



# **NATIONAL PLAN OF ACTION ON NUTRITION**

**Food and Nutrition Board  
Ministry of Women & Child Development  
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## FOREWORD

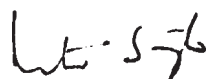
One of the most significant achievements on the Nutrition scene in the country has been the adoption of the **National Nutrition Policy** by the Government in 1993 for implementation with due approval of the Parliament. The Policy formulated by the Department of Women and Child Development with inputs from the concerned sectors of the Government, National Institutes in the field of Nutrition and eminent experts, advocates a multi-sectoral strategy for alleviating the multi-faceted problem of malnutrition and achieving the optimal state of nutrition for the people. The adoption of the **National Nutrition Policy** by India and the **International Conference on Nutrition (ICN)** held in December, 1992 are important landmarks in the field of Nutrition.

2. The **National Plan of Action on Nutrition (NPAN)**, developed as a sequel to the ICN and adoption of the National Nutrition Policy, " with the help of the **National Standing Committee on Nutrition**, highlights a systematic collaboration among national Government agencies, State Government units, NGOs, the private sector and the international community. The Interministerial Coordination Committee takes pride in adopting this comprehensive Plan, namely the National Plan of Action on Nutrition to fulfill the country's solemn commitment of alleviating the various forms of malnutrition and achieving an optimal state of nutrition for the people. The war against malnutrition will have to be won by drawing inspiration, strength, wisdom and guidance from the NPAN. It is hoped that the nutrition environment thus created across the development sectors will help ensure integration of nutritional considerations in multi-level sectoral development plans and programmes.

3. I would like to compliment Smt. Meenaxi Anand Chaudhry, Chairperson of the National Standing Committee, Shri P.D. Vaidya, Technical Adviser and Smt. Shashi Prabha Gupta, Deputy Technical

Adviser of the Food and Nutrition Board as also each member of the Committee for their untiring work in preparing the comprehensive Plan of Action.

4. The Department of Women and Child Development hopes that this publication will command the interest and attention of a variety of agencies and lead to definite action by all concerned to translate the goals and objectives of the National Nutrition Policy into priority actions.



Dr. (Mrs.) Lata Singh  
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Coordination Committee)  
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# NATIONAL PLAN OF ACTION ON NUTRITION

## Introduction

India's concern for Nutrition is as old as her civilisation. Its holy books and other ancient scriptures contain guiding principles for nutrition and health. In the post independent India there has been an unequivocal commitment to the cause of nutrition through Constitutional provisions. The Constitution of India states explicitly in Article 47 that the "State shall regard the raising of the level of the nutrition and the standard of living of its people and the improvement of public health among its primary duties....." The adoption of the **National Nutrition Policy (NNP)** by the Government in 1993 and the **International Conference on Nutrition (I.C.N.)**, held in December, 1992 at Rome are the important landmarks in the field of Nutrition at the national and international level respectively.

The institution of National Nutrition Policy under the auspices of the Department of Women and Child Development, Ministry of Human Resource Development with specific objective of operationalising the multi-sectoral strategy enshrined in the Policy through the development of **National Plan of Action on Nutrition** reflects the vision and abiding interest of the planners as well as Nutrition Scientists in nutritional welfare of the country. Further, India being signatory to the World Declaration on Nutrition made at the I.C.N. in December, 1992 is also committed to prepare the National Plan of Action on Nutrition which will be a binding force for highlighting action on priority areas by 2000 A.D. with specific objectives and time frame.

The National Plan of Action, therefore, would serve the dual purpose of having a more or less set pattern for implementing the National Nutrition Policy as well as meeting the commitment made at the I.C.N.

## PRESENT NUTRITION SITUATION

The concept of health, as defined by the World Health Organisation is the “state of complete physical, social and mental well-being and not merely absence of disease or infirmity”. Nutrition and health are not synonymous, but **without good nutrition, health cannot be at its best**. Food has always played an extraordinarily vital role in the rise and growth or the fall and decline of a nation because of its effect on the health efficiency of its populace. Despite spectacular increase in the food grain production in recent years the problem of chronic malnutrition continues to exist extensively; especially among children and women, because they are caught in the relentless sequence of ignorance, poverty, inadequate food intake, disease and early death. This has led to an ‘increasing awareness among planners about the importance of good nutrition. Today, ‘Malnutrition’ is no longer considered an outcome of food deficiency or a health problem but as a multi-dimensional problem interfacing all efforts of developing human resources. The nutritional status of a nation is closely related to food adequacy and its distribution, levels of poverty, status of women, rate of population growth and access of its population to health, education, safe drinking water, environmental sanitation, hygiene and other social services, while the extent of economic growth forms its bed rock. The nutritional status is, thus, as outcome of complex and inter-related set of factors. The nutrition problems of major importance can be classified in three broad groups :

- i. Protein Energy Malnutrition
- ii. Micro-Nutrient Deficiencies, and
- iii. Prevalance of Chronic Diseases

The extent of **Protein Energy Malnutrition (PEM)** is reflected by the growth indicated by height and weight of children and adults in comparison to the established standards. This is often a direct outcome of maternal nutritional status resulting in foetal intra-uterine malnutrition and the low-birth weight of infants.

**Micronutrient Deficiencies** relate to poor intake of vitamins and minerals and can be identified by specific overt clinical signs. Among micronutrient deficiencies those of vitamin ‘A’, iron and iodine in particular are widely prevalent and have no relevance to the calorie and protein levels in the individual diets.

Both PEM and the micronutrient deficiencies can lead to specific impaired functions of human performance like the decreased (work) productivity in adults and poor cognitive development and schooling in children.

**Prevalance of Chronic Diseases** like obesity, hypertension, cardiovascular diseases and diabetes mellitus are closely linked to some metabolic disorders or to inappropriate diets often characterised by excessive intake of energy and fat, particularly the saturated fats, and low fibre intake.

The trend in nutritional improvement in India during the last 15 years or so has been positive, though modest. The fact that the overall nutritional status of children has shown some improvement, albeit marginal, despite a steep increase in population, and that there has been a sharp decline in under-5 child mortality are by themselves healthy signs. The major gains of sound Government policies on food security and management of health and nutrition sectors have been complete elimination of famines in the last two decades, rare appearances of classic nutritional deficiency syndromes of cardiac beri beri, peripheral neuritis, pellagra etc., of 50s and early 60s, steep decline in Kwashiorkor of the classical kind and almost disappearance of keratomalacia which was a major cause of nutritional blindness amongst children during the 60s.

Children during the active phases of growth are known to respond more to even small changes in nutritional and other environmental factors and are thus sensitive indicators of the nutritional level of a community. Precise data on trends in nutritional status of children, women and other disadvantaged segments of the population are unfortunately not available. However, some inferences can be drawn from the studies carried out by the National Nutrition Monitoring Bureau in 10 states in the country. The results reveal that the prevalence of “severe” and “moderate” degrees of malnutrition among children based on Gomez classification has declined while the proportion of “normal” children has increased. Data on nutritional status of pre-school children from ICDS projects areas, based on IAP (Indian Academy of Pediatrics) classification, showed a significant increase in the percentage of children of normal and Grade I nutritional status and a decline in the percentage of children in Grades II, III and IV nutritional status.

The Body Mass Index (BMI), expressed as a ratio of weight in kilograms to height in meters squared (weight (kg)/Height<sup>2</sup>(m)) has

been suggested by the International Dietary Energy Consultative group of the United Nations system as a good parameter to grade Chronic Energy Deficiency (CED) in adults. The CED group is further classified into different categories : first (17 to 18.5), second (16 to 17) and third (below 16). The BMI value, of 18.5 and above but below 25 has been-considered as compatible with health for both men and women. The National Nutrition Monitoring Bureau data of rural population has shown that the percentage of adults both males and females, suffering from different degrees of CED has consistently declined during the period 1975-79 to 1988-90, while those of normal persons (having BMI values of more than 18.5) has shown an increase, indicating a trend towards improvement.

The birth weights of infants have significant relation with the nutritional status of the mothers. Studies conducted in different parts of the country have revealed that the birth weights increased with increasing BMI status of mothers. The incidence of low birth weight infants was highest (53 %) in women with Grade III Chronic Energy Deficiency (CED) and gradually declined as the BMI status of mothers improved. Considering that about 30 per cent of infants born in the country are of low birth weight and this situation has not improved over the years, the poor nutritional status of the mothers is a serious public health problem.

The Infant Mortality Rate (IMR), a valuable indicator of the socio-economic development and nutritional status of the society, has declined from 129 per thousand live births in 1971 to 80 in 1991. Again, the Under-5 Mortality Rate (U5MR) which was 53 per thousand children below 5 years excluding (IMR) of age in 1970 has steadily come down to 35 per thousand in 1987. There are, however, large and consistent differences in these mortality rates between rural and urban areas as well as inter-state variations.

A longitudinal study conducted by NIN has exhibited a direct correlation between the nutritional status of adults as well as children and the mortality rates. Mortality rate of men with a normal BMI has 12 while those with severe under-nutrition (BMI</16) had a mortality rate of 32. Similarly, the States with higher levels of malnutrition among pre-school children also had higher levels of Under-5 Child mortality.

The other nutritional deficiencies of national importance, as mentioned earlier, are deficiency of Vitamin 'A' leading to nutritional blindness, Iron Deficiency Anaemia and Iodine Deficiency Disorders. The

micronutrients viz., vitamin 'A' and iron and iodine are found deficient in the diets of vulnerable segments of the population namely children and mothers. These micronutrients, though required in minute quantities, are essential for normal processes of growth, development, maintenance and resistance to infections. The deficiencies of these micronutrients result in serious consequences expressed in terms of increased morbidity, mortality, and disability rate. Recent scientific evidence reveal that disturbances produced by lack of these essential nutrients are not confined to single organ as was formerly believed, but affects multiple organ systems. In other words, vitamin 'A' deficiency does not result in just eye damage, nor iron deficiency in just nutritional anaemia, and iodine deficiency in just the goitre. Even the milder deficiency states of these micronutrients lead to adverse consequences in growth, development and immunity.

**Vitamin 'A'** deficiency, specially among pre-school children from low income groups in backward, drought-prone and hilly areas is still a significant public health problem in the country. Although vitamin 'A' deficiency affects many tissues in the body, the most dramatic changes are seen in the eyes resulting in tragic consequence of total loss of vision in early life. However, there has been a significant change in the profile of Vit. 'A' deficiency in the recent years. As per the National Blindness Survey conducted in 1973-74, 2 per cent of total blindness was due to vitamin 'A' deficiency. A more recent survey conducted in 1989 showed that the proportion of nutritional blindness has reduced drastically to 0.04 per cent. There has also been a significant decline in the prevalence of mild deficiency signs (like Bitot's spots) from 1.8 per cent to 0.7 per cent in the last 10 years. The considerable inter-state and intrastate variations indicating a high incidence of vitamin 'A' deficiency in several pockets in the country make vitamin 'A' deficiency a significant problem.

The **Nutritional Anaemia** due to iron and folic acid deficiencies is the most widely prevalent micronutrient deficiency affecting all age groups and both sexes, the prevalence of which ranges from 50 to 80 per cent in the country. The problem of anaemia is significantly higher in groups like adolescent girls, young women particularly during pregnancy and infants born to anaemic mothers. Anaemia is also an important cause for maternal mortality in the country.

The low productivity of the people and poor learning ability of school children are the two important consequences of iron deficiency anaemia

having a direct bearing on the national development. Although India is among the very first of the developing countries to have taken up the National Anaemia Prophylaxis Programme in 1970 to prevent anaemia in pregnant women and children, the gravity of the problem of nutritional anaemia is yet to get into the national thinking.

The deleterious effects of iodine deficiency collectively known as **Iodine Deficiency Disorders (IDD)** constitute a significant public health problem in the country. The term IDD covers a wide spectrum of clinical disorders starting from still birth and abortion to goitre, and various types of mental retardation and finally to cretinism which is the most cruel form of IDD. An ICMR Epidemiological Survey of Endemic Goitre and Cretinism (1989) of 14 districts recorded an over all goitre prevalence rate of 21 per cent and cretinism prevalence rate of 0.7 per cent in the country. Recent studies have shown that IDD is no more a regional problem affecting only sub-Himalayan belt, but is equally prevalent in the plains and riverine areas exposed to recurrent flooding. Goitre surveys conducted in 216 districts of 25 States in India have identified 186 districts as IDD endemic, i.e., with a goitre rate of over 10 per cent. The results of these surveys indicate that no State in India is free from iodine deficiency. With continuous depletion of iodine from natural resources, the situation is expected to worsen in the coming years.

The third type of nutritional problem **viz, diet related noncommunicable chronic diseases**, is associated with over nutrition among some segments of the population at the upper end of the economic spectrum. With increasing affluence and urbanisation, diets have tended to become richer in energy and fat, specially saturated fat, have less fibre and complex carbohydrates and more alcohol. In addition, exercise and energy expenditure is on the decline while smoking and stress and strain is increasing. The changing food consumption patterns and more sedentary life-styles are leading to increasing levels of noncommunicable diseases like heart diseases, cerebrovascular diseases, obesity, diabetes mellitus, hypertension and so on. It has also been noted that while the major nutritional problem afflicting the vast majority of the Indian population is related to hunger and under-nutrition, the diet related noncommunicable diseases emerge as disturbing trends related to over-nutrition even among the less affluent communities. The need for increasing community awareness about nutrition and healthy life-styles, therefore, can not be over-emphasised.

The levels of foodgrain production and the per capita food availability are the important factors for assessing the nutrition situation in the country. While rapid strides in agricultural production in recent years has helped India in achieving national food security, there has not been a significant impact on the overall nutritional status of its population

since the per capita availability of food, which is a key index to the food situation, has not changed appreciably as brought out by the Food Consumption Surveys. However, the energy intake of landless agricultural labour registered an average increase of 130 kcal/CU/day, yet remaining below the recommended level of 2400 kcal. The availability of food does not, in- itself, ensure its consumption by the population. Food prices and economic status of the people are the important determining factors.

India is known for its population size and the manner in which it is increasing. The country is also known for its family planning programme, the first and the biggest of its kind in the world. The population has increased for 548 million in 1971 to 844 million in 1991. At this rate of increase the population will touch the one-billion mark by 2000 A.D. Population of this size will indeed have a tremendous impact on the benefit of development measures. Food, Agriculture, Health, Education and Rural Development are some of the important governmental sectors whose development measures are strongly dependent on population size. India's population has been one of the major factor that has mitigated dramatic improvement in the nutritional status of India's population so far.

## NEED FOR AN INTEGRATED AND INTER-SECTORAL APPROACH

Since India's independence in 1947, the Government has been striving continuously towards a better standard of life for its population. This was inherent in the principal objective of making the newly independent India progressive, self-reliant and fully developed in all possible means. Nutrition had been mentioned frequently even in the First Five Year Plan as an important determinant of health. and the improvement of health standards has always been a matter of concern in each of the Plan Periods.

The analysis of various phases of nutrition- programmes in India indicates that nutrition programmes started appearing in India within the provincial health sectors in mid-30s. The four distinct phases of nutrition programmes from the start to the present stage can be classified as :

- (i) Medical/Clinical Phase
- (ii) Food Production and Technology Phase
- (iii) Community Development Phase
- (iv) Multi-Sectoral Phase

The medical/clinical phase was supported by bio-chemists and laboratory specialists and was pre-dominated by clinical studies on various types of malnutrition to understand the causes, course and methods for diagnosis of nutritional deficiencies. This phase provided an insight that the malnutrition was a community based problem and that an individual approach of diagnosis and treatment will not touch even the fringe of the problems. It also helped in realisation that causes of malnutrition need not always be within the purview of medical sector and that measures even outside the health sector were necessary. This led to the Second phase-the Food Production Phase of late 40s and 50s in which nutrition programmes were more or less equated with food production followed by technological advances in improvement of the nutritive value of foods. A number of food processing and food fortification measures including the iodisation of common salt, were initiated during the phase. The nutritional atmosphere was saturated

with "impending protein crisis" and measures like lysine fortification of wheat, protein rich weaning foods, protein from leaf, algae etc., were prominent during those years. The benefits of increased food production and technological advancement, however, did not touch the poorest segments of the population who remained where they were. It was being increasingly understood that the solution to the problem of malnutrition could not be restricted to any one sector and any nutrition programme designed to have an impact on the population must be directed towards those in the lowest economic level.

During the mid-60s **Community Development Phase** prevailed on the nutrition scene. The Applied Nutrition Programme, the very first integrated programme dominated the nutrition scene for about 10 years. The programme, though on paper, a multi-sectoral coordinated programme, in actual practice emphasised predominantly on production aspect only through school gardens, kitchen gardens, backyard poultry etc. The positive outcome of this phase was the increasing realisation that combating malnutrition needed community participation and involvement and that at the Governmental level there was a need for a coordinated approach. The programme,- however, phased out due to its very limited impact. During early 70s, diverse nutrition programme directed towards specific nutritional deficiencies were initiated such as Crash Feeding Programme, the Supplementary Nutrition Programme for pre-school children in rural, urban and tribal areas for bridging the calorie and protein gap, Prophylaxis Programme against nutritional anaemia in women and prophylaxis programme against nutritional blindness in children etc. Soon it was realised that mere provision of food supplements in the midst of high incidences of gastroenteritis and diarrhoea would be like "pouring water in a leaky pot" if it was not associated with requisite health measures. The national level Integrated Child Development Services (ICDS) culminated from this realisation which took birth on 2nd October, 1975 marking the start of a **multi-sectoral phase**.

The ICDS Programme is probably the most rational approach towards combating malnutrition in children and mothers. This phase is remarkable in that it has increasingly become clear that malnutrition and socio-economic deprivations are virtually the cause and consequence of each other. This realisation has led to the formulation of National Nutrition Policy and the National Plan of Action on Nutrition within the framework of national development.



The Planning Commission of the Government of India, which is the federal planning body under the chairmanship of the Prime Minister, did focus considerable attention on the adequate nutritional status of the population in successive Five-Year Plan periods, especially starting from the Sixth Plan. Nutrition, as a separate chapter, started appearing since the Sixth Five-Year Plan document. In subsequent Plan documents, nutrition promotion has been described as an important objective of several sectoral plans and policies, for instance, agriculture, social welfare, education, food, rural development, public distribution etc. Needless to say, the efforts of the Government of India through its concerned sectors introduced “**multi-sectorality**” in India’s nutrition scene and nutrition was being promoted through significant achievements in different facets of development such as agriculture, food, health, literacy, poverty alleviation etc., even though the nutrition goals were not the explicit objectives of these sectoral interventions. This phase was remarkable in the sense that it gave rise- to realisation that various sectors including those which are not implementing any nutrition, health or welfare programme, can contribute significantly towards the upliftment of the nutritional status of the people either directly or indirectly.

Malnutrition was gradually being recognised as a national problem and not merely a sectoral problem and that the control of malnutrition was possible only through the formulation of Nutrition Policy within the framework of national development leading to nutrition oriented national development plans. It was increasingly being recognised that the nutritional status of a country’s population depends to a great extent on the level of development in several sectors of the Government and not only on direct nutrition interventions and that a nutritional bias in sectoral policies and programmes could yield much greater results. In fact, direct nutrition interventions, the short-term measures such as supplementary feeding, Prophylaxis through nutrient supplements, growth monitoring etc., though have an important role in controlling specific nutritional problems, do not play a major part in the over-all improvement of a population’s nutritional status.

## NATIONAL NUTRITION POLICY

One of the most significant achievements on the nutrition scene in the country has been the adoption of the **National Nutrition Policy** by the Government in 1993. It advocates a comprehensive, integrated and inter-sectoral strategy for alleviating the multi-faceted problem of malnutrition and achieving the optimal state of nutrition for the people. The strategy highlights the importance of **direct nutrition interventions** for vulnerable groups as short term measures as well as various **development policy instruments** as long-term institutional and structural changes which will create conditions for improved nutrition.

The Policy has identified **Key areas for action In various spheres** like food production, food supply, education, information, health care, rural development, women and child development, people with special needs, and monitoring and surveillance. The Policy requires a series of action to be undertaken by various concerned Departments/Ministries of the Government. Some of the direct interventions enshrined in the Policy are :-

- expanding the nutrition intervention net (ICDS, UIP, ORT),
- empowering mothers with nutrition and health education,
- reaching the adolescent girls,
- ensuring better coverage of expectant women,
- controlling micronutrient deficiencies, and
- fortifying essential foods with nutrients.

The indirect policy instruments or the long-term institutional changes cover the areas of :-

- food security,
- improving dietary pattern,
- purchasing power,
- public distribution system,

- land reforms,
- health and family welfare,
- nutrition and health education
- education and literacy,
- nutrition surveillance,
- information and communication,
- community participation

The Indian experience is unique in the sense that several sectors of the Government already have well defined policies and programmes which directly or indirectly contribute to nutrition promotion. There are strong and viable national policies-Agriculture Policy, Food Policy, Education Policy, Health Policy and various development programmes most of which, directly or indirectly, influence the health and nutrition of the people. The Government has initiated several measures in the spheres of women and child development, health and family welfare, education, rural development etc., in the recent years which match the strategies outlined in the National Nutrition Policy. The major task in the war against malnutrition, therefore, is to ensure that nutritional objectives are not only articulated in various development/sectoral plans and policies, but are also matched by plans of action and there is close coordination between these sectors to achieve the Goals set in the National Nutrition Policy.

## NATIONAL NUTRITION GOALS

The ultimate goal of the Government is to develop and implement a comprehensive, integrated and multi-sectoral strategy based on an inter-sectoral approach. The National Plan of Action on Nutrition thus developed will be both the guiding force and the framework for implementation of multi-sectoral strategy to achieve the nutrition goals. While each sector would have its own goal for maximising its contribution towards nutrition, the **National Nutrition Goals** to be reached by 2000 A.D. would be as under

- Reduction in moderate and severe malnutrition among pre-school children by half
- Reduction in chronic under nutrition and stunted growth in children
- Reduction in incidence of low birth weight to less than 10 percent
- Elimination of blindness due to vitamin 'A' deficiency
- Reduction in iron deficiency anaemia among pregnant women to 25%
- Universal iodization of salt for reduction of iodine deficiency disorders to 10%
- Giving due emphasis to Geriatric Nutrition Production of 250 million tonnes of food grains
- Improving household food security through poverty alleviation programmes
- Promoting appropriate diets and healthy lifestyles

The overall strategy comprises increased awareness of energy and micronutrient deficiencies and empowering household and communities to tackle them through existing resources. Emphasis is laid on providing sustained support and guidance for better utilization of services and appropriate behavioural actions at community levels for improving diets and promoting healthy lifestyle. Advocacy, communication, training and social mobilization play a crucial role in operationalising this Plan of Action on Nutrition.

## SECTORAL PLANS OF ACTION

National development policies and strategies can have an important bearing, on the nutritional status of the population. Since many of the basic causes of malnutrition lie outside the immediate field of nutrition, the most effective governmental strategies to reduce malnutrition on a national scale can be those that focus on incorporating nutritional considerations in all development policies and programmes including even the non-nutritional interventions. Maximising the positive nutritional impacts of development policies both at the national level and in different sectors can significantly contribute to improving nutritional status. At the same time, to ensure an adequate impact from specific nutritional interventions, a favourable environment in terms of both over all development policies and sectoral policies is required.

The Sectoral Plans, thus, represent a starting point in their process of analysis, articulation, planning, reinforcing and monitoring each sector's contributions for reducing malnutrition in the country. The clear statement of nutritional objectives, review and analysis of existing policies and programme, development of strategies and action plans will help integrate and institutionalize these processes into sectoral planning as well as contribute to strengthening national development planning.

The sectoral plans define the general objectives, specific objectives and activities for the sectors which can contribute to nutrition improvement through their respective programmes: These sectors are Agriculture, Civil Supplies, Education, Food, Mother & Child Health, Women and Child Development, Health, Environment and Forest, Rural Development and Information & Broadcasting.

There are certain other sectors like Welfare, Labour, Food Processing Industries etc., which can make significant contributions to nutrition promotion. These sectors have also been coopted for integrating nutritional objectives in their sectoral strategies and plans for contributing towards nutritional improvement.

## SECTORAL PLAN-AGRICULTURE

### GENERAL OBJECTIVE

To ensure national level food security including adequate buffer stocks and nutritional considerations in Agriculture Policy.

### SPECIFIC OBJECTIVES :

- (i) To ensure increase production of various foods with a view to match the nutritional requirements of the population by 2000 A.D.
- (ii) To enhance food security by minimising losses during harvest in the field.
- (iii) To link Food, Nutrition and Population issues in formal and non-formal agricultural training.
- (iv) To strengthen the machinery for agriculture extension for promoting nutrition oriented horticultural activities, home gardening etc.
- (v) To give due emphasis to the development of Horticulture and promote the production of Vitamin 'A' ( $\beta$ -Carotene) and Iron rich foods and increase awareness to improve consumption.

### ACTIVITIES

- (1) Ensuring the production of 208 million tonnes of foodgrains by 1997 and 250 million tonnes by 2000 A.D. for meeting the foodgrains requirements through appropriate planning and improved technology.
- (2) Establishing a Nutrition Cell in the Agriculture sector with a view to incorporate nutritional objective as explicit objectives of Agriculture Policy and Programmes.
- (3) Diversifying crop pattern in agriculture to reflect the nutritional needs of Indian Diets by augmenting the production of pulses, millets/coarse grains, oilseeds, vegetables and fruits.

- (4) Implementing Livestock Policies with dual purpose of improving production and productivity of livestock and poultry with a view to enhance availability of milk, fish eggs etc.
- (5) Evolving district/block level strategies for nutrition oriented horticultural interventions for promoting production of  $\beta$ -Carotene (Precursor of vitamin 'A'), iron and vitamin 'C' rich foods like carrots, green leafy vegetables, pumpkin, papaya, mango, guava, amla, citrous fruits etc., and identifying local varieties of such foods for propagation.
- (6) Emphasising production and distribution of quality planting materials areas expansion, improvement in quality and increase in productivity in respect of horticultural crops.
- (7) Strengthening infrastructural facilities for grading, sorting, storage, packing and marketing of horticultural produce together with the propagation of post harvest technology.
- (8) Distributing seeds, saplings and plant materials of species known to be rich in  $\beta$ -carotene, iron, vitamin 'C' etc., and also dark green leafy vegetables to the households.
- (9) Identifying local fruits and vegetables with high B-carotene content and promoting the same at regional levels through educational campaigns with a special focus on women folks.
- (10) Promoting production and consumption of non-conventional foods like 'red palm oil' for combating vitamin 'A' deficiency.
- (11) Management and emphasis on good quality seeds, encouragement of bio-fertilizers and minimum use of chemical fertilizers and pesticides to avoid micronutrient loss, improved agricultural implements. irrigation, credit and transfer of technology, soil and water mangement projects and reclamation of Alkali Soils.
- (12) Adopting policy decisions to incorporate basic information concerning food, nutrition and population issues in syllabi of degree courses in agriculture as well as orientation training of extension personnel at all levels.
- (13) Widening the scope of agricultural extension by including disciplines like Horticulture, Sericulture, Agroforestry etc.
- (14) Promoting the planting of nutritionally rich plants, shrubs, trees and creepers and creating awareness for improving the consumption of fruits and vegetables with special emphasis on green leafy vegetables.
- (15) Intensifying programmes for upgrading the skills and knowledge of women farmers so as to increase their productivity thereby increasing their economic condition and standard of living.
- (16) Motivating and mobilising farm women to be organised into viable groups so that the agricultural support such as input, technology and extension support is channelised through them.
- (17) Besides regular training in agriculture and allied sectors, women farmers to be provided appropriate training in managerial organisational and enterprenial skills.
- (18) Emphasising four areas of activities namely, Demonstration, Vocational training, In-service training, and On-farm Research with a view to promote the production and consumption of micronutrient rich foods through the network of Krishi Vigyan Kendras in the country.
- (19) Strengthening linkages between agriculture, nutrition and health with a view to ensure effective integration of services provided to the community.

## SECTORAL PLAN-CIVIL SUPPLIES & PUBLIC DISTRIBUTION

### GENERAL OBJECTIVE

Ensuring food security at the household level by making the essential foods available through the Public Distribution System to the people, particularly to the disadvantaged sections.

### SPECIFIC OBJECTIVES :

- (i) To expand the network of Fair Price Shops with emphasis on remote, far-flung and inaccessible areas.
- (ii) To ensure effective and speedy implementation of Revamped Public Distribution System in identified areas like drought-prone areas, desert areas, tribal areas and far-flung and hilly areas.
- (iii) To provide a better package to the identified priority areas by including additional commodities such as pulses, edible oil, coarse grains, iodized salt etc.
- (iv) To make additional allocations to the State/UTs to augment the supply to the Revamped Public Distribution System areas for help during lean periods.
- (v) To take care of infrastructure requirements such as additional fair price shops and additional storage capacity in the identified areas within a specific time-frame.
- (vi) To include O.R.S. (Oral Rehydration Salts) packets in Public Distribution System and ensure its availability in remote areas as to prevent deaths in children due to diarrhoea.
- (vii) To create adequate buffer stocks to meet the requirements of the seasonally "at risk" population during unforeseen natural calamities and other contingencies.
- (viii) To take effective steps against hoarding and blackmarketing of essential food articles to ensure easy availability at reasonable prices to the public.

### ACTIVITIES

- (1) Ensuring effective management of supplies of essential foodgrains and maintenance of their uninterrupted flow at affordable prices to the public both in rural and urban areas, in the Public Distribution System with the view to ensure food security at the household level.
- (2) Ensuring sustained expansion of the network of Fair Price Shops with emphasis on remote, far-flung and inaccessible areas.
- (3) Launching a special drive for speedy implementation of Revamped Public Distribution System in identified areas with a view to reach essential foodgrains to the really poor and disadvantaged sections of the society.
- (4) Giving due emphasis to nutritional considerations in selecting commodities for the Public Distribution System and promoting the distribution of pulses, edible oil, coarse grains, iodized salt etc.
- (5) Ensuring the availability of O.R.S. packets in remote areas through PDS infrastructure.
- (6) Making additional allocations for meeting the demand of Revamped Public Distribution System areas during lean periods.
- (7) Creating adequate infrastructure like additional Fair Price Shops and additional storage capacity in the identified areas.
- (8) Issuing ration cards to the families in identified areas who have not been issued family cards, so far.
- (9) Setting up of Vigilance Committees by States/U.T.s comprising local people at the Fair Price Shops and other levels for ensuring effective delivery of POS commodities.
- (10) Ensuring easy availability of essential food articles to the consumers so as to protect them from exploitation by the traders.

## SECTORAL PLAN-EDUCATION

### GENERAL OBJECTIVE

To provide convergent services under Education sector to enhance the nutritional and health status of the community with special emphasis on girls education and improved status of women.

### SPECIFIC OBJECTIVES :

- (1) To achieve universalisation of education of children, particularly girls and disadvantaged groups.
- (2) To incorporate basic health and nutrition. education in school curriculum.
- (3) To organise family life education for both boys and girls and equip them, especially the adolescent girls, with basic knowledge of mother and child care, basic nutrition and health.
- (4) To impart functional literacy for improving economic status and nutritional well being of the community.
- (5) To create nutritional awareness through various formal and non-formal education programmes and adult education programme.

### ACTIVITIES

- (1) Enlisting support of Village Education Committees (VECs) having adequate representation of women and the disadvantaged groups, to ensure regular participation of children in the educational process .
- (2) Attempt convergence between primary school system and ECCE activities in terms of timings, use of school building, training of personnel and resource sharing.
- (3) Identifying MLLs in the areas of health, sanitation and nutrition for primary and upper-primary stages.
- (4) Identifying capable and committed NGOs, providing necessary assistance and encouragement to them to take up programmes of nutritional relevance.

- (5) Review of existing curricula of formal and non-formal education programmes at elementary levels with a view to incorporate nutrition, health and a sanitation components.
- (6) Imparting training to teachers in the areas of health and nutrition education through DIETs. Specific time allocation to be made for this purpose and the concern to be reflected in pre-service and in-service training curricula.
- (7) Orientation to Distt./Block and Village level officials through DIETs to sensitise them to the need and significance of convergence of services under education sector for improved nutritional status.
- (8) Dissemination of messages on health, sanitation and nutrition through Total Literacy Campaigns and other programmes of continuing education.
- (9) Improving infrastructure at schools by providing safe drinking water, sanitation and hygienic environment as well as facilities for regular health and nutrition status check up.

## SECTORAL—PLAN-FORESTRY

### GENERAL OBJECTIVE

Popularising the growing of plants/trees supplying foods/fruits with special emphasis on  $\beta$ -carotene (vitamin'A') rich species in the Social Forestry Programmes with a view to create nutritional awareness and promote the consumption of nutritious foods.

### SPECIFIC OBJECTIVES :

- (i) To increase the, percentage of the species supplying food/fruits from the existing 20 per cent level, to 50 per cent level in the Social Forestry Programmes.
- (ii) To integrate the production, harvesting, processing, transportation and marketing in the Forestry sector with a view to promote the consumption of nutritious foods/fruits.
- (iii) To ensure remunerative prices for forest produce.
- (iv) To establish linkages with on-going development programmes.
- (v) To organise Education, Training and Information for Forestry sector at State, District and Village levels for creating awareness about nutrition, plants/trees, supplying nutritious foods and their use.
- (vi) To identify forest species rich in different nutrients with special emphasis on  $\beta$ -carotene for different geographical regions and adopt in Social/Farm Forestry Programme.

### ACTIVITIES

- (1) Making all out effort to popularise raising of plants/trees, supplying food/fruits with special emphasis on  $\beta$ -carotene rich species in the Social Forestry Programmes.
- (2) Coordinating with concerned Departments with a view to create facilities for processing, transportation, marketing and storage at the grass-root level with a view to make the raising of such plants economically feasible.

- (3) Developing a framework for inter-sectoral. co-ordination with ICDS, FNB, Health, KVK, Horticulture, UBS and Adult Education Programmes for their technical support as well as for utilisation of forest produce.
- (4) Organising training and demonstration programmes for farmers and extension personnel of Forestry sector and the rural community for their information and skill development.
- (5) Involving the use of media for promoting campaigns for creating awareness within the rural households and improving consumption,
- (6) Providing the list of forest species identified by ICFRE which are rich in different nutrients including  $\beta$ -carotene, for guidance and adoption in the Social/Farm Forestry Programmes.
- (7) Strengthening extension machinery for micro-planning and joint forestry management so as to enable local people/communities to have definite way in the selection of species and planting programmes.

## SECTORAL PLAN-MATERNAL & CHILD HEALTH (Family Welfare)

### GENERAL OBJECTIVE

Improving the nutritional status of women and children through nutrition prophylaxis programmes, health and nutrition education and public health measures, besides achieving a small family norm.

### SPECIFIC OBJECTIVES :

- (i) Elimination of blindness due to vitamin 'A' deficiency and reduction of Bitot spots in pre-school children to less than 0.5 percent.
- (ii) Reduction in iron deficiency anaemia among pregnant women to 25 per cent.
- (iii) Universal coverage under Child Survival and Safe Motherhood (CSSM) Programme.
- (iv) Reduction in incidence of low birth weight babies to less than 10 per cent.
- (v) Promotion of exclusive breast feeding upto 4 months and sound complementary feeding practices of children after 4-6 months of age.
- (vi) Universal use of O.R.S. (Oral Rehydration Salts) by 1997 with a view to effectively manage persistent diarrhoea and reduce deaths due to diarrhoea in children under 5 by 50%.
- (vii) Management of acute respiratory infection management with a view to reduce mortality rate due to ARI among children under 5 by 40%.
- (viii) Access by all couples to birth control information and services.

### ACTIVITIES

- (1) Strengthening MCH infrastructure and services, and adopting the strategy of a holistic approach aimed at better health and nutrition of women and children with special focus on girl child.

- (2) Ensuring universal coverage under 'interventions like IFA (iron and folic acid) supplementation for pregnant women and vitamin 'A' administration to children from 9 months to 3 years of age.
- (3) Improved management of diarrhoeal diseases and acute respiratory infections at home.
- (4) Intensifying Child Survival and Safe Motherhood Programme for universal coverage by 1997.
- (5) Ensuring that health care providers received high quality training in breast feeding and appropriate complementary feeding practices, Lactation management etc., using updated training material and techniques.
- (6) Ensuring that the information disseminated on the feeding of infants and young children is consistent and in line with current scientific knowledge and provisions of the Infant Milk Substitutes Act 1993.
- (7) Empowering all mothers to breast feed their children exclusively for first four to six months and to continue breast feeding with complementary food well into the second year.
- (8) Ensuring effective collaboration with infrastructure of Integrated Child Development Services (ICDS), Food and Nutrition Board (FNB), Urban Basic Services (UBS) and Development of Women and Children in Rural Areas (DWCRA) for reaching young children and women with a set of complementary interventions and combined messages with a view to ensuring safe motherhood child survival and care of the young child with special reference to 0-3 years and empowering women for better mother and child care.
- (9) Promoting birth spacing measures as health intervention measures for mother and child by ensuring access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many.



## SECTORAL PLAN-FOOD

### GENERAL OBJECTIVE

Ensuring Food Security in the country.

### SPECIFIC OBJECTIVES

- (i) To introduce nutritional considerations in Food Management and Procurement Policy.
- (ii) To provide subsidy in order to ensure distribution of foodgrains to the common people at affordable prices.
- (iii) To maintain national grain reserves/buffer stocks to meet the demands during lean periods.
- (iv) To create larger and better storage structures to meet the growing demands in future.
- (v) To promote scientific storage of food grains.
- (vi) To ensure remunerative price to the farmers for their produce.
- (vii) To procure foodgrains of adequate nutritional quality.
- (viii) To allocate adequate foodgrains for supplementary nutrition programmes for vulnerable groups.

### ACTIVITIES

- (1) Ensuring food security to be the fundamental objective of the Food Policy.
- (2) Maintaining the prices of foodgrains at a level which remains within the reach of the vulnerable sections of the population.
- (3) Building up and maintaining buffer stocks to ensure stability in supplies and prices for the entire year and provide food security to the country especially for the natural and other calamities.
- (4) Ensuring nutritional considerations to be one of the important considerations in import/export of foodgrains.

- (5) Stepping up grain storage structures, research and extension activities.
- (6) Accelerating measures for ensuring quality and safety of foodgrains during storage and movement.
- (7) Reducing post harvest losses through the application of recent advances in technology.
- (8) Considering utilisation of surplus foodgrains for supplementary nutrition programmes for weaker sections.

## SECTORAL PLAN—FOOD PROCESSING INDUSTRIES

### GENERAL OBJECTIVE

Meeting the nutritional needs of the people by giving nutrition orientation to the projects in food processing sector.

### SPECIFIC OBJECTIVES

- (i) To set up Nutrition Cell in the Ministry of Food Processing Industries.
- (ii) To develop and encourage milling technology based on nutritional considerations.
- (iii) To promote agro-based food processing units with adequate linkages for marketing.
- (iv) To develop and produce low cost instant health foods particularly for children.
- (v) To promote nutritious beverages like vegetable protein (groundnut cake) based milk beverages.
- (vi) To undertake fortification and enrichment of common foods with vital nutrients like vitamin 'A', iron and iodine.
- (vii) To prepare special nutritious supplements like ARF (Amylase Rich Flour) for therapeutic purposes.'
- (viii) To ensure training of personnel in Food Processing Industry on basic nutrition concepts.

### Activities

- (i) Giving nutrition orientation to various food processing projects through effective coordination with the Nutrition Cell.
- (ii) Ensuring conservation of nutrients in various rice milling, roller flour milling and pluse milling industry.

- (iii) Setting up agro-industrial complexes utilising local fruits and vegetables in remote areas and developing Linkages with khadi village industries, sale counters of State Government Institutes to facilitate marketing of the produce of the complexes.
- (iv) producing low cost processed nutritious foods for meeting the needs of supplementary feeding programmes, school children and general public at large.
- (v) Promoting traditional foods with good shelf life (e.g. panjiri, mathri, namakparas, nankhatai etc.) by setting small production units at community level.
- (vi) Producing high quality nutritious beverages based on vegetable proteins like groundnut cake to compete with aerated waters.
- (vii) Undertaking fortification of common foods with nutrients like vitamin 'A', iron, iodine, protein etc.
- (viii) Enriching various types of processed foods with essential nutrients.
- (ix) Undertaking production of special supplements like Amalyse Rich Flour for supplementing the diets of severely malnourished children, 6-36 months old beneficiaries in supplementary feeding programme and sick and aged people.
- (x) Including training on nutrition concepts as an essential component of technical assistance and advice to Food Processing Industry.

## SECTORAL PLAN-HEALTH

### GENERAL OBJECTIVE

Achieving health for all by 2000 A.D. through prevention and control of various forms of malnutrition, diseases related to inappropriate diets, creating health awareness among the people and ensuring adequate primary health care for all.

### SPECIFIC OBJECTIVES

- (i) Ensuring adequate primary health care for all with special emphasis on vulnerable groups.
- (ii) Reducing IDD-Goitre prevalence to 10 per cent.
- (iii) Protecting consumers through improved food quality and safety.
- (iv) Promoting appropriate diets and healthy life styles.
- (v) Creating health awareness among the people.
- (vi) Managing health of people in natural calamities.

### ACTIVITIES

- (1) Expanding and improving the utilisation of Primary Health Care Services in the country.
- (2) Strengthening National IDD Control Programme and effective monitoring of iodisation of salt.
- (3) Strengthening machinery for prevention of Food Adulteration Act, 1954 and Infant Milk Substitutes Act and Rules and Central and State Food Laboratories ; and ensuring quality check on street foods.
- (4) Accelerating programmes for controlling non-communicable diseases related to unhealthy life styles and inappropriate diets like obesity, hypertension, Cardio Vascular diseases, diabetes mellitus, osteoporosis, dental caries, AIDS and some cancers etc.
- (5) Triggering appropriate behavioural changes among people through health education involving communication experts and central Health Education Bureau.

- (6) Providing sustainable assistance to victims of natural calamities and ensure their nutritional well being by giving high priority to the control of diseases and prevention of malnutrition.
- (7) Health and Nutrition education to be an important component of the job responsibilities of all medical and para-medical personnel of the primary Health Care Services with a view to promote appropriate diets and healthy life styles.

## **SECTORAL PLAN-INFORMATION & BROADCASTING**

### **GENERAL OBJECTIVE**

Creating a climate of awareness in the country about the importance of nutrition for the well-being of the people and ways and means of preventing various forms of malnutrition through its different units.

### **SPECIFIC OBJECTIVES**

- (i) According high priority to awareness generation programmes concerning nutrition on Doordarshan, AIR as well as through Field Publicity Units.
- (ii) Allocating free time for communicating nutrition messages during the prime time on Doordarshan.
- (iii) Screening all commercial advertisements having a bearing on nutrition and health of people with a view to check misinformation reaching the people.
- (iv) Screening of all commercial advertisements with a view to ensuring that they are in conformity with Infant Milk Substitutes Act, 1992.

### **ACTIVITIES**

- (1) Involving Advertising Agencies and communication experts in IEC programmes.
- (2) Using social marketing strategy for conveying nutrition and health messages.
- (3) Creating adequate software to highlight nutrition issues.
- (4) Arranging preparation of various types of programmes on nutrition with special reference to prevention and control of protein energy and micronutrient malnutrition.
- (5) Regularly telecasting/broadcasting these programmes for communicating the requisite messages.

- (6) Overseeing the activities concerning mass-media communication on nutrition through a screening committee.
- (7) Undertaking steps for creating nutritional awareness among the people through different units of information broadcasting like publication Division, Dte. of Advertising and Visual Publicity, Research and Reference Division, Photo Division, AIR, Doordarshan, Press Information Bureau and Directorate of Field Publicity.
- (8) Incorporating nutrition education programmes in Educational Programmes on AIR and in Special Campaigns, Rural Programmes, Educational Programmes and Social Awareness Programmes on Doordarshan.

## SECTORAL PLAN-LABOUR

### GENERAL OBJECTIVE

Protecting and promoting the nutrition of various types of labour-agricultural, construction, industrial etc., with special emphasis on children and women at work, through formulation and enforcement of appropriate labour laws.

### SPECIFIC OBJECTIVES

- (i) To ensure optimum nutrition besides safety, health and welfare of labour.
- (ii) To review policy relating to special target groups such as women and child labour with a view to incorporate nutrition components in the same.
- (iii) To give due emphasis to the problem of child labour as part of the overall task of securing human development.

### ACTIVITIES

- (i) Providing non-formal education to workers and elementary school education to their children.
- (ii) Creating nutritional awareness among the workers and their families through interpersonal communication, distribution of printed literature and mass-media communication.
- (iii) Implementing vigourously "The Child Labour (Prohibition & Regulation) Act, 1986" with special focus on preventing employment of children below the age of 14 years in hazardous employments.
- (iv) Expanding the network with voluntary organisations for providing services to working children and women like non-formal education, supplementary nutrition, health care and vocational skill training.

## SECTORAL PLAN-RURAL DEVELOPMENT

### GENERAL OBJECTIVE

Improving purchasing power of the people in rural areas through employment generation and poverty alleviation programmes with a view to improve food security at the household level.

### SPECIFIC OBJECTIVES

- (i) to strengthen rural poverty alleviation programmes focussing on employment & income generation.
- (ii) to make a forceful dent on the purchasing power of the economically disadvantaged sections of the population with special focus on landless;
- (iii) to improve women's socio-economic status through DWACRA;
- (iv) to upgrade the skills of rural youth with special focus on adolescent girls through TRYSEM;
- (v) to accelerate developmental programmes in difficult areas, such as Drought Prone and Desert areas;
- (vi) to strengthen Rural Sanitation Programme and provide universal access to safe drinking water for preventing water borne diseases

### ACTIVITIES

- (1) Strengthening effective implementation of the restructured poverty alleviation programmes like the Integrated Rural Development (IRDP) as well as employment generation schemes such as JRY.
- (2) Undertaking area development programmes etc. to have a direct attack on rural poverty.
- (3) Encouraging involvement of the people and local Panchayati Raj Institutions at different levels for effective rural development strategy and its implementation.

- (4) Creating greater job opportunities in the rural areas through infrastructural development in the area.
- (5) Utilising the substantial increase in the rural development outlay during the Eighth Five year Plan period in improving the access of the poorest groups to the means to generate income and secure their livelihood,
- (6) Viewing land reform measures as intrinsic part of the anti-poverty strategy.
- (7) Improving linkages with other sectors implementing nutrition, health and welfare schemes with a view to converge services on the beneficiaries.
- (8) Recognising the importance of safe drinking water for ensuring nutritional well-being of the people, accelerating efforts for providing universal access to potable water and making the water sources sustainable. Giving consideration to quality problems of water like guineaworm, excess fluoride, high iron content and salinity.
- (9) Recognising the importance of environmental sanitation in promoting the health of the community, accelerating rural sanitation programme.
- (10) Effective implementation of the skill- upgradation schemes like TRYSEM.
- (11) Better monitoring of women's participation in various income generating and poverty alleviation programmes such as IRDS, JRY and DWACRA.

## **SECTORAL PLAN—URBAN DEVELOPMENT**

### **GENERAL OBJECTIVE**

Ensuring access to social services relating to Health Care, Nutrition, Women & Child Development, Pre-school and Non-Formal Education and Physical amenities like potable water supply, sanitation, sewerage, drainage etc.; with a view to improve the nutrition level of the urban poor.

### **SPECIFIC OBJECTIVES**

- (i) To strengthen Urban Poverty Alleviation Programme.
- (ii) To extend the Urban Basic Services for the poor both in area and content with increased emphasis on improving the nutrition of the vulnerable groups like infants, pre school children, expectant and lactating mothers etc.
- (iii) To reinvigorate the scheme of Environmental Improvement of Urban Slums.
- (iv) To ensure access to safe drinking water to not less than three-fourth of urban population by 1997 and universal access by the year 2000.
- (v) To double the current levels of access to sanitary means of excreta disposal by 1997 and make all towns scavenger free by the year 2000.
- (vi) To contribute towards the achievement of Mid-decade and NPA Goals with specific reference to improving the nutritional status of groups at risk including women; adolescent girls, children 0-2 years and pre-school children among the urban poor with emphasis in Class I and II size cities/towns which comprises over 70% of urban population.

### **ACTIVITIES**

- (1) To enhance/strengthen the UBSP systems especially to community and neighbourhood levels to achieve its objectives through data-collection and analysis related to nutritional status of urban poor, training of volunteers and programme, functionaries; and city community level planning based on convergence of inter as well as intra-sectoral inputs, aimed at covering slum and low income areas in the selected 500 UBSP towns/cities during VIII th Plan period.

- (2) To support system of improved municipal planning in the light of 74th CAA to ensure that the urban poor are targeted consistently in a cost effective manner through the process of convergence of various inputs available under other sectoral programmes contributing to the nutritional goals.
- (3) To support the efforts towards universalising ICDS in all slum areas through appropriate linkages to the UBSP Community networks use of community halls for the programme; and other necessary adjustments which are required for the successful implementation of the programmes pertaining to nutrition interventions in urban slums.
- (4) To expand income generating activities including NRY; and thrift and credit mechanism, as essential element towards sustainability related to NPA Goal achievement among the urban poor in convergence with NRY; EIU and other UPA programmes.
- (5) To revitalise EIU, linking it directly to UBSP community participatory systems through city level UPA cell, with an aim to improve the environmental conditions contributing to infections and other underlying, problems associated with poor nutritional status.
- (6) To expand UBSP programme coverage by 200 aiming at Universal coverage of the target groups i.e. Urban poor, with a view to improve the nutrition and health of urban poor through the convergent provision of social services.
- (7) To ensure improved access for safe drinking water to the recommended per litre/head norms for urban poor by 2000 A.D.
- (8) To ensure that all maternity homes under municipal/district administration are classified as "Baby Friendly" by 1995, with complementary community based efforts, promoting breast feeding, improved weaning practices; and appropriate disease prevention and management activities through the network of community based structures set up under the UBSP programme.
- (9) To strengthen/expand the centrally sponsored scheme of low Cost sanitation with a view to ensure access to sanitary means of excreta disposal and liberation of scavengers.
- (10) To organise workshops based on priority nutrition goals in view of status of city specific needs in cooperation with State; DWCD and NGOs in order to identify specific strategies and activities in association with UBSP system.

## **SECTORAL PLAN—WELFARE**

### **GENERAL OBJECTIVE**

To promote nutrition of the disadvantaged sections of society by ensuring nutritional components in various welfare programmes.

### **SPECIFIC OBJECTIVES**

- (i) To set up a Nutrition Cell in the Ministry of Welfare to facilitate incorporation of nutrition objectives and components in various welfare programmes.
- (ii) To give due emphasis to nutritional needs\_ and care of children in orphanages, street children and aged people.
- (iii) To incorporate nutrition components in the form of nutrition education and training in tribal development programmes, education programmes for tribal girls, welfare of the disabled, drug addiction etc.
- (iv) To prevent disabilities due to nutritional deficiencies.

### **ACTIVITIES**

- (i) Reviewing various welfare programmes for disadvantaged sections of society and giving nutrition orientation to the same through effective coordination with the Nutrition Cell.
- (ii) Giving due importance to nutritional needs and care of children in orphanages, tribal people, disabled, street children etc.
- (iii) Arranging nutrition and health education programmes in various welfare programmes.
- (iv) Providing short term educational programmes on mother and child care, home-scale preservation of fruits and vegetables, family welfare etc. for tribal girls.
- (v) Covering nutrition and health services with welfare programmes for preventing disability due to nutritional deficiencies.
- (vi) Highlighting nutritional needs of the elderly in programmes for welfare of aged.
- (vii) Giving due importance to nutritional aspects in drug counselling and de-addiction services.

## SECTORAL PLAN—WOMEN AND CHILD DEVELOPMENT

### GENERAL OBJECTIVE

Ensuring appropriate development of human resources both through direct nutrition interventions for specially vulnerable groups as well as through various development policy instruments. for improved nutrition as laid down in National Nutrition Policy. Improving nutrition and health of women and children through strengthening and expansion of ICDS programme and setting up of appropriate systems for monitoring the follow-up actions under National Plan of Action for Children.

### SPECIFIC OBJECTIVES

- (i) To achieve mid-decade and decade goals set in the National Plan of Action on Children (NPA).
- (ii) To ensure inter-sectoral coordination among various sectors involved in achieving nutrition goals.
- (iii) Monitoring the nutrition situation in the country by establishing a Nutrition Surveillance System and Data Base in the Department.
- (iv) To develop district level diet and nutrition profiles of various States/UTs with a view to enable area specific programme and nutrition education interventions.
- (v) To undertake direct nutrition interventions for specially vulnerable groups through
  - (a) expanding Integrated Child Development Services so as to cover all the community development blocks in the country and 50 per cent of the urban slums.
  - (b) Extending services under ICDS especially to adolescent girls from poor families in all CD blocks and 50 per cent of the urban slums of the country.
  - (c) to reduce incidence of low birth weight babies to 10% by various strategies such as care of pregnant and nursing

mothers and improving capabilities of young girls and women to look after themselves and children.

- (vi) To promote breast feeding and appropriate complementary feeding to check growth faltering and malnutrition among children.
- (vii) To create nutritional awareness among the people through inter-personal as well as mass media communication using the infrastructure of FNB, ICDS, Health care system as well as Home Science Colleges and NGOs working in this field.
- (viii) To undertake fortification of foods with essential nutrients like iron, Vit. 'A' etc.
- (ix) To popularise production of low cost nutritious foods from locally available food materials by involving women's groups, NGOs etc. for meeting the needs of supplementary feeding programmes.
- (x) To control support of micronutrient deficiencies by sensitizing policy makers, professional groups, programme personnel, extension workers and beneficiaries.
- (xi) To identify areas of nutrition related research to be carried out in various sectors.
- (xii) To develop communication strategy for improving knowledge, attitude and practices related to nutrition.
- (xiii) To promote convergence of services of related sectors through effective coordination mechanism at all levels and extending the outreach of these programme with a view to improving the access to social services.

### ACTIVITIES

- (1) Setting up of Nutrition Cell in the Department of Women and Child Development to enable it to function as nodal agency for implementation of NNP and NPAN.
- (2) Taking steps to expand ICDS to cover all CD Blocks and 50 per cent of urban slums by 2000 A.D. in a phased manner.
- (3) Strengthening nutrition and health education component of ICDS by expanding and strengthening FNB infrastructure and involving NGOs working in the field.



- (4) Giving due emphasis to young child (0-3) and severely malnourished children by improved referral services of strengthened community involvement in monitoring their progress.
- (5) Intensifying the recent initiative of including adolescent girls within the ambit of ICDS with a view to improve their status awareness and triggering appropriate behavioural changes.
- (6) Ensuring better coverage of expectant and nursing women for better child survival and development by empowering women to look after themselves and their children.
- (7) Enlisting better community participation through health and nutrition education
  - (i) generating awareness among the community regarding various aspects of mal-nutrition and their causes and strategies to check it.
  - (ii) involving the community through their Panchayati Raj institutions and community based monitoring system in the management of nutrition and the child-mother-care programmes with a special focus on young (0-3) child programmes.
  - (iii) providing training and education to people specially women in various aspects of food production and processing activities, their impact on the nutritive value and the inclusion of nutrition messages in the primary and secondary school and non-formal education curriculum.
  - (iv) promoting schemes relating to kitchen gardens, food preservation, preparation of weaning foods and other food processing units, both at the home level as well as the community levels; and
  - (v) generation of effective demand at the level of the community for all services relating to nutrition.
- (8) Improving the economic and social status of women through awareness generation, education and economic activities like thrift. credit and income generation.
- (9) Controlling micronutrient deficiencies by :-
  - (i) creating awareness through organisation of workshops/seminars/campaigns at National/State/District/Block level etc.
  - (ii) improving the dietary pattern by extensive nutrition education and use of local foods.
  - (iii) increasing availability of micronutrient rich foods by promoting their production in kitchen gardens, school gardens, community gardens etc.
- (10) Intensifying linkages with horticultural interventions for promoting Vit. A status.
- (11) Universalising fortification of milk with Vit. A.
- (12) To continue research for double fortification of salt with iron and iodine.
- (13) Accelerating efforts for development and production of nutritious food based on local foods for children through women's groups, NGOs, State Governments etc.
- (14) Strengthening infrastructure for mass media communication as well as interpersonal communication.
- (15) Establishing a national nutrition surveillance system so that periodical monitoring of the nutritional situation is undertaken at all levels through the involvement of grass root level workers and communities.
- (16) Sponsoring operational research on nutrition issues of national importance.

## IMPLEMENTATION STRATEGY

The National Plan of Action on Nutrition is a framework to translate the National Nutrition Policy into forceful, viable and realistic action programmes. The measures enumerated in the sectoral plans would need to be administered by various governmental and non-governmental organisations. The role of the Department of Women and Child Development, being the nodal Department, is to coordinate, monitor and wherever required regulate the implementation of the National Plan of Action on Nutrition.

The **National Nutrition Council**, headed by the Prime Minister will be the highest body for overseeing the implementation of the National Nutrition Policy and the Plan of Action. It will issue policy guidelines for improving and strengthening the various sectoral programmes. The Council will also be the national forum for policy coordination, review and direction at national level.

**Special Working Groups** will be constituted in all concerned Departments to analyse the nutritional relevance of sectoral proposals and incorporate nutritional considerations in the light of the Nutrition Policy wherever necessary.

**Nutrition Surveillance System** is an important instrument of the Nutrition Policy. Recognising the need for a nation-wide nutrition monitoring system, a Task Force for developing a **National Nutrition Surveillance System**, involving experts, NIN, NNMB, ICMR, NSSO, Dte. of Economics & Statistics etc. has been set up in the Department.

The mechanism for inter-sectoral planning and coordination at the State level would be similar to that of the Central Government. An apex **State-level Nutrition Council** will be constituted under the chairmanship of the **Chief Minister** and would comprise concerned Ministers of the State Government, experts and representatives of professional bodies and leading NGOs. There would be an **Inter-Departmental Coordination Committee** under the chairmanship of the **Chief Secretary** which will coordinate, oversee and monitor the implementation of the National Nutrition Policy. The Committee would also focus on the State level targets for various nutrition related indicators set under the National Plan of Action of Nutrition. The Secretary of the

Department dealing with women and children would be the convenor of this Committee.

Special Working Groups will be set up in the concerned sectors of the State Government which will be responsible for vetting the various sectoral schemes from the point of view of nutrition before they are finalised.

**Mobilising resources** for nutrition interventions would be a major area of concern for the State Governments and local bodies (including municipal and panchayat bodies). A concerted effort will be made towards building effective community support and ultimately community participation in these schemes.

In order to create a strong data-base for nutrition surveillance, it is imperative to have such Cells at the State Level also for collecting requisited information from various sources. The present day soft-ware technology can help analyse such data within a short time if adequate set up and linkages exist.

The State Governments may consider constituting similar bodies like Coordination Committees, Nutrition Council etc., at their district level also.

The mechanism and structures set up for coordinating the development, review and monitoring of the National Plan of Action on Nutrition will enable a flexible, sensitive and responsive process of continuous assessment, analysis and implementation of Nutrition relevant actions for reducing malnutrition in the country.

## MONITORING OF NATIONAL PLAN OF ACTION ON NUTRITION

Assessment, analysis and monitoring are essential elements of any endeavour, directed at improving nutritional well-being. Such information is needed for identifying chronic nutritional problems, targeting population groups for both short-term and long-term policy and programme developments; monitoring changes, on-going programme management and evaluating the impact of interventions and development programmes.

Nutrition surveillance, especially of the vulnerable groups, is an important instrument of the National Nutrition Policy as well as ICN recommendations. **A Task Force on Nutrition Surveillance** has been set up by the Department of Women & Child Development for developing a nation-wide monitoring system.

The paucity of data on food and nutrition situation from all parts of the country is a definite obstacle. Disaggregated data, by gender, urban/rural etc., an essential pre-requisite for planning, is not available on key indicators. The Department is undertaking **Development of District Level Nutrition Profiles** (to include several indicators on determinants of nutrition status) of all States and UTs in the country. Setting up a reliable data base in the country will be done on priority basis. Each sector would be reviewing and strengthening their information system so as to be able to provide reliable data on various indicators for monitoring goals set in National Nutrition Policy and I.C.N.

Latest nutritional surveillance feedback and reports will be reviewed by **Inter-Ministerial Coordination Committee and the National Nutrition Council** and will guide policy and programme redirection and strengthening of various sectoral programmes and National Nutrition Plan of Action for Nutrition.

The **Inter-Ministerial Coordination Committee** will review and monitor the process of planning and implementation of the sectoral' plans.