

Multiple Pathways to Deliver Nutrition to All



1

Poshan Abhiyaan

Actionable Area

Focusing on strategies to scale Poshan Abhiyaan, ensuring access to safe and nutritious food for all.

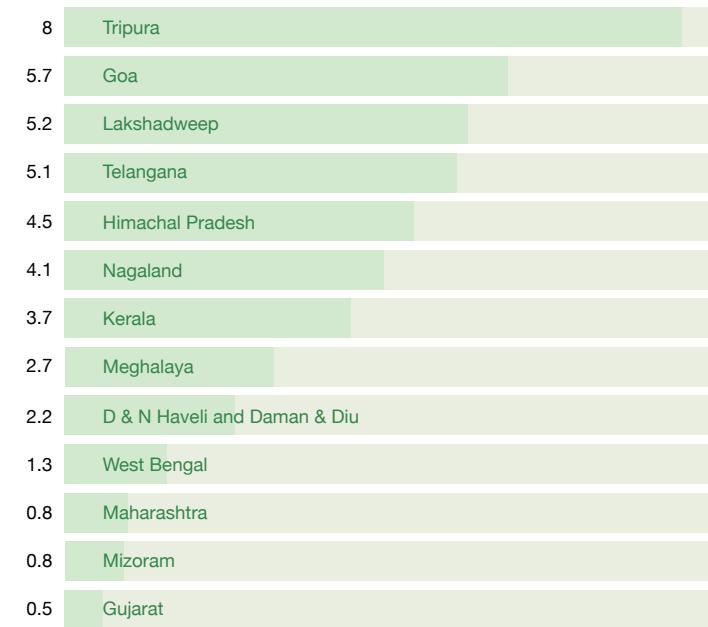
Issue

Partial results from the National Family Health Survey round 5 (NFHS-5) Phase I released for 22 states/UTs drew attention to the persistent problem of malnutrition in the country. The findings indicate a slight improvement in some of the indicators in a few states, but in several states, there is a worsening of the malnutrition situation. The percentage of children suffering from chronic child undernutrition, and childhood stunting, has increased in 13 out of 22 states, while acute undernutrition or wasting has increased in 12 out of 22 states, and underweight has also increased in 16 out of 22 states. There is also an increase in the prevalence of anaemia among young children, adolescents, pregnant women, non-pregnant women, and men in most of the states.

Moreover, the recent state-wise findings for 19 of 22 states /UTs, presented as the state Nutrition Profiles' (SNPs), showcase the variability of performance across districts in terms of nutrition outcomes, immediate and underlying determinants. Due to the widespread burden of malnutrition, it is imperative to strengthen the delivery systems of the key actions. Policy actions are required through a multisectoral system to achieve global public health targets.

Stunting* Among Children (0-5 years)

% Increase from 2015-16 to 2019-20



*low height for age

Source: National family health survey-5 (2019-20) Phase-1 report

Status

Government Initiatives

The Prime Minister launched the ‘flagship’ programme, *PoshanAbhiyaan*(theNational Nutrition Mission), in March 2018 with the ambitious goal of achieving a *KuposhanMukt Bharat* (malnutrition free India) to improve nutritional outcomes for children, pregnant women, and lactating mothers. The programme aims to ensure service delivery and interventions through technology, behavioural change through convergence and lays down specific targets to be achieved across different monitoring parameters over the next few years. The mission recognises that the repercussions of malnutrition are lifelong and irreversible, so that the implementation strategy would be based on intense monitoring and Convergence Action Plan right up to the grassroots level.

For the implementation of POSHAN Abhiyaan, the four-point strategy/pillars are:

- Inter-sectoral convergence for better service delivery.
- Use of technology (ICT) for real-time growth monitoring and tracking of women and children.
- Intensified health and nutrition services for the first 1000 days.
- Jan Andolan- people’s movement.

NITI Aayog has played a critical role in shaping the POSHAN Abhiyaan and has been entrusted with closely monitoring the POSHAN Abhiyaan and undertaking periodic evaluations to assess the readiness/ preparedness of the

readiness/preparedness the States and Union Territories to implement the *Abhiyaan* effectively. The Implementation Scores criteria have been used to measure the readiness of the States/UTs to implement and execute the POSHAN Abhiyaan effectively. The inputs by NitiAayogare further grouped under the following categories, which are critical for effective execution of POSHAN Abhiyaan:

- Governance and Institutional Mechanism.
- Strategy and Planning.
- Service Delivery and Capacities.
- Programme Activities and Intervention Coverage.

POSHAN Abhiyaan was earlier designed to cover all the states/UTs and districts in three phases, i.e., 315 districts in 2017-2018, 235 districts in 2018-2019 and remaining districts in 2019-2020. However, it was launched as a national programme covering all districts to bring down stunting in children (0-6 years), from 38.4% in 2016 to 25% by 2022. While POSHAN Abhiyaan has an earmarked three-year budget of Rs. 9046.17 crore commencing from 2017-18, it really is an overarching framework that seeks to leverage funds, functionaries, technical resources and IEC activities from existing programs and schemes such as the Integrated Child Development Services (ICDS)- the beneficiaries under the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers focusing on



- Improving the nutritional and health status of children in the age-group 0-6 years;
- Lay the foundation for proper psychological, physical, and social development of the child.
- Reduce the incidence of mortality, morbidity, malnutrition, and school dropout.
- Achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- Enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

There are several other schemes, such as the National Health Mission (NHM), which envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs; Swachh Bharat Mission (SBM) to accelerate the efforts to achieve universal sanitation coverage and to put the focus on sanitation; National Rural Livelihood Mission (NRLM), National Rural Employment Guarantee Assurance (NREGA) and the Public Distribution System- PDS which is operated under the joint responsibility of the Central and the State Governments. Under the PDS, presently, wheat, rice, sugar, and kerosene are being allocated to the states/UTs for distribution. Some states/UTs also distribute additional items of mass consumption through the PDS outlets such as pulses, edible oils, iodised salt, spices, etc. The idea is to align the efforts of every stakeholder in a direction that could positively impact nutrition outcomes. Other key Nutrition strategies and interventions include IYCF (Infant and Young child feeding), Food and Nutrition, Immunization, Institutional Delivery, WASH (Water, Sanitation and Hygiene), De-worming, ORS-Zinc,

Food Fortification, Dietary Diversification, Adolescent Nutrition, Maternal Health and Nutrition, ECD (Early childhood development)/ECCE (Early Childhood Care and Education), Convergence, ICT-RTM (Information and Communication Technology-enabled Real-Time Monitoring) and Capacity Building etc.

A number of states have introduced innovative schemes towards improving the nutrition situation. States such as Chandigarh, for instance, has developed a *POSHAN Helpline*. The helpline provides remote access to the Anganwadi worker and gives the opportunity to book a home visit of the Anganwadi worker/Auxiliary Nurse Midwife. The *Rajpusht programme* in Udaipur, Rajasthan, involves a 360-degree approach that provides cash incentives to women to enhance the nutritional status of children and delivers on-ground communication on social and behavioural change. The programme targets children, pregnant and lactating women and reaches out to community members, husbands, and family members to improve dietary patterns, health-seeking behaviours, and nutritional practices. The *Mamata programme* in Odisha provides a cash benefit scheme to pregnant and lactating women to improve nutrition and promote health-seeking behaviours.

Several stakeholder Ministries have also expressed their commitment to the objective of PoshanMaah and planned activities in 2020 to bring Nutrition in focus through their verticals. Department of School Education, Ministry of Education has asked states to conduct Nutrition e-quiz and Meme making competition amongst students. Ministry of Rural Development has advised states to promote Nutri-gardens with the support of Mahatma Gandhi NREGA. Ministry of Ayush has offered to support building a healthy lifestyle by adopting Yoga and holistic nutrition. Ministry of Health and Family Welfare has also extended its cooperation for all the activities in the best possible manner.



Interventions such as the ‘Eat Right India’ movement by the FSSAI focuses on eating right, safe and sustainable and promoting awareness about a balanced and healthy diet. In association with POSHAN Abhiyaan, this initiative has penetrated schools, homes, and hospitals to educate on and promote quality diets, with a strong focus on well-being. Furthermore, the development of Eat Right Toolkits will further enable the goals by providing a method of digital counselling on how to improve their nutrition and diet. Additionally, FSSAI has set up the “Food Fortification Resource Centre (FFRC)” for providing technical support to various ministries of the government to fortify the five staples—rice, wheat, oil, milk and salt—and for providing assistance to the states on how these can be disseminated through PDS, Mid-Day Meals or the ICDS. Under Eat Right efforts, several food companies such as ITC, Adani, Tata, Dawat etc., for which staple food fortification is relevant, voluntarily fortify some or all of their products according to standards set by FSSAI.

Another initiative called the Impact4Nutrition was launched by a diverse network of partners, including UNICEF, Sight and Life, CSRBox, Tata Trusts and the Confederation of Indian Industries as a PPE. The input is to help governments deliver on their targets, harness the power and reach of businesses, and reduce the financial and health burdens that are linked to poor diets.

Private sector Interventions

In terms of private sector interventions, several companies like HUL, PepsiCo India, ITC Ltd etc., have developed comprehensive, public, formal commercial strategies to address issues related to the double burden of malnutrition in India. Nestlé India is working towards improving the nutrition scenario

in India with its Healthy Kids Programme, which focuses on raising nutrition, health, and wellness awareness among school-going children. Additionally, ITC’s “*Mission SunheraKal*” program on Mother and Child Health aligns with the Integrated Child Development Services and PoshanAbhiyan and aims to reduce infant/ maternal mortality and child malnutrition. A Memorandum of Understanding (MoU) has been signed with TATA Trusts to deploy one Swasth Bharat Preraks (SBP) across each district and with the NASSCOM Foundation for technical and administrative support for implementation and roll-out of the Abhiyanat state/UT level. A total of 270 SBPs have been deployed to date.

Vision 2030

-  **Reduce Stunting from 38.4% (NFHS-4) to 25% by 2022 (Mission 25 by 2022)and end all forms of malnutrition by 2030.**
-  **Empower states/ UT's, line ministries and encourage convergence.**

2 Resolve to work for protein sufficiency

Actionable Area

Consolidating efforts for protein sufficiency to ensure that disease burden is reduced.

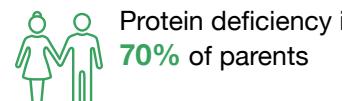
Issue

The recommended dietary allowance of protein (2020 RDA) for an average Indian adult is 0.8 to 1 gm per kg body weight. However, India has the lowest average protein consumption (at 47 gm per person per day) compared to other Asian countries and developed nations. Indians lack awareness and are not consuming an adequate quantity of protein regularly. A 2017 India Market Research Bureau (IMRB) survey shows that 73% of Indians are deficient in protein while above 90% are unaware of the daily requirement of protein.

Low-quality protein intake has consequences in adult life; for example, poor protein intake is associated with sarcopenia, and undernourished men have substantially less muscle mass than well-nourished men. Functional studies, such as those measuring glutathione homeostasis, are also relevant in this context. Having less muscle mass limits an individual's mobility and is also a risk factor for diabetes because skeletal muscle is a major site for glucose disposal at rest, and insulin sensitivity is associated with reduced skeletal muscle mass and its function. From the Protein Paradox Study by Right to Protein that surveyed over 2142 mothers across 16 cities to understand the reasons why protein was ignored in an Indian household, an

73% Urban Rich India Protein Deficient

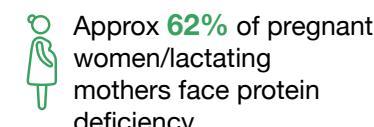
India's high protein deficiency levels



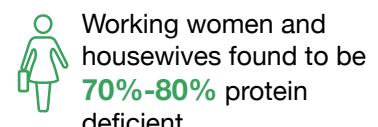
Protein deficiency in
70% of parents



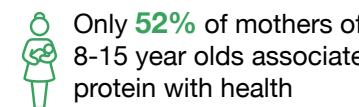
Singles seen to have
better protein intake
than families



Approx **62%** of pregnant
women/lactating
mothers face protein
deficiency



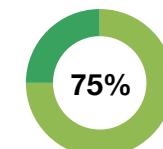
Working women and
housewives found to be
70%-80% protein
deficient



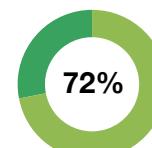
Only **52%** of mothers of
8-15 year olds associate
protein with health

Men with families most protein deficient

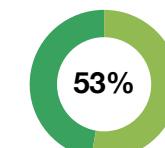
Men with families



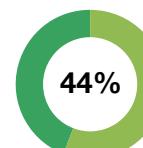
Mothers



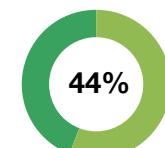
Single women



Single men



Children (10-15 yr)



insight that emerged was the misinformation surrounding protein and its consumption. Nearly 95% of Indian mothers know of protein as a macro-nutrient, but only 3% really understand its important functions and why one should consume it.

The EAT Lancet-Commission report shows that Indians consume more simple carbohydrates and less complex carbohydrates, proteins, and fruits and vegetables in their diets. The Indian Consumer Market 2020 shows high monthly expenditure on cereals, processed foods, with only one-third of the food budget being spent on protein-rich foods. India is also facing the double burden of malnutrition, with 38 per cent undernutrition (46.6 million) in children under the age of five and about 15 per cent obesity and overweight (14.4 million). There is variation in obesity prevalence across age, gender, socio-economic status, with the ICMR-INDIAB study showing that the prevalence of obesity ranges from 11.8% to 31.3% for India. With the rise in non-communicable diseases, it is important to have a balance in the quality and quantity of macronutrients. There has been a declining trend in the consumption of protective foods like pulses and milk. The inclusion of high-protein foods in a diet has been strongly associated with improving insulin response and reducing diabetes.

NITI Aayog has also highlighted the case for including protein-rich foods—both plant and animal protein—in the public distribution system, evidenced in the government's relief package for poor and vulnerable families in the wake of the pandemic. India's nutrition programmes, through the Public Distribution System (PDS), have targeted the poor by providing for subsidized food grains to be given to beneficiaries under the National Food Security Act, which includes rice, wheat, and millets. The protein supplementation through PDS averages 7.2 gm/day and 3.8 gm/day in rural and urban areas, respectively.

Status

Government Initiatives

The Government of India has various safety net programmes under the National Food Security Act for improving nutrition and food security. They include the Integrated Child Development Services (ICDS), which provides 500 kilocalories, with 12-15 gm of protein per day to children and up to 25 gm of protein for adolescent girls and the Mid-Day Meal Scheme (MDM), which provides for 300 kilocalories and 8-12 gm of protein per day. Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) is a centrally sponsored program of the Government of India for adolescent girls 11–18 years of age under all ICDS projects in selected 200 districts in all the states/UTs in the country. The scheme focuses on all out-of-school adolescent girls who would assemble at the Anganwadi Centre as per the schedule and frequency decided by the States/UTs.

The others, i.e., the school-going girls, would meet at the AWC at least twice a month and more frequently during vacations/holidays, where they will receive life skill education, nutrition & health education, awareness about other socio-legal issues etc.

In 2020, to protect the community from the impact of the pandemic, the government had announced an additional Rs. 22.6 billion relief packages under the 'Garib Kalyan Yojana' allow for an additional supply of 5 kg rice/wheat and 1 kg of preferred pulses per month. According to the government's National Action Plan for Egg & Poultry-2022 (NAPEP), plans to fulfil the objective of protein-enriched food requirement of the country's growing population and prevent malnutrition in one of the highest malnourished children populations in the world. As

a policy, the PDS should provide protein-rich foods at subsidized rates to make them more affordable and available. States (such as Andhra Pradesh and Telangana) that are providing pulses through PDS are considered to have better protein intake by households (NAPEP, 2022).

Private Sector Interventions

Several private sector interventions such as Danone India has sensitized Indians about the importance of Protein and created mass awareness about the role of protein in maintaining good muscle health which is compromised as we age through various public health awareness workshops in several cities, where leading nutritionists to educate people about the role of protein and other vital nutrients in building immunity. In 2018, Danone also joined the 'Eat Right India' movement launched by Food Safety and Standards Authority of India (FSSAI), to work on improving the nutritional profile of its product portfolio in India. Another intervention led by the private sector, the milk district initiative of Nestle, improved the productivity and income of small producers, in the process increasing their purchasing power to afford nutrient-dense foods. There is evidence in many cases of increase in milk consumption by small producer households, e.g. the Mulkanoor Dairy Cooperative which recorded indication of increased availability and consumption in the area of production. Interventions like 'Saanjhapan' (Create Shared Value) priorities the aspects of hygiene and quality of milk, bringing into focus the dimensions of food safety and quality in addressing undernutrition.

Towards developing a self-sustaining agri-food-nutrient ecosystem, ITC limited has also worked on integrating agri-value chain with the product development that has led to the development of value added, high protein products (through e-choupal channels etc).

Right to Protein, a nation-wide public health initiative, was announced in 2019 to educate the people in India about the importance of proteins for their general health, fitness and wellbeing. #RightToProtein campaign aspires to act as a catalyst in promoting consumption of different forms of proteins amongst Indians for better overall nutrition. The objective is to bring together institutions, academicians, professionals and individuals that can participate in on-ground activities, share knowledge and expertise to drive protein awareness in India.

Several plant-based protein start-ups have also emerged. Mister Veg which is formed with a view to provide an innovative solution for nutritious and delicious plant-based meat and sea food alternative in hygienic & cost-effective manner. GREENEST which is a plant-based foods brand created by Upstablish Food Technologies Private Limited, a food tech company working to address the fast-growing protein and nutritional needs of India.

Vision 2030

- Increase the average intake of protein from 47 gm per person per day to recommended intake of 68 gm per person per day in line with Global protein consumption.
- Increase awareness among people regarding protein through public health programs engaging various stakeholders and help people to improve their diet quality by including rich protein sources on a daily basis.

3 Anemia Mukt Bharat

Actionable Area

Consolidating efforts to tackle the malnutrition problem of iron deficiency anemia through a package of appropriate strategies and interventions.

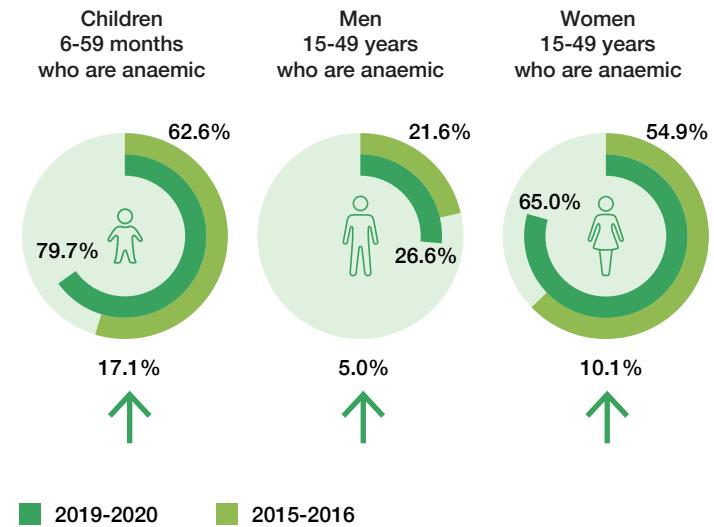
Issue

The recently published NFHS-5 report has key findings for 22 states and UTs. Compared to the fourth round of the National Family Health Survey (2015-16), evidence from the latest NFHS-5 (2019-20) reveal that anaemia prevalence rates have increased across many groups (i.e., children, pregnant and non-pregnant women, and men) in different states. Anaemia among children (aged 6-59 months) increased from 53.8% to 68.9% within the last five years, i.e., between NFHS-4 and NFHS-5. Similar jumps of 49.7% to 57.2% among adolescent women (aged 15-19 years) and 47.9% to 54.5% among non-pregnant women of reproductive age were found. There were increases in the prevalence of anaemia within the male population as well. According to the Global Nutrition Report 2020, one in two women of reproductive age is anemic.

To tackle anemia in India, the Anemia Mukt Bharat (AMB) program was launched in March 2018 by the Government of India under the Prime Minister's overarching scheme for Holistic Nourishment (POSHAN) Abhiyaan. One of its targets is to reduce anemia by 3% per year to support the end of the goal of attaining a malnutrition free India by 2022. The program uses the 6x6x6 strategy - which implies six age groups, six interventions and six institutional mechanisms.

Prevalence of Anaemia Among Children, Men, and Women

Swasth report card Gujarat



Source: National family health survey-5 (2019-20) Phase-1 report

The six population groups under AMB strategy are:

- Children (6-59 months)
- Children (5-9 years)
- Adolescents girls and boys (10-19 years)
- Pregnant women
- Lactating women
- Women of Reproductive Age (WRA) group (15-49 years)

The six interventions are:

- Prophylactic Iron and Folic Acid Supplementation
- Deworming
- Intensified year-round Behavior Change Communication (BCC) Campaign and delayed cord clamping
- Testing of anemias using digital methods and point of care treatment,
- Mandatory provision of Iron and Folic Acid fortified foods in Government-funded health programmes
- Addressing non-nutritional causes of anaemia in endemic pockets, focusing on malaria, hemoglobinopathies and fluorosis and the six institutional mechanisms.

The six institutional mechanisms are:

- Inter-ministerial coordination
- National AnemiaMukt Bharat Unit

- National Centre of Excellence and Advanced research on Anemia Control
- Convergence with other ministries
- Strengthening supply chain and logistics
- AnemiaMukt Bharat Dashboard and Digital Portal—one-stop-shop for Anemia

Status

Government Initiatives

India has a long history of National Nutritional Anemia Control Program (NNACP) are modified as the National Iron Plus Initiative (NIPI) to combat anemia.

Under AMB, the IFA Supplementation Program aims to meet the challenge of high prevalence and incidence of iron deficiency anemia among age groups from 6 months to 19 years. The long-term goal of AMB is to break the intergenerational cycle of anemia, the short-term benefit is a nutritionally improved human capital, and the IFA supplementation program supports both. The program is being implemented in all States/UTs of India, aiming to reach 11.2 crore beneficiaries, including 8.4 crore school-going and 2.8 crore out-of-school children and adolescents (Weekly Iron Folic Acid Supplementation, NHM). The IFA Supplementation program— is highly impactful and cost-effective: a pilot with adolescent girls reduced anemia by 24% after one year at an average cost of just Rs.39.12 per girl treated (WIFS, NHM).

Initiatives like NDD (National Deworming Day) and IFA (Iron and Folic Acid) supplementation programs have been making key contributions towards the reduction of anemia. Launched in 2015, NDD scaled rapidly to national coverage, from treating 8.9 crore children in 2015* the now biannual program now covers 26 crore children and adolescents per round. Worm infestations interfere with nutrient uptake, can lead to anemia, malnourishment, and impaired mental and physical development, and pose a serious threat to children's health, education, and productivity.

Programs like IFA Supplementation and NDD, with their unique strategies like target setting guidance for states, extended mop-up days to include beneficiaries who missed out, scaling up to include more private schools and; community-based deworming work to support the POSHAN Abhiyaan, with the aim to leave no one behind while reiterating the message of health for all.

To fight chronic anaemia and undernutrition, the government is making plans to distribute fortified rice through the Integrated Child Development Services and Mid-Day Meal Schemes across the country from the year 2021, with a special focus on Aspirational districts and this was decided in a review meeting of an existing pilot scheme which was approved in February 2019, for a three-year period from 2019-20 onwards. With reference to the Prime Minister's announcement of 15th August 2021, one district each in 15 predominantly rice-eating states was selected. It was found that out of 15 states, only 5 — Andhra Pradesh, Gujarat, Maharashtra, Tamil Nadu and Chhattisgarh- have started the distribution of fortified rice in their identified pilot districts. The Food Corporation of India (FCI) has now also been mandated to scale up the annual supply of Fortified Rice Kernels (FRK) from the current 15,000 tonnes to at least 1.3 lakh tonnes. To cover

PDS, anganwadis and mid-day meals in the 112 aspirational districts, annual supply capacity would need to be increased to about 1.3 lakh tonnes. Further, existing rice mills will be equipped with Blending Machines for mixing FRK with normal rice.

The Food Fortification Resource Centre (set up by FSSAI with support from Tata Trusts) is also supporting to overcome anemia as a resource hub that provides information and inputs on standards and food safety, technology and processes, premix and equipment procurement and manufacture, quality assurance and quality control for fortification of foods. Several international NGOs like PATH's present work on fortification centres around rice fortification, which involves manufacturing fortified rice kernels (FRKs), and blending them with regular rice kernels. PATH has operations in Gujarat and Chandigarh with the largest presence in Karnataka, where they are working in six state-level Akshaya Patra Foundation kitchens under the Midday Meal (MDM) scheme. The typical kitchen feeds between 100,000 and 150,000 children per day, six days per week.

Private Sector Interventions

- In terms of private sector interventions, several brands have successfully launched the fortified iron products across different staples such as
- ITC's Aashirvaad Chakki Atta (Wheat Flour fortified with Iron + Folic Acid + Vitamin B12),
- TATA salt plus (salt fortified with Iron + Iodine),
- Daawat Sehat Mogra (Rice fortified with Iron + Folic Acid + Vitamin B12),

- Phillsbury Chakki Fresh Atta (Wheat Flour is fortified with Iron + Folic Acid + Vitamin B12), Golden Harvest Chakki Atta (Wheat Flour is fortified with Iron + Folic Acid + Vitamin B12), Britannia Tiger Biscuits,
- Nirmal Seeds ICTP 8203 Fe Pearl Millet
- Organizations like HarvestPlus has operated in the country for nearly nine years, in close collaboration with ICAR, India's State Agricultural Universities (SAUs), the International Crops Research Institute for the Semi-Arid Tropics (ICRISAT), seed companies, etc. to develop varieties like high-iron pearl millet that can stem the deleterious ripple effect of iron deficiency by significantly improving nutrition and cognitive performance.

Vision 2030

- Reduce prevalence of anaemia by 3% per annum respectively in line with the PoshanAbhiyaan targets and end all malnutrition related adverse outcomes by 2030.
- Ensuring food and nutrition security by Increasing the availability, accessibility, affordability and sustainability of iron rich fortified products to consumers as well as vulnerable groups through social protection schemes and open market.

Pathways

POLICY



Enhance sustainability and accountability by streamlining the targets and sub-targets under each flagship programme part of the AMB strategy, with special attention to further strengthening the food system.

Emphasis is to be laid towards adopting the positive lessons emerging in various states' ongoing programme intervention strategies. In this context, the key strategies and processes that led to achievements in improving the nutrition situation of the identified well-performing states should be critically studied, analysed, documented with details of processes on what worked and disseminated the findings for wider adoption of the emerging evidence by other states/UTS. Incorporation of root cause analysis and Quality Implementation Approach (QoI) to be considered crucial and incorporated with concurrent intervention assessments (behaviour change communication, deworming etc.) towards bridging gaps and maximizing outreach.

Strengthen monitoring and surveillance to track violations related to the marketing of breast milk substitutes.

Focus on Anaemia has largely been preventive; there needs to be a greater focus on treatment. There is a need to leverage the private sector, with a focus on new innovations, including the development of non-invasive technologies, deployment of mobile medical units that ensure real-time assistance and development of treatment regimens and protocols in convergence with the central and state governments.

Incentivise farmers through minimum support price and promote industry participation towards ensuring availability of Nutri-cereals and protein-based pulses for consumers.

Advocate for the formulation of policies that impact public health strategies such as upper permissible limits for food fortification and tolerable limits along with EAR/RDA that would prevent excess nutrient intake/toxicity among the targeted population.

Pathways



There is a need to institutionalise surveys governed by science-based standards at the national, state and district to enable periodic assessment of diet consumption patterns and nutrient intake to help create a framework for reviewing policies and developing district plans of action. The present data gap hinders the formulation of region-specific public health and nutrition policy and program design. This area needs to be urgently addressed.

Support grassroots training and augmenting front line worker capacities and conduct sensitisation training at mid / higher leadership levels to streamline the nutrition goals as a common national agenda.

For supporting effective rolling out, the POSHAN Abhiyaan strategy through PPP undertakes district-wise mapping of NGO's and private sectors to provide area-specific support to strengthen service delivery of nutrition-specific and nutrition-sensitive services. In this context, PPP role is in the following actions could be clearly reflected in district plans of action.

Root cause analysis and the Quality Implementation Approach (QoI) needs to be incorporated with concurrent intervention assessments (behaviour change communication, deworming etc.) towards bridging gaps and maximizing outreach.

The AnemiaMukt Bharat program has a very robust tracking mechanism when it comes to IFA (Iron Folic Acid supplementation). There is a need to develop a better understanding of barriers to implementation of the program under various states and leverage positive deviation instances to implement these learnings at scale. Additionally, similar metrics are to be created and tracked for all aspects of the program, including haemoglobin testing at the district level, large scale fortification, amongst others.

Identify and escalate usage of proven platforms in delivering high-quality content/right nutrition information, including home visits, television/radio, community-based events, and posters/wall paintings etc.

Pathways

IMPLEMENTATION



Strengthen coordination and convergence between various departments, NGOs, state governments, public& private sector and other relevant groups under flagship programmes and schemes for better delivery at the district level. Map NGO's and private sectors to districts to ensure better outcomes.

Ensure commercially available foods adhere to the food laws and regulations based on safety, quality, and nutrients of concern in alignment with public health goals. Reinforce industry engagement towards the promotion of "right food and feeding" in the interest of public health.

For public health, strategies like fortification, upper permissible limits, and tolerable limits along with EAR should be considered to avoid excess nutrient intake/toxicity among targeted populations.

Leverage the private sector in addressing Protein Energy Malnutrition (PEM) by delivering protein-based foods to the community initiatives such as providing milk in tetra packs and dry cereal-nut mixes rich in protein could be a part of the strategy.

Broad base options for protein delivery under flagship schemes, including orientation towards plant-based proteins/other affordable protein sources.

Need to create greater focus on R and D investments, innovations in product formulation with plant proteins and proteins with indigenous sources towards meeting the additional protein requirements of the vulnerable population.

At the national level, ensure commercially available foods adhere to the food laws and regulations based on safety, quality, and nutrients of concern in alignment with public health goals. Work along with industry towards the promotion of "right food and feeding" in the interest of public health.

Coordination among various government departments, food industry, regulators, civil society ensuring the quality of the takes home ration or cooked meals provided into the government schemes and programmes like the ICDS, MDM, PDS and TPDS.

Pathways

Implementation (Contd)

Ensure mainstreaming of iron-rich fortified foods into publicly funded programmes like the ICDS, MDM and PDS.

Monitor iron intake to mitigate iron deficiency anemia by providing the right tools and platforms.

Promote practices like Nutri/kitchen gardens, diversified crop farming, organic foods/ millets consumption for better adequacy of macro and micronutrients at all the three levels- individual, household and community towards ensuring both food and nutrition security. The ecosystem of SHG's SRLM's and KrishiMitra, local panchayat, needs to be leveraged to cascade this to the local communities.

Expand social infrastructure for meaningful interactions around the concept and benefits of nutrient-dense diets, importance of macro/micronutrients, fortified foods etc., leveraging social media, influencers and other mass media tools including radio etc.

There is a need to create strong convergence across government, industry, community-level NGO's and Panchayati Raj institutions about harmonized messaging and communication leveraging platforms like Darpan portal and POSHAN Gyan, amongst others.