, **36% of children under five are stunted** and **57% of women (15-49) are anaemic**.
  - Even in key hunger indicators like **Global Hunger Index (GHI) 2023**, India ranks 111 out of a total of 125 countries.

- **Double Burden of Malnutrition- Obesity & NCDs:** While undernutrition persists, urbanization and changing food habits have led to **rising obesity and diet-induced non-communicable diseases (NCDs)** like **diabetes and hypertension**.
  - High consumption of **processed, sugar-laden foods** and a sedentary lifestyle have worsened the health crisis (**Economic Survey 2023-24**).
  - Despite this, **nutrition policies remain focused on calorie intake rather than dietary quality**.
    - **Affordable, healthy food remains out of reach for many**, while junk food is cheap and accessible.
  - Almost **one-fourth of our population (both men and women)** are currently either overweight or obese in India
    - In India, there are estimated **77 million people** above the age of **18 years** are suffering from **diabetes (type 2)** and nearly 25 million are prediabetics.

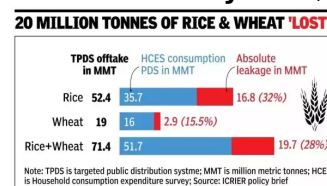
## The Double-Burden-Malnutrition



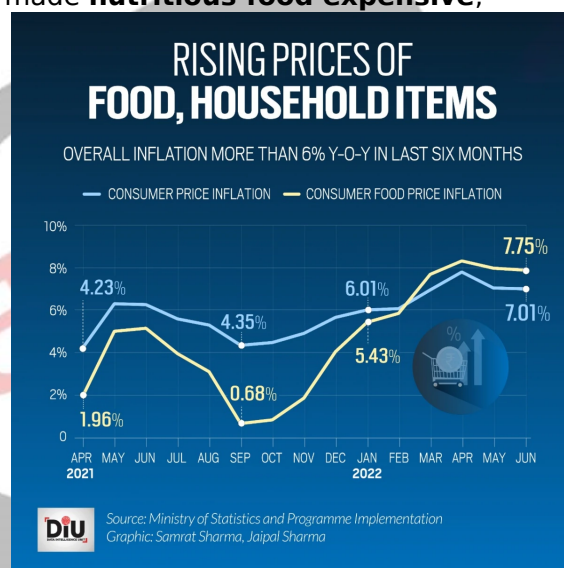
- **Gender and Social Disparities in Nutrition Access:** Nutrition security in India is deeply affected by **gender discrimination, caste hierarchies, and social inequalities**.
  - Women, especially in rural areas, eat **last and least** in households, leading to widespread **micronutrient deficiencies**.
  - **Government programs primarily target pregnant women** but ignore adolescent girls and elderly women.
    - According to the **NFHS-5 report**, there was no significant improvement in health and nutritional status among women in India
- **Climate Change and Agricultural Distress:** Extreme weather events like **heat waves, erratic monsoons, and droughts** have impacted **crop yields, food prices, and dietary diversity**.
  - **Climate-induced food insecurity** is worsening in vulnerable regions like **Bihar, Odisha, and Madhya Pradesh**, exacerbating **hunger and undernutrition**.
    - India recorded its warmest February in **124 years this year**, affecting **rabi wheat yields**.
  - Also, recent government data highlight that India's rice and wheat production is expected to decline by **6-10% due to climate change**.
- **Weak Implementation of Nutrition Programs:** Despite schemes like **Mid-Day Meal (PM**

**POSHAN), Saksham Anganwadi, and Food Fortification, leakages, poor implementation, and exclusion errors** weaken their impact.

- Many Anganwadi Centres lack trained staff, and **take-home rations are often substandard**.
- The **urban poor and migrant workers remain outside formal nutrition safety nets**, leaving them vulnerable to **hidden hunger and food insecurity**.



- A new study reveals that nearly **28% of India's subsidized grains, intended for the poor, are lost to leakage**, costing the government an
  - A recent CAG report highlights the absence of basic amenities such as toilets and drinking water at many **Anganwadi Centres (AWCs)** that put the young children in unhygienic conditions.
- **Economic Inequality and Rising Food Prices:** The **economic slowdown, post-pandemic inflation, and global supply chain disruptions** have made **nutritious food expensive**, disproportionately impacting **low-income households**.



- While free grain distribution under **PM Garib Kalyan Anna Yojana** ensures **caloric sufficiency**, it does not address **protein, vitamin, and mineral deficiencies**.
- Many Indians are **full but malnourished** due to poor dietary choices and limited affordability of healthy foods.
  - **Retail food inflation** ruled above **8% from November 2023 to June 2024**, with pulses and vegetables great spikes.
- **Urban Food Deserts and Poor Dietary Diversity:** Rapid urbanization has created "**food deserts**"—areas where **affordable, nutritious food is scarce, but fast food is abundant**.
  - Low-income urban families, especially **migrant workers and daily wage laborers**, struggle to access **fresh fruits, vegetables, and proteins**, relying on **cheap, processed, and calorie-dense foods**.
    - This worsens both **micronutrient deficiencies** and **obesity**, increasing the burden of **non-communicable diseases (NCDs)**.
  - As much as **68% of food and beverage products currently available in the Indian food market** have excess amounts of at least one ingredient of concern like high sugar, high salt and trans fat.
- **Weak Public Awareness and Behavioral Challenges:** Despite government efforts, **nutritional awareness remains low**, and **food choices are often dictated by cultural preferences, misinformation, and marketing**.
  - Many households prioritize taste, tradition, and affordability over nutritional value.
    - School curriculums and public campaigns lack a strong focus on everyday nutrition education.



- For instance, **85% of Indians are unaware of vegetarian sources of protein**, while more than **50%** are unaware of healthy fats.

## What Measures India Can Adopt to Enhance Nutritional Security?

- **Strengthening HWCs for Community-Led Nutrition:** Health & Wellness Centres should be **upgraded into Nutrition Resource Centres**, providing **personalized diet counseling**, regular screenings for malnutrition and NCDs, and locally tailored meal plans.
  - By integrating **Poshan 2.0 with Ayushman Bharat HWCs**, nutrition services can be **expanded beyond maternal health** to include **adolescents, the elderly, and NCD patients**.
  - Dedicated **community nutrition officers** can bridge the gap between **healthcare and dietary interventions**, ensuring nutrition becomes a **core part of public health services**.
- **Revamping Mid-Day Meals with Local Food Systems:** The **Mid-Day Meal Scheme** should **emphasize regionally available, nutrient-rich foods** like **millets, pulses, and leafy greens**, reducing dependence on **staple grains like rice and wheat**.
  - A decentralized approach, involving **local SHGs (Self-Help Groups)** and **Farmer Producer Organizations (FPOs)**, can ensure **fresh, diverse, and culturally relevant meals** for children.
  - Integrating **PM-POSHAN with the Millets Mission** will help promote **nutritionally superior grains** while boosting rural livelihoods.
- **Mandatory Fortification with a Focus on Micronutrient Deficiency:** **Scaling up fortification of staple foods** like **rice, wheat, milk, and edible oils** can combat **hidden hunger** without altering eating habits.
  - **Linking the Public Distribution System (PDS) with fortified food distribution** will ensure even low-income groups receive **essential vitamins and minerals**.
  - However, **fortification should be complemented with dietary diversification**, ensuring that **natural sources of nutrients are not neglected**.
- **Making Urban Food Environments Healthier:** A **graded taxation system on ultra-processed, high-sugar, and trans-fat-laden foods** can curb unhealthy eating habits while promoting **affordable healthy alternatives**.
  - **Zoning laws can be introduced to restrict fast-food outlets near schools and healthcare facilities**, nudging people toward healthier choices.
  - **Linking the Eat Right India movement with the FSSAI Front-of-Pack Labeling (FOPL) initiative** will ensure consumers are well-informed about the **nutritional quality of their food choices**.
- **Climate-Smart Agriculture for Nutritionally Resilient Food Production:** India must **shift from calorie-heavy monoculture farming** (rice & wheat) toward **nutrient-dense, climate-resilient crops** like **millets, pulses, and biofortified varieties**.
  - Policies like the **National Food Security Act (NFSA)** should be **amended to include millets** in the PDS, incentivizing farmers to diversify crops.
  - **Watershed management, agroforestry, and regenerative farming** should be scaled up to **enhance soil health and ensure nutrient-rich food production** despite climate challenges.
- **Expanding Social Protection Schemes:** PDS should move beyond just providing **caloric sufficiency** and focus on **nutritional adequacy** by **including pulses, millets, and fortified dairy products**.
  - Expanding **Integrated Child Development Services (ICDS)** to include **adolescent girls and elderly women** will address **lifelong nutritional vulnerabilities**.
  - **Linking DBT (Direct Benefit Transfer) with nutrition support for vulnerable populations**, such as migrant workers and urban poor, will **ensure flexibility in dietary choices** while maintaining food security.
- **Mass Nutrition Literacy Campaigns:** A nationwide **"Right to Nutrition" campaign**, integrated into school curriculums, workplaces, and social media, can build **awareness about balanced diets, food labeling, and unhealthy food risks**.
  - **Engaging influencers, faith-based organizations, and community leaders** will help **counter myths about food choices**, especially among marginalized groups.
  - Expanding **Eat Right India** into a **year-round grassroots movement** will

reinforce **healthy dietary habits** from childhood.

## What are the Key Best Practices of Indian States Related to Nutrition?

- **Chhattisgarh: Multi-Sectoral Approach for Stunting Reduction**
  - Stunting declined from **52.9% to 37.6% (2006-2016)** due to improvements in **health services, sanitation, and household assets**.
  - Strong **political stability, bureaucratic efficiency, and community mobilization** helped scale up interventions.
- **Gujarat: Strengthening Policy for Nutrition Outcomes**
  - Stunting dropped from **51.7% to 38.5% (2006-2016)**, driven by an **enabling policy environment** and improved **maternal and child health interventions**.
  - Expanding **women's education, WASH (Water, Sanitation, and Hygiene), and rural development** played a crucial role.
- **Odisha: Steady Progress Through Policy & Partnerships**
  - Stunting fell from **45% to 34.1%**, with **strong political commitment and policy support** driving change.
  - Convergence of **state, development partners, and financial resources** helped scale up nutrition programs.
    - Challenges like **poor sanitation, early marriage, and education gaps** still need urgent attention.
- **Tamil Nadu: A Long-Term Vision for Nutrition**
  - Tamil Nadu achieved historic success in **reducing undernutrition between 1992-2016** through **investments in social welfare, health, and gender equality**.
  - The state's **focus on women's welfare and child development** remains a key success factor.

## Conclusion:

India must move beyond food security to holistic nutritional well-being, aligning with **SDG 2 (Zero Hunger)** and **SDG 3 (Good Health & Well-being)**. Strengthening Health & Wellness Centres, promoting local food systems, and addressing malnutrition across all demographics can bridge policy gaps. A **community-driven, climate-smart, and inclusive approach** is key to achieving sustainable nutrition security for all.

### **Drishti Mains Question:**

Despite various government initiatives, India's nutritional security remains a challenge due to systemic gaps beyond food availability. Analyze the key issues and suggest a multi-pronged strategy to ensure holistic nutritional well-being?

## UPSC Civil Services Examination Previous Year's Question (PYQs)

### **Prelims:**

**Q. Which of the following is/are the indicator/indicators used by IFPRI to compute the Global Hunger Index Report? (2016)**

1. Undernourishment
2. Child stunting
3. Child mortality

**Select the correct answer using the code given below:**

- (a) 1 only
- (b) 2 and 3 only
- (c) 1, 2 and 3
- (d) 1 and 3 only

**Ans: (c)**

**Q. In the context of India's preparation for Climate-Smart Agriculture, consider the following statements: (2021)**

1. The 'Climate-Smart Village' approach in India is a part of a project led by the Climate Change, Agriculture and Food Security (CCAFS), an international research programme.
2. The project of CCAFS is carried out under Consultative Group on International Agricultural Research (CGIAR) headquartered in France.
3. The International Crops Research Institute for the Semi-Arid Tropics (ICRISAT) in India is one of the CGIAR's research centres.

**Which of the statements given above are correct?**

- (a) 1 and 2 only
- (b) 2 and 3 only
- (c) 1 and 3 only
- (d) 1, 2 and 3

**Ans: (d)**

**Q. With reference to the provisions made under the National Food Security Act, 2013, consider the following statements: (2018)**

1. The families coming under the category of 'below poverty line (BPL)' only are eligible to receive subsidised food grains.
2. The eldest woman in a household, of age 18 years or above, shall be the head of the household for the purpose of issuance of a ration card.
3. Pregnant women and lactating mothers are entitled to a 'take-home ration' of 1600 calories per day during pregnancy and for six months thereafter.

**Which of the statements given above is/are correct?**

- (a) 1 and 2 only
- (b) 2 only
- (c) 1 and 3 only
- (d) 3 only

**Ans: (b)**

**Mains**

**Q:** Food Security Bill is expected to eliminate hunger and malnutrition in India. Critically discuss various

apprehensions in its effective implementation along with the concerns it has generated in WTO. (2013)

PDF Refernece URL: <https://www.drishtiias.com/printpdf/rethinking-india-s-nutrition-strategy>

