

**Creating Mass Movement to Address Malnutrition**

- We need to focus on eradication of malnutrition to ensure that the coming generations are healthy, enabling higher intellectual potential, leading to enhanced work productivity.
- In March 2018, the government launched POSHAN Abhiyan – PM's Overarching Scheme for Holistic Nourishment.
- The programme through use of technology, a targeted approach and convergence strives to reduce the level of stunting, under-nutrition, anemia and low birthweight in children , as also, focus on adolescent girls, pregnant women and lactating mothers, thus holistically addressing malnutrition.
- The programme aims to ensure service delivery and interventions by use of technology, behavioral change through convergence and lays-down specific targets to be achieved across different monitoring parameters over the next few days.
- POSHAN will provide the required convergence platform for all such schemes and thus augment a synergized approach towards Nutrition. Convergence at centre is being achieved through formation of the National Council for Nutrition and the Executive Committee for POSHAN *Abhiyaan*.
- Similarly, the Convergence Action Plan at State, district and block level define the implementation and monitoring mechanism for the *Abhiyaan*. The Very High Speed Network (VHSN) day provides the convergence platform at village level, for participation of all frontline functionaries.
- The *Abhiyaan* empowers the frontline functionaries i.e., Anganwadi workers and Lady Supervisors by providing them with smartphones. The software application, ICDS Common application Software especially developed for this purpose enables data capture, ensures assigned service delivery and prompts for interventions wherever required.
- The application is aimed to augment system strengthening in ICDS service delivery and looks at improving the nutrition outcomes through effective monitoring and timely intervention.
- The problem for malnutrition is inter-generational and is dependent on multiple factors which include optimal Infant & Young Child Feeding practices. Immunization, Institutional Delivery, Early Childhood Development, Food Fortification, Deworming, access to safe drinking water and proper sanitation (WASH), Dietary diversification, and other related factors.
- This can be addressed through a socio-behavioural change. This aspect of POSHAN looks at deploying a multi-pronged approach to mobilise the masses towards creating a nutritionally aware society. The aim is to generate a Jan Andolan towards Nutrition.
- Ministry of Women and Child development is the nodal Ministry for anchoring overall implementation.
- Never before has so many programmes been pulled together for addressing undernutrition at national level in India. The Prime Minister Office will review the progress every six months.

- This *Abhiyaan* is going to be linked with incentives for the front line workers like Anganwadi workers for better service delivery, for the team based incentives for Anganwadi workers, ASHA and ANM for achieving targets together; and for early achiever states and UTs.
- For the non-performing states/UTs/districts/blocks/Anganwadi centres there would be focused support and hand holding to make them start performing better.

### **Food to Nutrition Security**

- Food security can be achieved by harnessing the tools of agriculture, nutrition and health in an integrated manner. Both food and non-food factors will have to receive concurrent attention. Some of the steps needed for this purpose are

#### **Food to Nutrition Security**

- There is need for a change in emphasis from food security to nutrition security and for this we need a food based approach not a drug based.
- In the area of nutrition security, it is important to look at food adequacy, protein deficiency and deficiency of micronutrients like iron, iodine, zinc, vitamin A etc.
- Above all, a global grid of genetic gardens of Biofortified plants will be an important tool for fighting hidden hunger.

#### **National Nutrition Week**

- National Nutrition Week and other such events will help in generating awareness of the implications of malnutrition particularly with reference to brain particularly with reference to brain development in the child.

#### **Making National Nutrition Mission a Success**

- Government has approved a National Nutrition Mission as a response to the widespread malnutrition.
- The Nutrition Mission should have the following interactive components to make it a success:
  - Overcoming undernutrition through the effective use of the provisions of the Food Security Act and also taking advantage of the enlarged food basket which includes millets in addition to rice and wheat.
  - Assuring enough protein intake through increased pulses production and increased consumption of milk and poultry products.
  - Overcoming the hidden hunger caused by micronutrient malnutrition through the establishment of genetic gardens of Biofortified plants.
  - Ensuring food quality and safety through steps for the adoption of improved post-harvest management
- In addition to the above, there is need within the mission for provision of clean drinking water, sanitation, primary health care and nutrition literacy.

- The Nutrition Mission should have proper monitoring tools so that the efficacy of the intervention can be judged.

### **Role of Health Services in Nutrition**

#### **A decline of under-nutrition**

- High priority was accorded to reducing under-nutrition in pre-school children. The Integrated Child Development Services (ICDS) was aimed at providing food supplements to children from poor and marginalized sections to bridge the gap between requirement and actual dietary intake. Another component of ICDS programme was weighing children for early detection of growth faltering and under-nutrition and initiating appropriate management of under-nourished children.
- The NFHS-4 showed that even in 2015 coverage under both the components still remains suboptimal.
- Despite suboptimal coverage, there has been a slow but steady reduction in the prevalence of under-nutrition in pre-school children.
- The steady decline in U5MR between 1970 and 2015 was due to substantial improvement in access to health services for immunization and treatment of infections in under-five children.

#### **Optional nutrition in childhood**

- As birth weight is a major determinant of growth, low birth weight children grow along a lower trajectory of growth during infancy, childhood and adolescence. As a result, nearly half of the children are classified as stunted and underweight.
- If BMI for age is used as the criterion for under-nutrition only 18.4 per cent of the under-five children were under-nourished and 2.6 percent were over-nourished.
- Data from research studies in India indicate that under-five children, who gain undue weight during childhood and adolescence, were more prone to become adipose and develop hypertension and diabetes in adult life.

#### **Elimination of blindness**

- During the 1960 Untreated severe infections, especially measles, in the already severely under-nourished young children, led to keratomalacia; those who survived the infections were often left with nutritional blindness.
- Based on findings on a survey, Massive Dose Vitamin A Supplementation (MDVAS) once every six months for 1-5 years-old children was initiated in 1970; but coverage under the programme was low. During the eighties there was a steep reduction in keratomalacia; over the next decade blindness due to vitamin A deficiency was not reported by major hospitals.
- The elimination of keratomalacia was, therefore, an example of health care interventions helping in achieving nutritional goals.

**Universal salt iodization**

- Iodine deficiency disorder (IDD) have been recognized as a public health problem in India.
- IDD during pregnancy was associated with high abortion and foetal wastage rates; some infants born to these mothers suffered from cretinism and mental retardation in adults, IDD include hypothyroidism and goitre.
- The National Goitre Control Programme initiated in 1962, focused on supplying iodised salt to those living in goitre belt.
- Surveys carried out in the eighties showed that IDD existed in pockets in all states in India. Taking this into account National Iodine Deficiency Disorders Control Programme (NIDDCP) was initiated in 1992 with the goal that all salt for human consumption will be iodised to ensure universal household access to iodised salt.
- IN 2007 mandatory fortification of al salt for human consumption with iodine was notified. Concurrently, an awareness campaign on health benefits of the use of iodised salt was mounted through all media of communication. These initiatives paid rich dividends.

**Dual nutrition and health burden**

- The data from surveys had shown that there has a progressive increase in the over-nutrition rates both in men and in women in the last four decades.
- Over-nutrition rates in women were higher than over-nutrition rates in men.
- For optimal nutrition, those with BMI < 18.5 should gain weight so that they become normally nourished; but normally nourished persons should not gain weight and become over-nourished.
- Health education message (through all media of communication) that a at least 30 minutes of sustainable discretionary physical activity (such as walking) per day is essential for optimal nutrition and health may go a long way in halting the rise in over nutrition and NCD rates in adults.

**Conclusion:**

- Ideally, nutritional assessment should be carried out periodicity in all individuals and more often in vulnerable segments of the population such as children adolescents, pregnant and lactating women and elderly citizens. Neither nutrition and health services nor our population, are geared for such routine periodic assessment for early detection, appropriate counseling and effective management of nutritional deficiencies and excesses before clinical problems arise.
- Nutritionists and physicians have to play a critical role in combating the dual nutrition and disease burden by appropriate nutrition and lifestyle counseling and nutrition and health care. Promoting synergy between health and nutrition services will enable the country to successfully face the nutrition challenges and achieve rapid improvement in health and nutritional status of the population.

### **Accountability for Nutrition Outcomes**

- For creating a “New India”, one of the most important areas that should be targeted is nutrition.
- Battling of malnourishment is also one of the most effective tools to empower people left behind to participate in the growth process. The economic benefits of investing in proper nutrition are several; improving nutritional outcomes would help in controlling diseases, reduce infant and maternal mortality, empower women, break the vicious intergenerational cycle of malnutrition, improve worker productivity, and even improve learning outcomes for students.
- An international study has ascribed the overall benefits to cost ratio to be 16:1 for low and middle-income countries.
- While adequate intake of calories in specific segments of the society does remain a challenge, there are several also other determinants for nutrition outcomes. These include, for example, the status of water supply, sanitation, and hygiene.
- The status of girl child and mother is also important as their nutritional status influences the status of the child. The Swachh Bharat Mission (SBM) and the Beti Bachao Beti Padhao missions by the government have been launched to tackle these very problems.
- In addition, a number of existing programs target nutrition outcomes, directly or indirectly, These include the Integrated Child Development Services (ICDS), National Health Mission-, Janani Suraksha Yojana, the National Rural Drinking Water Programme, Matriya Sahyog Yojana, SABLA for adolescent girls, Mid-Day Meals Scheme, Targeted Public Distributions System, National Food Security Mission, Mahatma Gandhi National Rural Employment Guarantee Scheme and the National Rural Livelihood Mission among other.

#### Why we need National Mission for Nutrition?

- The current efforts are fragmented. There is a need to bring together all the relevant stakeholders.
- The mission sets specific targets related to nutritional outcomes and a timeline in which those are to be achieved. This brings urgency in tackling the problem of malnutrition while demonstrating political commitment towards it.
- The mission encompasses a targeted strategy consisting of a plan of actions and interventions.
- The nutrition mission targets behavioral change through social awareness, and by creating a mass movement through a partnership between government, the private sector, and the public.

#### **Current Status:**

- According to the national family health survey between 2005-06 to 2015-16; stunting in children declined from 48 to 38 per cent, proportion of underweight children gone down from 42.5 to 35.7 per cent, proportion of women with low body mass index has gone down from 35.5 per cent to 22.9 per cent, and anemia in women declined marginally from 55.3 per cent to 53 percent.

**About National Nutrition Mission**

- The nutrition strategy prepared by NITI Aayog envisages several interventions to achieve these targets. One is to target improvement in nutrition and health during the first three years in the child’s life.
- Other interventions are related to nutrition and healthcare for mothers, and adolescents, control of micronutrient deficiencies, and community nutrition.

**Key Implementation Strategy:**

- *Outcome orientation:* One of the biggest changes proposed through the nutrition strategy is to orient the system towards achievements of outcomes. This would be done through universal monitoring of parameters of the beneficiaries, and real-time tracking of the progress made.
- *Incentives based on outcomes*
- *Data collection and monitoring*
- *Coordination between different programmes:* To achieve coordination across these programmes, a national council has been set up under NITI Aayog with participation by the ministers from all the relevant ministries. This council will be responsible for overall policy direction in relation to the nutrition mission and will report to the Prime Minister. Another executive committee of national nutrition mission has been set up at the secretary level. The design of these institutions also promotes cooperative federalism since they include representation from 5 states on a rotation basis.
- *Geographical convergence:* In parallel to another flagship programme of the government, namely the aspirational districts programme, attempts would be made to uplift the worst-performing districts.
- *Jan Andolan:* Participation of people in the programme would be important to develop the required commitment to bring about lasting change at the ground level.

**Nutritional Status in India**

- India is home to over 40 million stunted and 17 million wasted children (under-five years). Despite a marked trend of improvement in a variety of anthropometric measures of nutrition over the last 10 years, child undernutrition rates persist as among the highest in the world. This inequality is accentuated by stark disparities across states.
- Policy-makers must account for two key facts: (1) direct nutrition interventions can reduce stunting only by 20 per cent; indirect interventions (for example, access to Water and Sanitation ) must tackle the remaining 80 per cent, and (2) 50 per cent of the growth failure of babies accrued by two years of age occurs in the womb owing to poor nutrition of the mother.

**Key Nutrition Metrics**

A. Nutritional Status of Children

Indicator	%
Children (under-five years) who are stunted	38.7

Children (under-five years) who are wasted	15.1
Children (under-five years) who are underweight	29.4
Children (6-59 months) with a anaemia	69.5

**B. Nutritional Status of Women and Adolescent Girls**

Indicator	%
Pregnant women (15-49 years) with anaemia	58.7
Women (of reproductive age) who are undernourished	33.3
Women (20-24) who were married before the age of 18	30.3
Indian women who are underweight when they begin pregnancy	42.2

**Existing Policy Framework**

- The most prominent government nutrition interventions include the ICDS programme led by the Ministry of Women and Child Development (MWCD), and the NHRM led by the Ministry of Health and Family Welfare (MHFW).
- These programmes are supplemented by PDS.
- Also the National Nutrition Mission (NNM) has been set up.

**Policy recommendations**

1. Strengthen and restructure ICDS, and leverage PDS
2. Extend coverage of food fortification of staples
3. Target multiple contributing factors, for example, WASH
4. Align agricultural policy with national nutritional objectives
5. Boost private sector engagement in nutrition interventions

**Nutrition-specific interventions**

Target Group	Schemes	Key Interventions
Pregnant and lactating Mothers	ICDS	ICDS : Supplementary Nutrition, counseling on diet, rest and breastfeeding, health and nutrition education
	Indira Gandhi Matritva Sahyog Yojna (IGMSY)	Conditional Maternity Benefit
	Reproductive Child Health	NRHM : Antenatal care, counseling, iron supplementation, immunisation, transportation for institutional delivery, institutional

	(RCH-II), National Rural Health Mission (NRHM), Janani Suraksha Yojna (JSY)	delivery, cash benefit, post-natal care, counseling for breastfeeding and spacing of children etc.
Children (0-3 years)	ICDS	ICDS: Supplementary nutrition, growth monitoring, counselling health education of mothers on child care, promotion of infant and young child feeding, home-based counseling for early childhood stimulation, referral and follow-up of undernourished and sick children
	RCH-II, NRHM	NRHM : Home-based newborn care, immunisation, micronutrient supplementation, deworming, health check-up, management of childhood illness and severe undernutrition, referral and cashless treatment for the first month of life, care of sick newborns, facility-based management of severe acute malnutrition and follow-up
	Rajiv Gandhi National Creche Scheme	Rajiv Gandhi National Creche scheme: Support for the care of children of working mothers.

### **Financial Inclusion in India: Challenges and Way Forward**

- Financial inclusion in a process that focuses on raising the standard of living of the underprivileged people in the society with the objective of making them self-sufficient and well informed to make better financial decisions.
- It is the process of ensuring access to financial services and timely and adequate credit where needed by vulnerable groups at an affordable cost.

#### **Historical Developments**

- In India, financial inclusion exercise explicitly started with the nationalization of State Bank of India in 1955.
- 14 private sector banks were nationalized in 1969 to serve the unbanked population.
- The concept of priority sector lending became important by 1974 which implied directed lending to unbanked areas, and in 1980, eight more private banks were nationalized to extend banking in rural and remote areas.
- Self Help Group-bank linkage programme, use of business facilitators and correspondents, easing of 'Know-Your-Customer' (KYC) norms, electronic benefits transfer, use of mobile technology, opening 'no-frill accounts' and emphasis on financial literacy are some of the examples of financial inclusion.
- In 2014, Government launched Pradhan Mantri Jan Dhan Yojna (PMJDY).

- The Government continued its efforts towards achieving financial inclusion by introducing Micro Units Development Refinance Agency (MUDRA) to focus on providing credit to small entrepreneurs.

### **Challenges**

- Some Accounts under PMJDY are not operative.
- Lack of financial literacy
- Too large volumes of Accounts-There is a need for technical and institutional infrastructure for e-payment systems to service a large number of new and existing accounts.
- Need for Manpower planning.
- Secure Environment – The security of electronic transactions is a matter of concern.
- Ease of transaction
- Demand Side Factor- Factors such as lower income or asset holdings, lack of awareness about the financial products, perceivably unaffordable products, high transaction costs, products which are not convenient, inflexible, and not customized to the rural sector income pattern are a major barrier for gaining access to the financial system.

### **Conclusion**

- In view of the increasing complexity of financial inclusion, there may be a need to consider a roadmap as well as a regulator. The digitization is necessary for achieving higher financial inclusion.
- The country has a low level of literacy of about 70 per cent, with English literacy of not more than 10 percent of the population.
- India continues to have 30 per cent of its population or nearly 40 crore people below the poverty line and 90 percent operating in the informal sector. These people could also be slow in embracing digital economy. In addition, low volume of business in rural shops, shopping sheds, rural makeshift kiosks may not justify the cost of installing equipment to read and safely secure the data on plastic money. The cost of providing equipment in remote parts of the country and ensuring seamless connectivity at the affordable cost would be another challenge that would need to be addressed.
- To rapidly digitalize India, probably, there is a need for a Committee to understand the problem, become aware of the challenges, and then prepare a roadmap to achieve success.

### **Boosting Infrastructure to fuel Development**

- There are some areas in infrastructure where the externalities caused by projects cannot be captured by project revenues alone. Therefore, the Government has created a Viability Gap Funding arrangement through a window in the Finance Ministry.
- The government has rolled out two inter-linked programmes – Smart Cities Mission and the AMRUT. Smart Cities Mission aims at building 100 Smart Cities with state-of-the-art amenities.

- These Cities have started implementing various project like Smart Command and Control Centre, Smart Roads, Solar Rooftops, Intelligent Transport Systems, Smart Parks.
- To preserve and revitalize soul of the heritage cities in India, National Heritage City Development and Augmentation Yojana (HRIDAY) has been taken up.
- The AMRUT programme focuses on providing water supply to all households in 500 cities.
- Government is confident to complete National Highways exceeding 9000 kilometers length during 2017-18. Ambitious Bharatmala Pariyonjana has been approved for providing seamless connectivity of interior and backwards areas and borders of the country.

### **Power Sector**

- In the power sector the government is working towards changing the law so that power purchase agreements (PPAs) are enforced.
- The government's strategy is aimed at improving India's per capita power consumption, which is around 1000 kWh among the lowest in the world. In comparison, China has a per capita consumption of around 4,000 kWh, with developed nations averaging around 15,000 kWh per Capita.

### **Housing**

- Low Income Group (LIG) housing was provided through Basic Services for Urban Poor (BSUP) and Integrated Housing and Slum Development Programme (IHSDP) components later Rajiv Awas Yojana (RAY) of JNNURM. The biggest challenge that this program faced was the scarcity of suitable land. Delays in implementing such programs led to cost escalations.
- Projects funded under the Urban Infrastructure and Governance (UIG) submission required the possible eviction of slum dwellers, in which case clear policies on their rehabilitation were necessary.
- The Housing for All mission aims to build on RAY and fully address the housing shortage by 2022.

### **Transport**

- In the transport sector, the framing of an integrated transport policy to fasten the development of infrastructure for the sector is needed.
- Some of the specific actions taken by Government include the development of inland waterways, coastal shipping, dedicated freight corridors in railways, electronic tolling system, development of public transport including metro, bus rapid common ticketing for urban transport etc.
- The UDAY Scheme, will help in financial turnaround and revival of electricity distribution companies of India.
- Also 100 per cent FDI is permitted under the various infrastructure sectors.

- The eight core infrastructure industries include coal, crude oil, natural gas, refinery products, fertilizers, steel cement and electricity.
- The growth drivers for infrastructures in India are Government Initiatives, Infrastructure Need, Housing Development, International Investment, and Public-Private Partnerships.

### **Recent Budget Provisions**

- The Govt. will create a dedicated Affordable Housing Fund in National Housing Bank. An interest subsidy will be provided to rural households that are not covered under PMAY.
- India will invest as much as Rs. 5.95 lakh crore in creating and upgrading infrastructure in the next financial year.
- The Budget also levied a Rs. 8 per litre road and infrastructure cess on important petrol and diesel. The government and market regulators also have taken necessary measures for development of monetizing vehicles like infrastructure Investment Trust (InvIT) and Real Investment Trust (ReITS).
- Plan outlay for Indian Railways in next fiscal has been pegged at 1.48 lakh crore, highest ever outlay for national transporter.
- The Union Budget 2018 has identified infrastructure sector as the growth drivers of Indian economy and essential for further economic development.

### **Stretching a Hand to the Vulnerable**

- Social Inclusion refers to access to favourable opportunities in society to enhance one's life chances. Such opportunities comprise of education, employment, social services and social protection.

### **Constitutional Provisions**

- The Constitution of India through its Preamble seeks to secure to all its citizens-justice, social, economic and political; liberty of thought, expression, belief, faith and worship; and equality of status and the opportunity.
- Part III of the Indian Constitution provides for 6 Fundamental Rights for Social Inclusion.
- Article 15(3) empowers the State to make special provisions for women and children in educational institutions and employment opportunities.
- Article 15(4) seeks to promote the educational advancement of socially and educationally backwards classes of citizens, i.e., the OBCs, the Scheduled Castes and Schedule Tribes in matters of admission of students belonging to these categories in unaided educational institutions, Article 17 abolishes untouchability and its practice in any form.
- Article 38 says that the State shall strive to promote the welfare of the people by securing and protecting effectively as it may a social order in which justice, social, economic and political shall inform all the institutions of the national life.
- Article 39 provides for the abolition of child labour and for equal pay for equal work for both men and women.

- Article 41 provides for Right to Work, to education, to public assistance in case of unemployment, old age, sickness and disablement and in other cases of underserved want.
- Article 42 provides for just and humane conditions of work and for maternity relief. The 11<sup>th</sup> Schedule to Article 243 W says that safeguarding the Interests of Weaker Sections of Society including the handicapped and the mentally retarded.

### **Governance Structures**

- The Government of India's Social Inclusion programmes is implemented by the Ministries of Social Justice & Empowerment Tribal Affairs, Women and Child Development and Minority Affairs.

### **Ministry of Social Justice and Empowerment**

- The Ministry is the custodian of 2 Acts, specifically aimed at curbing (i) untouchability and (ii) atrocities against Scheduled Castes and Scheduled Tribes. These are the Protection of Civil Rights Act 1955 and the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act 1989. The National Commission for Scheduled Castes was set up under Article 383 of the Constitution in 1990.
- The educational empowerment of scheduled castes is through Post Matric Scholarships for Scheduled Caste Students. The Babu Jagjivan Ram Chhatrawas Yojana provides hostel facilities for Scheduled Caste boys and girls in middle schools, higher secondary schools, colleges and universities. For post-graduate SC students, the Government is providing fellowships through the Universities Grants Commission. The Central Government is also implementing programme for SC students for Masters and PhD programmes in specified fields of study.
- The economic empowerment of Scheduled Castes is through the special central assistance to the scheduled castes sub-plan (SCSP).
- The State Scheduled Caste Development Corporations provide credit and inputs by way of margin money loans and subsidy.
- The National Safai Karmacharis Finance and Development Corporation has been established for economic empowerment of scavengers and manual scavengers.

### **Department for Empowerment of Persons with Disabilities (Divyangjan)**

- It deals with the legislation governing different aspects of disability and welfare and empowerment of persons with disabilities.
- These are the Rehabilitation Council of India Act 1992, The Person with Disabilities (equal Opportunities, Protection of Rights and Full Participation) Act 1995 and the National Trust for the welfare of Persons with Autism, Cerebral, Palsy, Mental Retardation and Multiple Disabilities Act 1999.
- There are 3 Statutory bodies under the Department. The Rehabilitation Council of India is responsible for regulating training policies and programmes. The Chief Commissioner for Persons with Disabilities is the statutory functionary under the Act of 1955 to coordinate work

of State disabilities. The National Trust is a statutory body, which enables and empowers persons with disabilities to live independently as fully as possible and to extend support to registered organizations providing need-based services.

- The Accessible India campaign is a nationwide flagship campaign to ensure a barrier-free and conducive environment for Devyangians all over the country.

### **Ministry of Tribal Affairs**

- The scheduled areas are notified under Article 244(1) of the Constitution. Article 244(2) relates to those areas in the States of Assam, Meghalaya, Tripura and Mizoram which are declared Tribal Areas and provides for District Councils/Regional Councils for such areas.
- The Ministry administers grants to states comprising of special central assistance to tribal sub-plan schemes, grants under Article 275(1) of the Constitution of India, grants for the Eklavya Model residential Schools; education grants for vocational training centres in tribal areas, establishment of ashram schools in Tribal Sub-Plan areas, and livelihood support grants for minimum support price for minor forest produce.
- The ministry also provides equity support to the Tribal Cooperative and Marketing Federation of India and the State-Tribal Cooperative and Marketing Federations. The National Scheduled Tribes Finance and Development Corporation provides financial assistance to empower tribals for undertaking self-employment ventures.
- The National Commission for Scheduled Tribes was established under Article 338 A of the Constitution as an independent body to safeguard the rights of tribals.

### **National Policy for Older Persons**

- It encourages individuals to make provisions for their own as well as their spouse's old age; to encourage families to take care to their older family training facilities to train geriatric caregivers and organizers of services for the elderly.

### **Ministry of Women and Child Development**

- It was established in 2006 with the responsibility to advance the rights and concerns of women and children and to promote their survival, protection, development and participation in a holistic manner.
- The policies and programmes of government have been formulated on the lines of the broader vision laid down by the National Policy for Empowerment of Women.
- The Ministry of Women and Child Development is the custodian of several Acts relating to women and children. Prominent among these is the Dowry Prohibition Act, the Prohibition of Child Marriage Act, by Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, and the Juvenile Justice (Care & Protection of Children) Amendment Act 2011.
- The National Commission of Women and the National commission for Protection of Child Rights have been established under the aegis of Ministry of Women and Child Development to safeguard the rights of women and protect children's rights respectively. The National

Commission on Women took up the “Violence Free Home – A women’s right” campaign for awareness generation in Delhi. The protection of Children from Sexual Offences Act 2012 provides protection to all children under the age of 18 years from offences of sexual assault and sexual harassment.

- Among the flagship schemes implemented by the Ministry of Women and Child Development are the Umbrella ICDS, Women Empowerment Schemes like Beti Bacho Beti Padhao and a series of grant in aid schemes in the field of women and child development. The umbrella ICDS comprises of 6 subcomponents namely the Anganwadi service scheme, the Pradhan Mantri Matru Vandana Yojana, The National Creche Scheme, The Poshan Abhiyan, the Scheme for Adolescent Girls and Child Protection Scheme.

### **Expanding Universal Health Coverage**

- The Government is committed to the holistic development and thus health has been a focus area.
- On the policy front, one of the significant steps has been the announcement of the National Health Policy 2017, to address the current and emerging challenges necessitated by the changing socio-economic and epidemiological landscapes of the country.
- It has brought focus to preventive and promotive health, primary health care and ensuring access, affordability and quality of health services. The other policy initiatives have been the Mental Healthcare Act, 2017, HIV and AIDS (Prevention and Control) Act-2017 and amendment of the Indian Medical Council Act, 1956 for a uniform entrance examination for admission to all medical seats in the country.
- Another landmark initiative to expand the universal health coverage across the country is – *Ayushman Bharat*. With its two components viz. Comprehensive Primary Health Care (CPHC) through 1.5 lakh Health and Wellness Centres (HWCs) and the National Health Protection Mission (NHPM), it is a huge step towards UHC.
- NHPM aims to protect the poorest from catastrophic healthcare spending. Health insurance cover of Rs. 5,00,000/- per family per year will be provided to 50 crore people.
- Under the flagship program National Health Mission (NHM), free essential drugs and diagnostics are provided at all public facilities across 29 States/UTs through the Free Drugs and Diagnostics program.
- Another innovative initiative is the Affordable Medicines and Reliable Implants for Treatment (AMRIT). Through 124 AMRIT Pharmacies spreads across 22 States, more than 5200 drugs, implants, surgical disposables and other consumables are sold at the significant discount of up to 50 per cent on market rates.
- The Pradhan Mantri National Dialysis Program (PM-NDP) has served many patients.
- Mothers have been benefited under the Janani Sishu Yojana (JSY). This has brought the institutional delivery in the country to 78.9 percent in 2015-16 from 47 per cent in 2007-08. The new program Pradhan Mantri Surkshit Matritva Abhiyan has helped identify high-risk

pregnancies through antenatal check-ups. Another new initiative has been LaQshya – Labour room Quality improvement Initiative’.

- It is a focused and targeted approach to strengthen key processes related to the labour rooms and maternity operation theatres.
- A singular and landmark achievement has been-India was validated for Maternal and Neonatal Tetanus Elimination (MNTE) in April 2015, much ahead of the global target date of December 2015.
- India’s Under-five Mortality Rate and Maternal Mortality Ratio declined at a higher pace than the global average.
- The Total Fertility Rate (RFR) of the country has declined from 3.8 in 1990 to 2.9 in 2005 to 2.3 in the year 2013.
- A significant accomplishment has been an expansion of the world’s biggest public health intervention i.e., Universal Immunization Program (UIP), by launching five new vaccines (Measles-Rubella, Pneumococcal, Rotavirus, Inactivated Polio and Japanese Encephalitis), bringing total to 12 vaccines. Mission Indra dhanush (MI) was an important component of UIP.
- The MAA-Mother’s Absolute Affection has enhanced the focus on breastfeeding. Through Intensified Diarrhoea Control Fortnight (IDCF) to combat mortality in children due to childhood diarrhoea, more than 22.3 crore under-5 children were reached since 2014.
- Nutritional rehabilitation Centres (NRCs) have been established for the management of severe acute malnutrition in under-5 children all across the country. The Rashtriya Bal Swasthya Karyakram (RBSK) entails provision for child health screening and early intervention services through early detection and management of 4 Ds. i.e, Defects at birth, Diseases, Deficiencies, Development delays and free management of 30 identified health conditions including surgery at tertiary health facilities.
- With a high focus on the adolescent health, the Rashtriya Kishor Swasthya Karyakram (RKSK) was launched.
- Mission Parivar Vikas programme was launched in 2016 for increasing access to contraceptives and family planning services in 146 high fertility districts with key initiatives.
- As part of *NayiPehel*, family planning kit is provided by the ASHAs to the newlyweds. Saas Bahu Sammelan are held to encourage young married women and their mothers-in-law to freely discuss matters related to family planning and reproductive health. Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), new AIIMS have been announced and medical colleges set up in various districts. The program aims at correcting regional imbalances in the availability of affordable/reliable tertiary healthcare services.
- The Prime Minister has announced the achievement of a TB Free India by 2025. In order to make this a reality, as part of Revised National Tuberculosis Control Program (RNTCP), treatment for drug-sensitive TB is provided through DOT Centres.
- Under the National AIDS Control Program (NACP), Test and Treat’ Policy has been rolled out, It covers all patients with Anti Retro Viral (ARV) irrespective of CD count or clinical stage.

- MoHFW has several IT initiatives including development of “inter-operable Electronic Health Records (EHR) system, telemedicine services, public health IT solutions (Mother and Child Tracking System (MCTS)/ Reproductive Child Health (RCH) application, Kilkari App, Mobile Academy, ANM on Line (ANMOL), Drug and Vaccine Distribution Management System (DVDMS) (‘e-Aushadhi’), TB Patient Monitoring System “Nikshay”, SUGAM by Central Drugs Standards Control Organisation (CDSCO) and eRaktKosh etc.) and web portals and mobile applications (National Health Portal (NHP), PMSMA Portal, MeraAspataal (My Hospital), mDiabetes Program, India Fights Dengue App etc.).

### **Decentralised Approach to Tackling Nutrition**

- The highest economic returns to public investment in human capital in India lie in maternal and early-life health and nutrition interventions.
- The 2016 Global Nutrition Report estimated that for every one dollar invested in nutrition could yield a return of 16 dollars.
- Tackling malnutrition however is no easy task. Nutritional interventions for children in isolation can have only a modest impact. Instead, what is required is a holistic and comprehensive plan – with multiple interventions ranging from increased access to health services right from adolescent stages, improved diet and supplements such as fortification, counseling and improved sanitation.
- Till date, India has seen mixed results in past approaches to tackling malnutrition.
- As per the third and fourth round of the National Family Health Survey (NFHS), while the percentage of children under 5 who were underweight decreased from 43 per cent to 36 per cent, the percentage of children who were wasted, increased by 1 percentage point, while those that were severely wasted, increased by 1 percentage point, while those that were severely wasted increased by 2 percentage points.
- As of March 2015, 15 percent of total ICDS beneficiaries were malnourished.
- Government of India is committed to improve maternal and child health and increasing the cost norms of the Supplementary Nutrition Programme.
- This was accompanied by the launch of National Nutrition Mission (NNM) with a vow to make India free from malnutrition by making POSHAN Abhiyan the next “Jan Andolan”.
- Institutional structures such as the National Council on India’s Nutritional Challenges and Executive Committees have been set up; nutrition specific and sensitive schemes have been mapped and access to sanitation facilities has simultaneously improved.
- For the mission to succeed, a decentralised approach with a focus on the first principles – namely the 3Fs – funds, functions and functionaries will be critical.

### **Flexible Financing**

- The first step in ensuring the success of the programme is to get the financing right. Not only are costs of delivering nutrition interventions different across states and districts, but there has been significant inter-state and intra-state variation on achievement in nutritional outcomes.
- Despite an endeavour to ensure flexibility in design through decentralised planning, most often uniform fixed norms mean that states and local level functionaries have limited flexibility in implementation. Added to this is the common problem of inadequate fund flows to the last mile.
- It will be essential to also provide enhanced flexibility such that states or even districts can choose from a basket of interventions based on their current level of nutritional development.
- Given the multidimensionality of nutrition, it would probably do more good if relevant ministries/departments could set aside a proportion of their budgets to tackle nutrition.

### **Clearly Defined Functions**

- With funds in place, functions should follow. The multi-dimensional nature of nutrition, however, requires not just coordination amongst a host of ministries – water, sanitation, health, education, but most critically the ability to create a holistic plan focused right from adolescent care to maternal and child health care.
- Hence, a clear and detailed articulation of role and responsibilities across different layers of government and efforts to enhance capacity is required.

### **Focus on the Functionaries**

- Lower and mid-level bureaucrats and front-line workers at the last mile are critical resources in the implementation of government schemes and can make or break the state's ability to deliver on its promises. For nutrition, the Triple A- AWWs, ASHAs and ANMs are the key implementers, responsible for the delivery of essential services on the ground.
- The short-staffed delivery systems are only able to focus on routine activities such as supplementary nutrition.
- Long-term, sustainable efforts at behavioural change will require fixing these capacity constraints urgently.