Role of Ministry of Health and Family Welfare in supporting implementation of National Nutrition Mission

Ministry of Health and Family Welfare
Government of India
Role of health sector is vital in the success of NNM

- National Health Mission (NHM) under MoHFW plays a vital role in success of NNM as the goals of NNM are related to reduction of under nutrition, anemia and prevalence of low birth weight.

- Various health sector interventions under NHM e.g., promotion of early initiation of breastfeeding, immunisation, control of childhood illness, iron and folic acid supplementation, adolescent nutrition and de-worming would be instrumental in success of NNM.
Health sector interventions for improving NNM outcomes

- Anemia Mukta Bharat
- National De-worming Days (NDDs)
- Universal Immunisation
- Promotion of IYCF at HF and Community (Mother’s Absolute Affection Programme)
- Control of childhood diarrhoea (IDCF)
- Nutritional deficiency screening among children
- Nutrition counselling and education at schools and villages
- Food fortification
A. Anemia reduction by Anemia Mukta Bharat

Key Strategies

- High political commitment
- Target-setting
- Strengthening programme coverage
- Strengthening procurement and supply chain management
- Intensive behaviour change communication,
- Robust monitoring and review

A Nationwide Anemia Mukta Bharat has been planned with evidence based strategies
Anemia Mukta Bharat: Key Interventions

- Test and treat malaria in endemic pockets
- Use of iron-fortified foods in public health facilities
- Delayed cord clamping after delivery (by 3 minutes)
- Intensive IEC/BCC for consumption of iron-rich foods, optimum IYCF and nutrition awareness
- Test and treat anemia in school-going adolescents 10-19 years and pregnant women
- Iron and folic acid supplementation and de-worming
Resources developed for Anemia Mukt Bharat

Anemia Mukta Bharat Operational Guidelines is being prepared
B. National De-worming Days (NDDs)

- The **National De-worming** Day is a single fixed-day approach for treating intestinal worm infections in all children aged 1-19 years with administration of Albendazole.

- Periodic de-worming helps children achieve their optimum nutrition status and improves school performance.

Convergence between MoHFW, Ministry of Education and MWCD is instrumental in success of NDDs as AWCs and Schools are used as platforms for ground implementation of NDDs.

In year 2017-18, a total of 22 Cr children were de-wormed during NDDs.
C. Home Based Young Child (HBYC) programme

- The proposed HBYC programme would implement additional home visits over and above the existing HBNC visits for nutrition promotion.
- ASHAs will provide 5 additional home visits each qtr. starting from 3rd month till 15 months of age.
- Aim is to increase community awareness regarding breastfeeding, complementary feeding, WASH practices, early care seeking for childhood illness and ECD for successful reduction of underweight and stunting.

- Convergence between ASHA and AWWs will be leveraged for regular growth monitoring of the children at AWCs, ensuring immunisation, identification and referral of sick children, health, hygiene and nutrition related counselling to caregivers.

Joint letter has been sent to all States for implementation.
D. Mother’s Absolute Affection (MAA) Programme

- Nationwide MAA programme has been implemented with the goal is to revitalize efforts towards promotion, protection and support of breastfeeding practices through health systems to achieve higher breastfeeding rates.

- Capacity building of health staffs, intensive IEC/ BCC and quarterly village level meetings with mothers for breastfeeding promotion are the key components.

- ASHA can carry out the village meetings with group counselling on nutrition with support from AWWs.

35 States and UTs have started various activities under MAA programme.
E. Ensuring dietary counselling as an integral part of ANC: Pradhant Mantri Surakshit Matritva Abhiyan (PMSMA)

- PMSMA has been implemented across the country which aims at high coverage of quality ANC involving dietary counselling to pregnant mothers to reduce the prevalence of low birth weight babies.

More than One Crore Antenatal check-ups have been completed as of date.
F. Village Health and Nutrition Days (VHNDs)

- Monthly VHNDs are implemented across the country for health and nutrition promotion at village level mostly at AWCs by active community participation.

- Active participation of ASHA, ANM, AWW, local PRI and SHG members is essential for mobilisation of children, pregnant and lactating mothers to VHNDs and for successful VHNDs.

Total 106.8 lakh VHNDs were conducted in 2017-18.
G. Mission Indradhanush (MI) & Intensified Mission Indradhanush (IMI)

- Since 2014, Mission Indradhanush has been implemented which aims to ensure full immunization for children up to two years and pregnant women.
- In addition, Intensified Mission Indradhanush (IMI) has been implemented as a supplemental aggressive action plan to achieve the target of more than 90% immunization coverage in select districts and urban areas of the country with low immunisation coverage.

- Head counting, estimation of beneficiaries and mobilising children to the session sites are identified areas for convergence.
- ASHA/AWW/mobilisers (SHG members/PRI members) are being incentivised for line listing, preparation of due list and mobilising children.

A total of 37.72 lakh sessions of MI held as of 2017.
H. Rashtriya Bal Swasthya Karyakram (RBSK)

- Periodic screening of health and nutrition status of children has been carried out by RBSK teams using AWC and Schools as platforms.
- RBSK teams also refer children with poor nutrition to Nutrition Rehabilitation Centres for treatment.
- Support of Ministry of education and MWCD is essential in RBSK implementation which in turn promote nutritional outcomes among children at school and AWCs.
I. Convergence by Team Incentive for nutrition under NHM

- Ten Child Health and Nutrition Indicators are identified for team based incentives for promotion of nutrition under NHM.

- Total annual incentive is Rs 20,000
  - would be divided in the ratio of 75:15:10 between ASHA ANM and Anganwadi Worker.
THANK YOU
Swachh Bharat Mission-Gramin
India’s Sanitation Revolution

Ministry of Drinking Water and Sanitation
Government of India
The biggest behavior change program ever attempted

Number of people in rural India practicing open defecation

<table>
<thead>
<tr>
<th>October 2014</th>
<th>January 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>55 crore</td>
<td>25 crore</td>
</tr>
</tbody>
</table>

India is witnessing a sanitation revolution.
The Swachh Bharat Mission: A Sanitation Revolution

Number of people in rural India practicing open defecation
- October 2014: 55 crore
- January 2018: 25 crore

ODF States (9): Sikkim, Himachal Pradesh, Kerala, Haryana, Uttarakhand, Gujarat, Arunachal Pradesh, Chhattisgarh, Meghalaya

ODF Uts (3): Chandigarh, Daman & Diu, Dadra & Nagar Haveli

3.24 lakh villages and 314 districts declared ODF

Mission is on track to achieve an ODF India by October 2019

- 38.70% (Oct 2, 2014)
- 78.98% (As on Date)

Usage
- QCI 2017: 91%
- NSSO 2016: 95%
Exponential rise in India’s sanitation coverage

Sanitation coverage

@swachhbharat facebook.com/sbmgramin tinyurl.com/sbmgramin
The impact of SBM-G on public health

- The lack of sanitation is responsible for the deaths of over 100,000 children in India annually*

- 48% of India’s children are stunted**

BMGF estimates that households in an ODF villages in India have significantly better health indicators

*UNICEF

**UNICEF
The impact of SBM-G on economics

UNICEF estimates that a household in an ODF villages in India save Rs.50,000 ($800) every year.

Lack of sanitation costs India over 6% of our GDP

– World Bank

The sanitation economy is a $32 billion per year market in India today, and set to double to an estimated $62 billion by 2021

– Toilet Board Coalition

- Property value (one-off benefit): ₹18,991
- Medical costs averted: ₹8,214
- Value of saved lives: ₹17,622
- Value of time savings: ₹24,646
### The impact of SBM-G on productivity

<table>
<thead>
<tr>
<th>Stunting</th>
<th>Schooling outcomes</th>
<th>Employment generation</th>
<th>Women’s economic potential*</th>
</tr>
</thead>
</table>
| • Physical and cognitive stunting in children leads to lower future productivity | • Higher attendance  
• Lower drop-outs among girls  
• Higher learning output | • Swachh Bharat is estimated to have created over a million direct jobs, and many more indirectly | • 1.5% increase in female labor participation  
• 1.4% gain in real GDP  
• Higher female literacy rates |

Swachh Bharat Mission has now provided a platform to National Nutrition Mission to further consolidate the gains towards the goal of Healthy India
Key strategies for districts en-route ODF

**Plan Strategically**
- Prepare a detailed District Swachhta Plan
- Have time-bound targets in mission mode
- Prepare a monitoring and evaluation protocol
- Plan large community-wide interventions

**Generate Demand**
- Create a Swachhagrahi army – at least one per village
- Brand your campaign, create a mascot
- Empower women and children, honour champions publically
- Promote competition between blocks, GPs and villages

**Enabling provisions**
- Promote twin-pit toilet technology
- Promote sanitation lending for liquidity
- Convergence with other schemes like MNREGA
- Build an ODF War-Room
Key strategies for ODF districts

**Verification and Housekeeping**
- Geo-tag all toilets constructed under SBM
- Update IMIS on all parameters
- Retrofit dysfunctional and insanitary toilets

**Sustainability and ODF**
- ODF status is not “one time”, but “full-time” as continued toilet usage and no slip-back is key
- High media and civil society scrutiny for SBM
- Continue IEC and follow-up with nigrani samitis
- ODF+ through SLRM, general cleanliness and Village Swachhta Index
Thank you
The Ministry of Rural Development’s Contributions to NNM

Shri Atal Dulloo  
JS and Mission Director  
Deendayal Antyodaya Yojana- National Rural Livelihoods Mission  
Ministry of Rural Development, Government of India
MoRD contributes through two Divisions

• The MGNREGS Division converges with ICDS in the Construction of Anganwadis

• DAY – NRLM partners with Women’s Collectives to promote Nutrition
CONVERGENCE OF ICDS WITH MGNREGS
Construction of Anganwadi Centres

• Since 2015, MGNREGS and ICDS have converged to construct *Anganwadi* Centres

• Aim:
  • Construct *Anganwadi* Centres in 2,534 Backward Blocks
  • 50,000 per year; 2 lakh AWCs by 2019

• Objectives:
  • Pucca building for Anganwadis in 2,534 Blocks
  • Serve objectives of pre-school education, nutrition centre, semi-formal public health unit, and community centre
  • To create durable assets and improve village infrastructure
  • To provide a creche facility for MGNREGS Workers
Progress with construction of AWCs

• The designs / specifications issued by the Ministry of Women and Child Development are adhered to in the construction of these Anganwadi Centres.

• As per convergence guidelines, the construction cost of AWC is shared between MGNREGS (upto Rs. 5.00 lakh) and the Integrated Child Development Scheme (ICDS) (Rs. 2.00 lakh)

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Financial Year</th>
<th>AWC Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FY 2017-18 (so far)</td>
<td>10059</td>
</tr>
<tr>
<td>2</td>
<td>FY 2016-17</td>
<td>7626</td>
</tr>
</tbody>
</table>
Examples of Anganwadis constructed under this convergence

Madhya Pradesh

Tamil Nadu
DAY-NRLM:

Partnering with Women’s Collectives to promote Nutrition
DAY-NRLM contributes in 5 different ways

• Women’s Empowerment
  - Self Help Groups and their Federations

• Agriculture and Animal Husbandry

• Social Protection
  - Vulnerability Reduction Fund

• Behaviour Change Communication

• Mobilization and Demand Generation
Women’s Empowerment

- The Mission is now working across 4453 blocks in 577 Districts across 29 States, and 5 Union Territories

- **The Mission’s Reach:**
  - 4.7 Crore households
  - 39.9 lakh Self Help Groups
  - 2.20 lakh Village Organizations
  - 19,000 Cluster Level Federations
  - 1.72 lakh Community Resource Persons

- Bank credit to the tune of Rs. 151,000 crore accessed by SHGs since 2013-14; Own corpus is Rs. 15,000 crores

- **A robust community platform in about 3 lakh villages, and a voice in 4.7 crore households**
Farm Livelihoods Interventions (of relevance to Nutrition)

- Dedicated program for promotion of improved agro-ecological practices—More than 33 lakh women farmers supported

- 13.7 lakh women engaged in kitchen gardening

- Special initiatives to promote poultry, piggery, goatery, fishery initiated in multiple States

- Value Chain interventions on Dairy initiated in Madhya Pradesh, Rajasthan and Bihar
Some Glimpses of State Led Interventions
Bihar

- More than 2.5 lakh SHG members have undertaken improved practice of paddy;
- About 2 lakh members trained on kitchen gardening
- About 2 lakh SHG members undertook vegetable cultivation

Wheatamix plant run by 30 SHG members in Bihar – covers requirements of about 6700 recipients through 100 Anganwadis
Chhattisgarh & Maharashtra

Chhattisgarh:
22184 SHG Households cover under MKSP- Vegetable Cultivation

Maharashtra:
71348 SHG member households covered under goatery, fishery and poultry interventions
Kerala

248 units, owned and operated by 2023 women supplies supplementary nutrition for children between 6 months and 3 years in collaboration with Social Welfare Department; turnover is 100 Crores
An example of Vegetable Cultivation and Consumption from Maharashtra

• In January 2017, 497 households in 5 Districts were supported to cultivate homestead vegetable gardens

• Data was analyzed in December 2017:
  • Production was for 128 days, and vegetable were consumed for 122 days
  • This was coupled with dietary education
  • Diet diversity increased 3-4 food groups to 5-7 food groups
  • There was an increase in income, too. Against an investment of Rs. 8.50 lakhs, income exceeded Rs 23 lakhs
• The SHG & VO platform can be effectively used to promote necessary behaviour change

• Examples of work done in convergence with NHM and ICDS:

• **West Bengal:** Immunization coverage in Uttar Dinajpur increased from 53% in December 2015 to > 90% in December 2017

• **Bihar:** Over a 4 year period, in 35 Blocks
  • 68.2% of mothers practiced exclusive breast feeding as compared to 50.2% in the Control Areas
  • 58% of children aged 6 – 23 months had a Minimum Dietary Diversity as compared to 30% in the Control Areas
  • 29.5% of children aged 6-23 months had a Minimum Acceptable Diet as compared to 15.9% in the Control Areas
Vulnerability Reduction Fund

The Fund is provided to Village Organizations to support families in need of food / medical care / other vulnerabilities.

The rate of interest is minimal, and often nil in case of major vulnerabilities.

Across India, total VRF distributed thus far is Rs 501 Crore

**An example from Bihar**

- Since 2011, 19,021 VOs have received nearly 200 Crores
- 23.7 lakh have benefited by using the fund for food security and medical expenditure
- NRLM provided Rs 1 lakh per VO; this has grown to ~ Rs. 3.5 lakh per VO
Mobilization and Demand Generation

DAY NRLM mobilizes women and their families to realize their entitlements, for example, Health and ICDS Services.

An example from Jharkhand

• 6152 VOs across 200 Blocks have been oriented on services available during the VHSND

• Even as women and children are being mobilized for participation, VOs are using a simple check list to monitor availability and quality of services

• Feedback is now being discussed with all concerned to improve services
2018 – 2019

• DAY- NRLM will continue to work on these 5 areas:
  • The Joint Advisory has been circulated, and State staff are drawing up plans for convergence with concerned ministries
  • In partnership with NHM and ICDS, relevant messaging on Health and Nutrition will reach more than 15 lakh Self Help Groups across the 29 States, which translates into an estimated 1.5 crore poorest and marginalized households
  • The focus will be on care during the 1000 Days Window of Opportunity; and Diet Diversity of Women and Children
  • Women in these SHGs will be mobilized to participate in the VHSND and ICDS Services
  • Nearly 20,000 Village Organizations will receive the Vulnerability Reduction Fund
  • Vegetable cultivation will be scaled up to more than 15 lakh farmers, and DAY-NRLM plans to use the services of the nearly 2 lakh Community Resource Persons to promote diet diversity
The potential of the Social Capital

• The National Nutrition Mission can plan to use the Social Capital of Women’s Collectives in innovative manners

• Our convergence with *Swachh Bharat* Mission is an excellent example of how the Women’s Collectives can be mobilized
  
  • Mobilization for construction and use of toilets: all States
  
  • In the production and sale of bricks, hygiene products: Madhya Pradesh, Chhattisgarh, Gujarat, Odisha, West Bengal
  
  • Women trained as Masons: Jharkhand, Bihar, Chhattisgarh, Uttar Pradesh
  
  • Hygiene education and Menstrual Hygiene Management: Haryana, Punjab, West Bengal, Jharkhand
  
  • In operating solid waste management units: Initiated by TN, and now scaled up to 6 States
  
  • In the maintenance of Government Buildings: Gujarat, Kerala
THANK YOU!!
Role of Panchayati Raj Institutions in convergence for National Nutrition Mission (NNM)

Ministry of Panchayati Raj

13th March, 2018
Role of PRIs in the scheme:

- Panchayati Raj Institutions (PRIs) and specifically Gram Panchayats at the village level could play a major role in facilitating all the stakeholders in achieving the mission objectives.

- A bottom-up planning process for nutrition may be initiated with the involvement of SHGs, CBOs, VOs by PRIs.

- Focus on supporting innovations and scaling up best practices in the area of nutrition.

- Social Nutrition Audit should be done with assistance of Gram Sabha.
National Nutrition Mission (NNM)

Role of Gram Panchayats:

• Voluntary disclosures by NNM officials/authorities before Gram Sabhas should be frequent and mandatory

• IEC and capacity building would constitute the core of any nutrition programme. The broad outlines of the IEC strategy and capacity building approach may be spelt out.

• Panchayats falling in areas covered under Mission Antyodaya Gram Panchayats and 115 Aspirational Districts identified by NITI Aayog may be accorded priority

• Officials of line departments should coordinate with SIRDS/ PRTIs for Capacity Building and Training

• Materials for domain based training of ERs/Panchayat functionaries/Line Depts. should be shared with NIRD&PR/SIRDs for effective and focussed training modules after consulting stakeholders of State departments of Nutrition
Role of Gram Panchayats:

• Special Gram Sabhas on Nutrition should be convened along with GPDP Gram Sabha and three times in a year.

• MoPR is promoting participatory planning through GPDP by converging all resources. GPs may be incentivized to include a nutrition component in their GPDP sub-plans.

• The Village Level Sanitation and Nutrition Committee (VHSNC), should mandatorily be a Functional Committee of the Gram Panchayat. In the Gram Sabhas, there should be a regular item of discussion on nutritional status of children.

• There should be a sub-component of incentivizing Panchayats in the NNM
THANK YOU
Ministry of Tribal Affairs on National Nutrition Mission (NNM) / M/o Women and Child Development 13.03.2018
MoTA’s Mandate

- Nodal Ministry for overall policy, planning and coordination of programmes for development of ST’s.
- The programmes and schemes of the Ministry are intended to support and supplement, through financial assistance, the efforts primarily of other Central Ministries, the State Governments and partly of voluntary organizations, and to fill critical gaps in institutions and programmes taking into account the situation of STs.
MoTA’s Mandate – Contd.

- The specially tailored schemes for economic, educational and social development and institution building are administered by the Ministry of Tribal Affairs and implemented mainly through the State Governments/ Union Territory Administrations.

- SCA to TSS and grants under Article 275(1) are as per proposals of State/UT.
MoTA on Health / Nutrition Issues

- This Ministry does not implement any Health / Nutrition specific scheme.

- However, MoTA provides funds to State Governments, on demand basis, for various health/nutrition related projects under SCA to TSP and Art 275(1).

- MoTA also provides funds for Eklavya Model Residential Schools (EMRS) and Ashram schools wherein the primary objective of the schemes include comprehensive physical development of the students.
MoTA on Health / Nutrition Issues - Contd.

- Funds for nutritional activities sanctioned to various states during 2017-18 along with the beneficiaries as under Article 275(1) of the Constitution and SCA to TSS is attached as Annexure.

- All MDM served in EMRS and schools of NGOs funded by MoTA are supposed to be nutritious.
<table>
<thead>
<tr>
<th>State</th>
<th>Name of the Scheme</th>
<th>Name of the Project</th>
<th>Beneficiaries</th>
<th>Total project cost</th>
<th>Approved amount 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andhra Pradesh</td>
<td>SCA to TSS</td>
<td>Special Nutrition food for Sickle cell anemia students</td>
<td></td>
<td>834.00</td>
<td>233.00</td>
</tr>
<tr>
<td>West Bengal</td>
<td>SCA to TSS</td>
<td>Comprehensive health check up, Health card, disease mapping, nutritional support, emergency medicines</td>
<td>6461</td>
<td>120.12</td>
<td>120.12</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>SCA to TSS</td>
<td>Nutritional Garden</td>
<td>8000</td>
<td>120.00</td>
<td>120.00</td>
</tr>
<tr>
<td>Tripura</td>
<td>SCA to TSS</td>
<td>Promotion of nutritional kitchen garden for residential schools</td>
<td>8.00</td>
<td></td>
<td>8.00</td>
</tr>
<tr>
<td>State</td>
<td>Name of the Scheme</td>
<td>Name of the Project</td>
<td>Beneficiaries</td>
<td>Total project cost</td>
<td>Approved amount 2017-18</td>
</tr>
<tr>
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<td>--------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>--------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>Art. 275(1)</td>
<td>Empowering Tribal Communities to improve nutrition &amp; strengthening awareness on nutrition related services.</td>
<td></td>
<td>535.21</td>
<td>175.90</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>SCA to TSS</td>
<td>Community based approach to improve health and nutritional status and to reduce deaths of tribals of Melghat.</td>
<td>45000</td>
<td>450.00</td>
<td>350.00</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>SCA to TSS</td>
<td>Special Projects on Health &amp; Nutrition by state through back yard poultry and convergence of schemes</td>
<td>11924 families</td>
<td>403.00</td>
<td>201.50</td>
</tr>
<tr>
<td>Sikkim</td>
<td>SCA to TSS</td>
<td>Supplementary Nutrition to TB patients</td>
<td>6.50</td>
<td>6.50</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td></td>
<td>71385</td>
<td>2476.83</td>
<td>1215.02</td>
</tr>
</tbody>
</table>
Thank You
Genesis and Evolution

1995
National Programme for Nutritional Support to the Primary Education (Mid Day Meal Scheme) launched as a dry ration scheme.

2001
Hon’ble Supreme Court directed cooked mid day meal. CWP No. 196/2001: PUCL Vs UoI & others

2008-09
Extended to Upper primary classes.
Section 5 (1) (b) of National Food Security Act (NFSA), 2013 mandates that “in the case of children, up to class VIII or within the age group of six to fourteen years, whichever is applicable, one mid-day meal, free of charge, everyday, except on school holidays, in all schools run by local bodies, Government and Government aided schools, so as to meet the nutritional standards specified in Schedule II.”

Schedule II mandates provision of Hot Cooked meal.

The Mid Day Meal Rules, 2015 notified on 30th September, 2015 to comply with the provisions under the National Food Security Act, 2013.
Objectives of MDM Scheme

To address two pressing problems viz. hunger and education by:

- Improving the nutritional status of children studying in classes I – VIII in Government and Government-Aided Schools, Special Training Centers (STC) and Madrasas & Maqtabs supported under Sarva Shiksha Abhiyan (SSA).

- Encouraging poor children, belonging to disadvantaged sections, to attend school more regularly and help them concentrate on classroom activities.

- Providing nutritional support to children of elementary stage in drought-affected areas during summer vacation.
### Food, Nutritional and Calorific norms

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Items</th>
<th>Primary (I-V)</th>
<th>Upper Primary (VI-VIII)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sample MENU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A)</td>
<td>Nutritional Norms (Per child per day)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Calorie</td>
<td>450</td>
<td>700</td>
</tr>
<tr>
<td>2</td>
<td>Protein</td>
<td>12 gms</td>
<td>20 gms</td>
</tr>
<tr>
<td>B)</td>
<td>Food Norms (Per child per day)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Food - grains</td>
<td>100 gms</td>
<td>150 gms</td>
</tr>
<tr>
<td>2</td>
<td>Pulses</td>
<td>20 gms</td>
<td>30 gms</td>
</tr>
<tr>
<td>3</td>
<td>Vegetables</td>
<td>50 gms</td>
<td>75 gms</td>
</tr>
<tr>
<td>4</td>
<td>Oil &amp; fat</td>
<td>5 gms</td>
<td>7.5 gms</td>
</tr>
<tr>
<td>5</td>
<td>Salt &amp; condiments</td>
<td>As per need</td>
<td>As per need</td>
</tr>
</tbody>
</table>

Cooking cost of Rs.4.13 (Pry) and Rs.6.18 (Upy) are being provided per child per day.
Central Assistance

- Central assistance for cooking cost, honorarium to cook-cum-helpers (CCH) and kitchen-cum-stores are provided as per the following sharing patterns:
  - In 90:10 for States of North Eastern and Hilly regions
  - In 60:40 for other States
  - 100% for Union Territories

- 100% assistance is given for cost of food grains, transport assistance (for transportation of food grains), kitchen devices and management monitoring and evaluation (MME)
MDMS complements Sustainable Development Goals (SDGs)

**Goal 2 – Zero Hunger** - *End hunger, achieve food security and improved nutrition and promote sustainable agriculture.*

- 9.78 crore children studying in 11.43 lakh schools were provided MDM on all the school days during 2016-17.
- MDM was served during summer vacations in drought affected areas.
- Provision of Food Security Allowance under MDM Rules, 2015

**Goal 3 - Good Health and Well-being** - *Ensure healthy lives and promote well-being for all at all ages.*

- MDM guidelines envisages for providing 450 calorie and 12 gram protein for primary and 700 calorie and 20 gram protein for upper primary through hot cooked meal to all the children attending elementary classes in targeted schools.

**Goal 4 - Quality Education** - *Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.*

- As it is tough to concentrate on studies on empty stomach, MDM helps children to attend school more regularly and help them concentrate on school activities.
## Sample size for third party evaluation, 2017

| States/UTs | 20 | Zone – 1 Punjab, Uttarakhand, Bihar, Uttar Pradesh |
| Zone – 2 Andhra Pradesh, Kerala, Tamilnadu, Karnataka, Puducherry |
| Zone – 3 West Bengal, Odisha, Manipur, Mizoram, Jharkhand |
| Zone – 4 Maharashtra, Gujarat, Dadra & Nagar Haveli |
| Zone – 5 Rajasthan, Madhya Pradesh, Chhattisgarh |

<p>| Districts | 70 | |
| Block | 210 | @ 3 blocks per District |
| Schools | 2800 | @ 40 Schools per district |
| <strong>Students</strong> | <strong>56000</strong> | <strong>@ 20 Students per School</strong> |
| Cook-cum-helpers | 5600 | @ 2 cook-cum-helper per school |
| Teachers | 5600 | @ 2 teachers per school |
| Parents | 28000 | @ 10 parents per school |
| SMC Member | 2800 | @ 1 per school |</p>
<table>
<thead>
<tr>
<th>Indicator</th>
<th>% response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children like the quantity and quality of meal</td>
<td>98.5%</td>
</tr>
<tr>
<td>Hand wash by children before taking the food</td>
<td>91.6%</td>
</tr>
<tr>
<td>Parents opinion - MDM is very much beneficial to their children</td>
<td>97.1%</td>
</tr>
<tr>
<td>Parents opinion - MDM helped in increasing the enrolment &amp; attendance</td>
<td>95.9%</td>
</tr>
<tr>
<td>Parents opinion - MDM helped in improving health &amp; nutritional status of children</td>
<td>84.6%</td>
</tr>
<tr>
<td>Parents opinion - MDM helped in reducing the dropout rate</td>
<td>77.9%</td>
</tr>
<tr>
<td>Teachers opinion - MDM is very much beneficial to the children</td>
<td>97.8%</td>
</tr>
<tr>
<td>Tasting of food by cooks before it is served to the children</td>
<td>88.2%</td>
</tr>
<tr>
<td>Trained cook-cum-helpers</td>
<td>58.9%</td>
</tr>
<tr>
<td>Teachers recommendation for enhancement of cooking cost</td>
<td>74.7%</td>
</tr>
<tr>
<td>Teachers recommendation for increasing honorarium to cook-cum-helpers.</td>
<td>69.9%</td>
</tr>
</tbody>
</table>
Evaluation studies on MDMS

Programme Evaluation Organization (PEO) of the then Planning Commission conducted country wide evaluation of MDMS. The highlights of the Report (2010) are as under:

• MDMS has been successful in addressing classroom hunger in sample schools.
• MDMS has created a platform for children of all social and economic backgrounds to take meals together, thereby facilitating achieving the objective of social equity.
• MDMS seems to have contributed to an increase in the attendance in schools across the country, it does not seem to have any significant impact on fresh enrolments in sample schools.
The findings of the study conducted by Pratichi Trust in Birbhum district of West Bengal (2005) suggest that the mid day meal has made a positive intervention in universalisation of Primary Education by increasing enrolment and attendance specifically with respect to girls and SC and ST students. The programme has also brought about teacher regularity.

Public Evaluation of Entitlement Programmes (PEEP) Survey by Jean Dreze and Ritika Khera (24 March, 2014 Outlook) found that even in the most deprived and remote villages in Bihar and Jharkhand the parents confirmed that their children were getting mid day meal in schools. It also mentioned that most schools have kitchens, cook and basic equipment for MDMS.
Kitchen Gardens

✓ Provides an opportunity to develop kitchen gardens in school.
✓ Assam (33892), Kerala (7234), West Bengal (1994), Uttarakhand (848), Arunachal Pradesh (350), Manipur (600), Tripura (446) and Nagaland (315) etc.
✓ Children eat self cultivated freshly grown vegetables loaded with vitamins and mineral which is essential for their physical and mental growth and development.
✓ Students learn focus, patience, cooperation, teamwork and social skills.
✓ Students may become more fit and healthy as they spend more time active in the outdoors and start choosing healthy foods over junk food.
✓ Working group formed to promote setting up of Kitchen gardens.
<table>
<thead>
<tr>
<th>S. N.</th>
<th>Best Practices</th>
<th>Name of the States &amp; UTs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Eggs, banana, any other fruit</td>
<td>Andhra Pradesh, Telangana, West Bengal, Odisha, fruit, Puducherry, Tamil Nadu, Jharkhand, Lakshadweep, Rajasthan, A &amp; N Islands, Daman &amp; Diu</td>
</tr>
<tr>
<td>2</td>
<td>Milk</td>
<td>Puducherry, Uttar Pradesh, Gujarat, Kerala, Karnataka, Madhya Pradesh,</td>
</tr>
<tr>
<td>3</td>
<td>Dining halls</td>
<td>Tripura, West Bengal, Uttar Pradesh,</td>
</tr>
<tr>
<td>4</td>
<td>Additional share Honorarium CCH &amp; Cooking cost</td>
<td>Bihar, Uttarakhand, Puducherry, Lakshadweep, Haryana, Tamil Nadu, Karnataka, Chandigarh, Punjab, Kerala, Chattisgarh, West Bengal, Jharkhand, Gujarat, Madhya Pradesh, Goa, Karnataka, Mizoram, Kerala, Odhisha, Uttarakhand, Dadra &amp; Nagar Haveli, Daman &amp; Diu.</td>
</tr>
<tr>
<td>5</td>
<td>Kitchen Garden</td>
<td>Assam, Kerala, West Bengal, Tripura, Sikkim, Arunachal Pradesh, Nagaland, Lakshadweep</td>
</tr>
<tr>
<td>6</td>
<td>Additional food grains</td>
<td>Gujarat, Kerala</td>
</tr>
<tr>
<td>7</td>
<td>Tablet Based Monitoring</td>
<td>Bihar</td>
</tr>
<tr>
<td>9</td>
<td>MDM to class IX &amp; X</td>
<td>Andhra Pradesh, Karnataka, Tamil Nadu, Telangana</td>
</tr>
<tr>
<td>10</td>
<td>Fabricated Kitchen</td>
<td>Maharashtra</td>
</tr>
<tr>
<td>11</td>
<td>Eating Utensils</td>
<td>Bihar, Gujarat, West Bengal, Uttar Pradesh, Madhya Pradesh</td>
</tr>
</tbody>
</table>
Some Issues on Convergence

- Anganwadis and Schools.
- Identification of girl students having anemia.
- Identification of undernourished students.
- Referrals of the students to nearest health centers.
- Health & Wellness ambassadors in schools. Jointly by MoHFW & MHRD.
Dining Hall in a School
School Kitchen Garden
School Kitchen Garden
Training of Cook-cum-Helpers
Thank you

Shri. V Shashank Shekhar (IAS)
Joint Secretary (EE.1)
Ministry of Human Resource Development,
Govt. of India

A meal to a child is an offering to the divinity

Mid Day Meal Scheme,
Government of India
“National Green Corps Programme”

(Ecoclubs)
Eco-clubs: Outreach Programme

Environment Education Awareness & Training scheme: Central Sector scheme, launched during the 6th Five Year Plan in 1983-84 with the following objectives:

- To **promote** environmental awareness among all sections of society.
- To **spread environment education**.
- To mobilize **student’s participation**.
<table>
<thead>
<tr>
<th>S. No.</th>
<th>STATE/UT</th>
<th>No. of Eco-Clubs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Punjab</td>
<td>5500</td>
</tr>
<tr>
<td>2</td>
<td>Sikkim</td>
<td>766</td>
</tr>
<tr>
<td>3</td>
<td>Himachal Pradesh</td>
<td>3000</td>
</tr>
<tr>
<td>4</td>
<td>Orissa</td>
<td>7500</td>
</tr>
<tr>
<td>5</td>
<td>Rajasthan</td>
<td>8250</td>
</tr>
<tr>
<td>6</td>
<td>Kerala</td>
<td>3500</td>
</tr>
<tr>
<td>7</td>
<td>Karnataka</td>
<td>8500</td>
</tr>
<tr>
<td>8</td>
<td>Maharashtra</td>
<td>8807</td>
</tr>
<tr>
<td>9</td>
<td>Madhya Pradesh</td>
<td>12750</td>
</tr>
<tr>
<td>10</td>
<td>Gujarat</td>
<td>6360</td>
</tr>
<tr>
<td>11</td>
<td>Tamil Nadu</td>
<td>7935</td>
</tr>
<tr>
<td>12</td>
<td>Mizoram</td>
<td>1890</td>
</tr>
<tr>
<td>13</td>
<td>Puducherry</td>
<td>400</td>
</tr>
<tr>
<td>14</td>
<td>Delhi</td>
<td>1800</td>
</tr>
<tr>
<td>15</td>
<td>Assam</td>
<td>5407</td>
</tr>
<tr>
<td>16</td>
<td>West Bengal</td>
<td>4400</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>86765</strong></td>
</tr>
</tbody>
</table>

Nearly 25 lakh students actively involved
Activities to be undertaken by Ecoclubs during 2017-2020:

• **Awareness on solid waste management through waste segregation** (biodegradable and non-biodegradable) through establishing 2-Bins in schools— (1) **Blue Bin** and (2) **Green Bin**.

• **Celebration of important environmental days** in schools such as World Environment Day, World Wetland Day, Earth Day, etc. by organising debates, quiz, slogan competition, drawing/poster competition etc,

• **Plantation drives** in and around the school campus, organised in the district/locality, during the months of July and August/monsoon season.

• **Cleanliness drives** to be conducted twice in a year
Administrative set up

MoEFCC

Environment Education Division (EEAT Scheme)

National Green Corps (Eco-club) Programme

State Nodal Agencies

MoEF&CC directly transfers the funds

Eco-clubs

From 2018-19 onwards
Financial assistance

- Rs 5,000/- per school with the ceiling of 250 schools per district.
- Programme is being expanded to college level also.
THANK YOU
Towards Convergent Action

NITI Aayog
National Institution for Transforming India
Government of India

13th March, 2018
Convergence: What, Why & For Who

Shaping Enabling Environment: leadership, commitment, capacity, accountability

Improving underlying Home & Community Conditions through

- strengthening and linking up key sectors that are already ramping up programs:
  - Food security and quality
  - Sanitation
  - Income
  - Women’s empowerment and education
  - Health and other services

- Economic growth must continue because it puts more resources in the hands of families.

Improving immediate conditions

By scaling up nutrition-specific interventions to improve essential actions

Critical question is how do we put in place *at the same time* & at the same place, for the same mother-child conditions at both underlying and immediate levels to reach adolescents, women and children?
Why Convergence

WHY?

• Multi-dimensional nature of Malnutrition
• Lack of Clarity on Roles for Nutrition
• Scattered Approach: Geographic, Planning, Programmatic & Review

Benefits

• Greater Impact on Outcomes
• Participation helps Ministries/Departments Achieve their Goals
• Shared Responsibility & Accountability
**Nutrition: Package of Interventions**

<table>
<thead>
<tr>
<th>Pre-Pregnancy Period</th>
<th>Pregnancy Period</th>
<th>At Birth</th>
<th>Post Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Education of the Girl Child</td>
<td>• Early Registration of Pregnancy</td>
<td>• Institutional Delivery</td>
<td>• Home-Based Young Child Care by ASHA Worker</td>
</tr>
<tr>
<td>• Late Marriage leading to Delayed Age at Pregnancy</td>
<td>• Uptake of Health/Anganwadi Services</td>
<td>• Early Initiation of Breastfeeding (within 1 hour)</td>
<td>• Completion of Immunization Cycle-Rota Virus &amp; Pneumococcal Vaccinations (wherever applicable)</td>
</tr>
<tr>
<td>• Birth Spacing</td>
<td>• Regular Ante Natal Care (ANC) Check Ups</td>
<td></td>
<td>• Growth Monitoring</td>
</tr>
<tr>
<td></td>
<td>• Iron &amp; Folic Acid Supplementation</td>
<td></td>
<td>• Early Detection-Diseases, Malnutrition</td>
</tr>
<tr>
<td></td>
<td>• Weight Gain during Pregnancy</td>
<td></td>
<td>• Feeding Practices-</td>
</tr>
<tr>
<td></td>
<td>• Essential Nutrient Intake</td>
<td></td>
<td>• Exclusive Breastfeeding for 6 months</td>
</tr>
<tr>
<td></td>
<td>• Supplementary Nutrition at Anganwadi Centre</td>
<td></td>
<td>• Complementary Feeding from 6 months onward</td>
</tr>
</tbody>
</table>

Supported by **Behavioral Change Campaigns** to enhance uptake of Health & Nutrition Services, Ensure Participation in Village Health, Sanitation, Nutrition Days (VHSND), Inform about WASH Practices, Nutrition Education, etc.
Strategy

Harmonized Package of Interventions

Implementation Strategy & Fixed Outcomes

Common SBCC Strategy

Measurement at the Ground (Processes & Outcomes)

Joint Review/ Evaluation Mechanism
Elements for Convergence

- Geographic
- Programmatic
- Planning
- Review
### Geographic

<table>
<thead>
<tr>
<th>CHALLENGE</th>
<th>PROGRESS</th>
<th>NEEDS TO BE DONE</th>
</tr>
</thead>
</table>
| • 37 Common Priority Districts among ICDS, ISSNIP, NHM programmes | • Common Priority Districts with highest prevalence of Stunting Identified  
  • NNM to be launched in 315 Phase I Districts  
  • Focus on Aspirational Districts | • Common Cluster Maps/ set of beneficiaries for field functionaries of all programmes  
  • Eg: Gujarat: Achieved alignment of Health and ICDS catchment areas/ boundaries |
## Planning

### CHALLENGE

- Considered to be a Single Ministry Problem
- “Nutrition” not prioritized in Sectoral Plans

### PROGRESS

- National Council Constituted to drive Policy
- State/ District/ Block Level Committees proposed
- Joint Advisories issued to use Self-Help Groups, Women’s Organizations for information dissemination/ driving behavioral change

### NEEDS TO BE DONE

- Activating the Committees
- Sensitizing line Ministries
- Decentralized Diagnosis of State/ District Specific Challenges
- Mapping of Relevant Schemes to Identify Gaps
- Target Setting
- Leveraging VHSNDs
## Programmatic

<table>
<thead>
<tr>
<th>CHALLENGE</th>
<th>ACHIEVED</th>
<th>NEEDS TO BE DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Focus on the <strong>Continuum of Care</strong> during the 1st 1000 Days</td>
<td>Policies in place, NNM bringing back the focus on the 1st 1000 days</td>
<td>Integration with Existing Schemes:</td>
</tr>
<tr>
<td></td>
<td>PMMVY and Home Based New Born Care Programme launched</td>
<td>• Eg: NREGA &amp; ICDS for construction of AWC</td>
</tr>
<tr>
<td></td>
<td>Rota-Virus &amp; Pneumococcal Vaccines Introduced</td>
<td>• Prioritizing /Interventions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Eg.: Ante-natal Care – add IFA and Calcium supply and counselling + weight</td>
</tr>
<tr>
<td></td>
<td></td>
<td>monitoring + diet diversity counselling and demonstration</td>
</tr>
</tbody>
</table>
Nuapada (Odisha) vs. Bongaigaon (Assam): Similar stunting levels and different levels of determinants

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Nuapada (Odisha)</th>
<th>Bongaigaon (Assam)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome: Stunting</strong></td>
<td>37.6%</td>
<td>39.1%</td>
</tr>
<tr>
<td><strong>IMMEDIATE DETERMINANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women BMI&lt;18.5 kg/m2</td>
<td>34%</td>
<td>19.2%</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>49.2%</td>
<td>68.3%</td>
</tr>
<tr>
<td>Adequate diet</td>
<td>2.6%</td>
<td>13.7%</td>
</tr>
<tr>
<td><strong>COVERAGE OF NUTRITION INTERVENTIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;=4 ANC</td>
<td>75.5%</td>
<td>24.2%</td>
</tr>
<tr>
<td>Institutional delivery</td>
<td>84.7%</td>
<td>67%</td>
</tr>
<tr>
<td>Newborn check-up</td>
<td>35.7%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Full immunization</td>
<td>83.8%</td>
<td>42.4%</td>
</tr>
<tr>
<td><strong>UNDERLYING AND BASIC DETERMINANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women literate</td>
<td>49.9%</td>
<td>71.4%</td>
</tr>
<tr>
<td>Girls married before 18 years</td>
<td>19.1%</td>
<td>42.6%</td>
</tr>
<tr>
<td>Households with an improved drinking water source</td>
<td>95%</td>
<td>74%</td>
</tr>
<tr>
<td>Households using improved sanitation facility</td>
<td>20.2%</td>
<td>45.9%</td>
</tr>
<tr>
<td>Open defecation</td>
<td>84.6%</td>
<td>42.2%</td>
</tr>
</tbody>
</table>
Data Systems

Common Beneficiaries
Overlapping Information
(CAS has 84% data fields of RCH1)

(1) e.g. beneficiary details, delivery outcomes, immunization record, breastfeeding and complementary feeding status
### Review

<table>
<thead>
<tr>
<th><strong>CHALLENGE</strong></th>
<th><strong>PROGRESS</strong></th>
<th><strong>NEEDS TO BE DONE</strong></th>
</tr>
</thead>
</table>
| • No Joint Review Mechanism at the Highest Level | • Real-time Data Monitoring System rolled-out in few Districts  
  • Data Systems Integration Initiated  
  • Review Committees Across Levels to be Formed  
  • District Review Guidelines Framed | • Activating Committees which have been formed  
  • Identify common set of Indicators for Review Against Sectoral Targets |
NITI Aayog’s Role:
Stakeholder Alignment

National Level
- Bringing Partners Together
- Developing Common SOP for Convergent Committee Meetings, Review Meetings, etc

State Level
- Taking Technical Expertise of Partners to the States
- Support Development of Customized Multi-Sectoral Action Plans

District Level
- Taking Interventions to the Aspirational Districts
Strategy Formulation and Gap Filling Support

FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA

13TH MARCH 2018
Seven key approaches

Food Testing
Safe Food Practices
Food Standards
Social and Behavioural changes
Food Safety Training
Consumer Focus
Food Safety Compliance
Food Standards

Vertical standards are focused on the nutritional and quality parameters of raw material, ingredient and finished products. Whereas horizontal standards are applicable across the product or categories while focusing on the safety parameters.

Food Testing

- Capacity building initiatives for all the notified laboratories;
- Upgradation and renovation of FSSAI’s own laboratories;
- Regulations for recognition and notification of laboratories (Draft notified);
- Citizens engagement- DART Book and Food Safety on wheels
Safe Food Practices

- Nine technical panels and groups have been constituted with participations of experts who are Food Safety practitioners from industry, trade association, auditing bodies etc.;

- FSMS guidance documents have been prepared for food businesses;

- Food Safety Display Boards for ten different kind of business are in place.

Food Safety Training

- Food Safety Training and Certification (FosTaC) is a Participatory programme of training and Capacity building designed to enhance public awareness while simultaneously training food handlers across the value chain;

- FoSTaC will also be the delivery platform for capacity building of Health and Wellness coordinator under various initiatives for “Safe and Nutritious Foods (SNF)- a shared responsibility”.

![Food Safety Display Board](image1.png)

![Food Safety Training Website](image2.png)
Food Safety Compliances

Risk Based Inspection System (RBIS) has been developed to increase transparency and ensure that scarce Government resources are focused on products and businesses to which greater risk is attached;

Food Safety Compliance through Regular Inspections and Sampling (FoSCoRIS): a Web based mobile app for inspections and sampling that will also serve for monitoring, data collection and data analysis.

Consumer Focus

FSSAI has created an exclusive, interactive portal named ‘Food Safety Connect’ dedicated totally to convert all food purchasers into smart, alert and aware consumers. A ‘Smart Consumer Mobile App’ to capture information related to FSSAI license number, food product test certificate details etc have been developed.
Social and Behavioural Changes

Safe and Nutritious Foods (SNF)-adopts a 360 degree approach for citizen guidance and behavioural changes in every sphere- i.e., home, workplace, school or eating out.

**SNF Initiatives**

- SNF @Home
- SNF @ School
- SNF@ Workplace
- SNF@ Eating out (Serve Safe, Bhog, Safe food on Track and Hospital)
Initiatives in the field of Nutrition

- To reduce food borne illness and disease caused by poor nutrition and unhealthy eating habits, FSSAI has launched **Safe and Nutritious Food (SNF) initiatives**;

- An expert group was constituted to address the issue of consumption of **High Fat Salt and Sugar (HFSS) Foods** and associated health risks and its recommendations have been shared with Ministry of Health and Family Welfare.

- A sub-group was formed under the chairmanship of CEO, FSSAI by the M/o HFW to provide recommendations on Social and Behavioral Change towards consumption of HFSS Foods. The recommendations of the sub-group have been shared with the Ministry of HFW.

- Indian Nutrient Profile Model and Front-of-Pack labelling for High Fat Salt and Sugar (HFSS) Foods have been developed for inclusion in the Draft Labelling Regulation.

- Directions have been issued for all FBO’s w.r.t maximum limits of trans fatty acid as not more than 5% by weight.

- Provisions regarding ‘Nutritional Claims’ are mentioned under draft FSS (Advertisement and Claims) Regulations.

- World Bank is providing non-lending technical assistance to develop ‘Nutritional Curriculum’.
Contd.. Initiatives in the field of Nutrition

To address the issue of micronutrient malnutrition, FSSAI is steering large scale food fortification in the country; Operationalized FSS (Fortification of Foods) Regulations in 2016 for five staples;

- Two Pronged Strategy- Open Market Availability and Inclusion in Government Safety Net Programmes (ICDS/MDM/PDS);
- Constituted Scientific Panel on Nutrition and Fortification to review and formulate science based standards;
- Dedicated Food Fortification Resource Centre (FFRC) setup by FSSAI in collaboration with stakeholders;
- Online Portal on Food Fortification for knowledge dissemination, coordination and collaboration (http://ffrc.fssai.gov.in/);
- +F Logo for fortified foods launched;
Thank You
National Nutrition Mission
Executive Committee Meeting

Tuesday, March 13, 2018
Ramesh Chandra Panda
Structure

1. Vision to realize Malnutrition free India by 2022.
2. Enforce and Monitor key legislations
3. Evidence Based Programming
4. Promote Jan Andolan
5. Social Audit- to increase transparency and public accountability
6. Some More Thrust Areas
“Poverty, Lack of Education and Malnutrition are big challenges that our nation faces today”

(Hon’ble Prime Minister’s Speech in Lok Sabha on 75th Anniversary of the Quit India Movement)
Enforce and Monitor Key Legislations Impacting Nutrition Outcomes


2. **The Food Safety and Standards Act, 2006** - Food Adulteration is all pervasive and the mechanism at district and below for regulatory enforcement and monitoring needs to be strengthened. Specifications and standards of all food items must be evidence based and enforced.


   - Section 2(9) defines that meal means pre-cooked and hot cooked and heated before its service and such meal or take home ration with prescribed protein and calorie content.
   - Schedule II- prescribes the calorie and protein content for the pregnant and lactating mothers and children under 6 years of age.
   - There are some States not yet set up Food Commission and we should discuss to make such institution effective tool for enforcement of nutritional standards in ICDS Supplementary Nutrition, Mid day meal and Targeted Public Distribution schemes.
Enforcement and Monitoring of NFSA with an Empowered Food Commission

- Ration card will be in the name of eldest woman in the family
- Ensure access and control over Supplementary Nutrition, Mid Day Meal and TPDS
- Nutrition, health & education support to adolescent girls
- Hear appeals and address grievances
- Safe drinking water, nutrition, health and education support to adolescent girls
- Free-of-charge meals for pregnant and lactating mothers, maternity benefits
- Ensure Exclusive breastfeeding for children under 6 months
- Food Security Allowance: In case of non-supply of food grains

NFSA 2013:
Food & Nutrition Security In A Life Cycle Approach
Mandates a State Food Commission
Evidence Based Programming

As per National Family Health Survey (NFHS)-IV

- **Arunachal Pradesh, Tripura, Chhattisgarh, Punjab, Mizoram, Gujarat, Odisha, NCT - Delhi and Assam** have reduced stunting over 10 years.

- **States like Sikkim, Assam, Chhattisgarh, Odisha, Rajasthan, Bihar, and Jharkhand** have demonstrated exemplary success on reduction of anaemia.

- Although, wasting has gone up overall in India, still, states like **Meghalaya, Mizoram, Bihar, Jharkhand and Kerala** have demonstrated reduction of wasting.

- We have to learn from these models and replicate the best practices. **MWCD may commission a study to document best practices.**

- **NFHS – V having been commissioned, we should get the data and micro data and declare 2018 as the base year for NNM performance monitoring**
• With highest level of commitment, we should launch a movement and involve all stakeholders to achieve the vision.

• The hamlet level women Change Leaders should be recruited and trained to lead from the forefront.

• The local bodies at the villages and urban centers need to play a pivotal role.

• Ensure convergence that takes place with other social and people’s movements like Swachh Bharat Abhiyaan, Beti Bachao Beti Padhao Abhiyaan etc.

• A special campaign on –SAM (Severely Affected Malnourished Children) Mukt Bharat may be commissioned to address the needs and aspirations of 95 lac SAM Children.

• Special people’s movements needs to be undertaken for workers in plantations and constructions and industrial areas and geographically excluded pockets, Extremist infested areas and disaster prone areas
## Institutionalise Social Audit

### Components

**Equity Audit**
- Location of the Anganwadi Centre
- Selection & identification of children, pregnant and lactating mothers
- Gender & ethnic specific information

**Resources audit**
- Access, availability and consumption of nutrition and health supplies and services

**Quality Audit**
- Quality of food and nutrition - calorie, micronutrient content
- Quality of drinking water, sanitation and hygiene
- Storage/ inventory/cold chain maintenance
- Process of involvement – SHGs, club, local government bodies and VHNSCs
Some More Thrust Areas

• **Issue Guidelines on the National Nutrition Mission (NNM):** The NNM policy, program and an operational architecture spelling out thrust, funding, roles and responsibilities need to be communicated in different languages.

• Each district should have their **district plan on NNM** design, plan, targets and outcomes.

• Identification of **Malnutrition hotspots** to execute multi-sectoral result oriented schemes as part of district plans.

• Focus on **first one thousand days of life (from pregnancy to first two years)** as first window of opportunity and adolescent girls as future mothers as second window of opportunity. Prioritise actions on Infant and Young Child Feeding (IYCF) practices specifically increasing appropriate complementary feeding for the children between 6-24 months through increased home contacts and Inter-Personal Counselling (IPC).

• **To address micronutrient deficiency** and promote food fortification only after understanding the micronutrient deficiency status of the areas and people. As part of NFHS – V will it be feasible to take up a survey for identification. Include **nutrition indicators in NSS and Census**.
Some More Thrust Areas

• **Convergence:** The real convergence must happen at district and below.

• **Structural changes of all Anganwadi Centers (AWCs) into Crèches,** functioning from 8 am to 5 pm, with increased staff and servings of food, so they can in one package deliver the four rights of the rural pregnant / nursing working mother; - to work; to food; to the sibling girl child’s right to education; and the infant’s right to mother’s breast milk.

**To avoid conflict of interest in implementing NNM**

❖ **Roles, responsibilities and scope of Executive Committee:** It is appropriate to know on the roles, responsibilities, horizontal and vertical relations with multiple agencies, advisory and technical bodies that are working on direct and indirect nutrition interventions. The Executive Committee needs to be appraised of the decisions of these bodies, take a stock of the progress from time to time and appraise National Council on India’s Nutrition Challenges.

❖ **India Nutrition Report**- To develop India Food and Nutrition report which can provide status, and challenges and state specific recommendations to address hunger and malnutrition
THANKS