



# NATIONAL NUTRITION POLICY



- The National Nutrition Policy adopted by the Government Of India in 1993 under the aegis of the Department of Women and Child Development
- The strategy of NNP was a multi-sectoral strategy for eradicating malnutrition and achieving optimum nutrition for all.
- The implementation strategy involves
  - ✓ Setting up Inter Sectoral Coordination mechanism at Centre, State and District levels.
  - ✓ Advocacy and sensitization of policymakers and program managers.
  - ✓ Intensifying micronutrients malnutrition control activities.
  - ✓ Reaching nutrition information to people,
  - ✓ Establishing nutrition monitoring and mapping at state, District and community level, and
  - ✓ Developing district-wise disaggregated data on nutrition

# OBJECTIVES

- ❑ To reduce the incidence of severe (8.7%) and moderate (43.8 percent) malnutrition by half by the year 2000 A.D.
- ❑ All adolescent girls from poor families to be covered through the ICDS by 2000 A.D. in all blocks of the country and 50% of urban slums
- ❑ At least 100 days of employment created for each rural landless family, employment opportunities in urban slums dwellers and urban poor
- ❑ Distribution of iodized salt to cover all endemic areas
- ❑ Nutritional blindness to be completely eradicated by 2000A.D.
- ❑ To expand the nutrition intervention net through ICDS so as to cover all world and vulnerable children in the age group 0 to 6 years.

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graph TD; NNP[NNP] --> Direct[Direct Strategies (Short term Goals)]; NNP --> Indirect[Indirect strategies (Long term Goals)];
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**NNP**

**Direct Strategies**  
**(Short term Goals)**

**Indirect strategies**  
**(Long term Goals)**

# AIM

It aims to address this problem by utilizing direct and indirect interventions.

## **Direct interventions - short term:**

- 1. Ensuring proper nutrition of target groups (vulnerable groups):**  
The National Nutrition Policy has paid special attention towards the vulnerable groups and implemented many nutritional programmes to improve the health status of these target groups like children, adolescents, pregnant and nursing mothers etc.

**Expanding the safety net for children:-** proper implementation of Universal immunization, oral rehydration and ICDS services have been expanded to cover all vulnerable children in the age group 0 to 6 years. Presently ICDS covers around 15.3 million children from rural and urban slums.

**Growth monitoring in 0-3 year age:-** growth monitoring aims at identification of malnourished children and provision of nutritional management for the children especially 0 to 3 years of age group. This includes provision of adequate nutrition for the children, health education of mothers, empowerment of the mother to manage nutritional needs of children effectively.

## **Nutrition of adolescent girls to enable them to attain safe**

**Motherhood:-** the policy has expanded the ICDS services for the adolescent girls to improve their nutritional status, to prepare them for safe Motherhood, by providing basic education about nutrition, fertility, iron supplementation etc.

## **Nutrition of pregnant women to decrease incidence of low birth**

**weight:-** under the policy the government has taken measures to improve the nutritional status of the pregnant mothers right from 1<sup>st</sup> trimester, supplementation of Iron and folic acid, frequent health checkups etc.

2. **Food fortification:-** fortification of essential food items with appropriate nutrient is essential to avoid deficiency disorders like iodine deficiency, iron deficiency etc.

Example, common salt with iodine or iron.

3. **Provision of low cost nutritious food:-** majority of the Indian population belongs to low socioeconomic status and they cannot afford for the expensive food products. So there is a need to provide low cost and nutritious food products for the people to maintain and improve the health of the individual, family and the community by developing indigenous systems and with locally available foods.



4. **Combating micronutrient deficiency in vulnerable group:-**

control of micronutrient deficiencies among the vulnerable groups especially vitamin A, iron, iodine, folic acid among the pregnant, nursing mothers and children through various nutritional prophylaxis programmes is essential. Example Vitamin a prophylaxis programme, the nutritional anaemia prophylaxis programme etc.

# INDIRECT POLICY INTERVENTIONS – LONG TERM

- 1. Food security:-** In order to ensure aggregate food security per capita availability of 215 kg per person per year of food grains needs to be attained. This requires production of 250 million tones of food grains per year by 2000.
- 2. Improving the dietary pattern:-** The dietary pattern of the people should be improved by promoting the production and increasing the per capita availability of nutritionally rich food. Provision of nutritionally rich foods at affordable cost. Production of pulses, oilseed and other food crops will be increased. The production of protective food crops such as vegetables, fruits, milk, meat, fish and poultry Shall be augmented. Preference shall be given to green leafy vegetables and fruits such as guava, papaya and amla with the help of latest and improved techniques

Net per capita availability of food grains has decline to 159.2 kg in 2002-2003 from 170 kg in 1998-99.

**Recommendation:-**

Strengthening agricultural policies

Insufficient food production, inadequate food handling, processing, storage, distribution or marketing should be tackled

Reduce post - harvest losses

Stabilization of food supplies

**3. Improving the purchasing power:-** One of the main cause of under nutrition is low purchasing power of the poor. So to increase their purchasing power government should generate jobs for them.

Poverty alleviation programme like integrated rural development programme and employment generation schemes like Jawahar Rozgar Yojana, Nehru Rozgar Yojana and DWCRA are to be reoriented and restructured.

It is necessary to improve the purchasing power of the landless and the rural and urban poor by implementing employment generation programmes.

**4. Small and Medium Enterprises (SME):-** Small and medium enterprises are essential for dynamic economic growth and job creation. Improving access to finance for this sector will be key factor for growth.

**5. Agriculture and Rural Development:-** two-thirds of India's people depend on rural development for their living. While the agricultural sector grew at only about 2.5% a year for a number of years, recent growth has touched 4.7% a year, facilitated by good monsoons, greater production of high-value crops, an increase in the minimum support prices for grains, and the rise in global prices for agricultural products.

Rural livelihood project support the empowerment of the rural poor and the development of their livelihoods. Encouraging policies that promote competition in agricultural marketing will also ensure farmers receive better prices.

**6. Informal sector jobs:-** While the services sector has been offering promising job opportunities for skilled workers, some 90% of India's labour force remains trapped in low productivity jobs in the informal sector. India's Labour regulations - among the most restrictive and complex in the world- have constrained the growth of the formal manufacturing sector, where these laws have their widest application.

Better designed labour regulations can attract more labour- intensive investment and create jobs for India's unemployed millions and those trapped in poor quality jobs.

## 7. Prevention of food adulteration:-

Government responsibility is to assure that food will not cause harm to the consumer when it is prepared and/or eaten according to its intended use. Under the provision of the PFA act, the Government of India has promulgated PFA rules which specifies the following details;

- Qualification, duties and functions of food analysts, food inspectors and Central Food Laboratory.
- Procedure for drawing test samples and sending them to the analyst and laboratory.
- Specification for the identity and purity of food.
- Tolerance for contaminant, preservatives, emulsifiers and other additives.
- Present scenario demands gearing up the enforcement.

## 8. Nutrition education:-

The educational strategies to make nutrition the central talking point are:-

- social marketing
- communication for behaviour change
- Advocacy. The services of Nutrition specialist and local community leaders should be used to counsel about improving the dietary practices, sanitation and hygiene, encourage breastfeeding, birth spacing, deworming of children, gender sensitivity promoting use of fortified foods, mineral and vitamin supplements.



## Recommendation

- Focus on 3 to 6 year age group children rather than since birth in ICDS because mal nutritional ready set in by then.
- Focus on mild to moderate malnutrition and not just on severe malnutrition
- Established regional, zonal centre's with nutritionists/ scientists and news expertise of biotechnologists and genetic engineers
- Empower Panchayati Raj institutions and farm village level nutrition committees for micro planning and formulating short term goals.
- A compulsory course on nutrition literacy at the UGC level.

5 states and 50% villages contribute to more than 80% of malnutrition cases. Special focus on the hunger hot spot and tribal areas.

Obtaining information using civil registration system for audit. Vigorous awareness campaigns and setting up community grain banks accordingly.

Over nutrition, obesity and lifestyle related diseases are emerging as a threatening menace with rapid urbanization. The target population should be sensitized about this cause of concern.

**9. Land Reforms:-** Implemented land Reform measures so that the vulnerability of the landless and the landed poor can be reduced. The major objectives of Land Reforms have been:

- reordering of agrarian relation in order to achieve a democratic social structure
- elimination of exploitation in land relations and enlarging the land base of the rural poor
- increasing agricultural productivity and infusing an element of quality in local institutions.

**10. Health and Family Welfare:** Women's poor reproductive health in India is affected by a variety of socio-cultural and biological factors.

Thus, efforts to improve women's education, raise enrollment and attendance rate of girls in school and reduce the drop out rate on the one hand and hence women's income autonomy on the other are fundamental, in the long run, for improvement in women's and family health.

**11. Nutritional Surveillance:** Nutritional surveillance is necessary to understand the nutritional status of the people. The policy should be strengthened to conduct nutritional surveillance of children, adolescent girls, pregnant and lactating mothers.

The nutritional surveillance should include the following:

Anthropometry is relevant to programme management for three reasons;

- i. To identify target groups,
- ii. In monitoring progress, and
- iii. In assessing overall program effects.

Indicators used must relate to the objectives of the programme.

**12. Research:** Research into various nutritional aspects should be developed to identify various deficiency disorders, planning and implementing the nutritional supplementation programs, develop extensive methods of food production, fortification of foods, production of nutritious food for low cost etc.

**13. Minimum wage administration:-** To improve the purchasing power of the poor minimum wages legislation should be administered. Example at least 60 days leave for pregnant women employer in the last trimester.

**14. Communication:-** The department of national food and nutrition should take measures to communicate the public regarding the nutritional deficiency disorders, its prevention and information regarding the nutritional programs through effective method of information, education and communication. All the outreach health care centers should be provided with adequate facilities for this purpose.

**15. Community participation:-** For effectiveness of the services provided for the public the government should create awareness among the public so as to gain their participation. Encourage the public to avail the nutritional health care services for their maximum utilization.

**16. Equal remuneration for women:-** The government of India should take measures to empower women by providing equal remuneration with that of men. So that she can fulfill the nutritional needs of the family.

**17. Improvement of literacy, especially for women:-** Women should be provided with basic education, since literate women will make the entire family as literates and she will fulfill the nutritional requirements of the family, so that nutritional status of the community can be maintained.



**18. Improving the status of women:-** Women should be empowered by providing basic education, equal preference for the women that of males, employment services, enhancing the health care services for the women etc.

**19. Basic health and nutrition knowledge:-** To improve the purchasing power as well as the consumption of nutritional rich food health education should be provided to the public especially women regarding the importance of nutrition for maintenance of health, various nutritional deficiency disorders, its prevention, preservation and storage of nutrients while cooking etc.

**20. Monitoring of nutrition programs:-** The Government of India through the Nutritional Monitoring Bureau supervisors and evaluate the effective functioning of nutritional programmes and recommends the necessary actions required to improve and maintain the health of all age groups.