THE GOVERNMENT’S EFFORTS TO FIGHT MALNUTRITION
Adequate Nutrition is essential for human development. Malnutrition includes both undernutrition as well as overnutrition and refers to deficiencies, excesses or imbalances in the intake of energy, protein and/or other nutrients. A review of trends in economic growth, health and nutrition indicates that the country is undergoing rapid socioeconomic, demographic, nutritional and health transitions. Undernutrition continues to be persistently high in India and remains a challenge. Some of the major nutritional challenges in India are (i) High levels of adult undernutrition affecting one-third of the country’s adults (ii) High levels of child undernutrition, affecting almost every second child (iii) High levels of maternal undernutrition, leading to low birth-weights (iv) Inappropriate and sub-optimal infant and young child feeding and caring practices (v) Issues relating to prevention of illnesses and access to healthcare (vi) Low awareness regarding nutrition and use of local nutritious food including sources of nutrients (vii) Inadequate attention to health and nutrition of adolescent girls (viii) Inadequate access to safe drinking water and proper sanitation facilities

The slow decline in undernutrition rates and time trends, showing a decline in the intake of food and nutrients, making undernutrition, major concern demanding the highest priority. To address these challenges, there is a need for a comprehensive approach that addresses the different sectors and dimensions of nutrition. There are two complementary approaches to reducing undernutrition, direct nutrition and indirect multi-sectoral approaches. Direct interventions, like breastfeeding, complementary feeding and hand washing practices complement the long-term sustainable multi-sectoral approach.

The Government is committed to address the Nutritional Challenges of India. Over the past few years, several programmes and schemes with the potential to improve the current nutritional situation of the country have been launched and expanded. Several of these schemes, namely National Rural Health Mission (2005-06), National Horticulture Mission (2005-06), Mahatma Gandhi National Rural Employment Guarantee Scheme (2005-06), Janani Suraksha Yojana (2006-07), Total Sanitation Campaign/Nirmal Bharat Abhiyan, Midday Meals (2008-09), Integrated Child Development Services [ICDS] Scheme (2008-09) and National Rural Livelihood Mission (2010-11), have been expanded/universalised in the recent past and the results are likely to be visible soon. All these schemes have directly or indirectly the potential to address one or more aspects of nutrition.
The Government has accorded high priority to the issue of undernutrition and is implementing several programmes of different Ministries/Departments through State Government/UT Administration, which have the potential to improve the current nutritional situation in India. These are as follows:

<table>
<thead>
<tr>
<th>TARGET GROUP</th>
<th>SCHEMES</th>
<th>MAJOR SERVICES FROM SCHEMES</th>
</tr>
</thead>
</table>
| Pregnant and Lactating Mothers | Integrated Child Development Scheme ICDS  
Indira Gandhi Matritva Sahyog Yojana IGMSY  
Reproductive Child Health RCH-II,  
National Rural Health Mission (NRHM),  
Janani SurakshaYojana (JSY) | ICDS: Supplementary nutrition, counselling on diet, rest and breastfeeding, health and nutrition education.  
Conditional Maternity Benefit  
NRHM: Antenatal care, counselling, iron supplementation, immunisation, transportation for institutional delivery, institutional delivery, cash benefit, postnatal care, counselling for breast feeding and spacing of children etc. |
| Children (0 – 3 years) | ICDS  
RCH II, NRHM  
Rajiv Gandhi National Crèche Scheme | ICDS: Supplementary nutrition, growth monitoring, counselling health education of mothers on child care, promotion of infant and young child feeding, home based counselling for early childhood stimulation, referral and follow up of undernourished and sick children.  
NRHM: Home-based new born care, immunisation, micronutrient supplementation, deworming, health check-up, management of childhood illness and severe under-nutrition, referral and cashless treatment for first month of life. Care of sick newborns, facility-based management of severe acute malnutrition and follow up.  
Rajiv Gandhi National Crèche Scheme: Support for the care of children of working mothers. |
<table>
<thead>
<tr>
<th>TARGET GROUP</th>
<th>SCHEMES</th>
<th>MAJOR SERVICES FROM SCHEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (3 – 6 years)</td>
<td>ICDS</td>
<td><strong>ICDS</strong>: Non-formal preschool education, growth monitoring, supplementary nutrition, referral, health education and counselling for care givers.</td>
</tr>
<tr>
<td></td>
<td>RCH- II, NRHM</td>
<td><strong>NRHM</strong>: Immunisation micronutrient supplementation, deworming, health check-up, management of illnesses and severe undernutrition</td>
</tr>
<tr>
<td></td>
<td>Rajiv Gandhi National Creche Scheme</td>
<td><strong>Rajiv Gandhi Creche Scheme</strong>: support for care of children of working mothers</td>
</tr>
<tr>
<td></td>
<td>Total Sanitation Campaign (TSC)/Nirmal Bharat Abhiyan (NBA)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>National Rural Drinking Water Programme (NRDWP)</td>
<td></td>
</tr>
<tr>
<td>School going children (6 – 14 years)</td>
<td>Mid-Day Meals (MDM), Sarva Shiksha Abhiyan (SSA)</td>
<td><strong>Mid-day meal</strong>: Hot cooked meal to children attending school. <strong>SSA</strong>: Support knowledge dissemination on nutrition by inclusion of Nutrition related topics in syllabus and curriculums for formal education, school health check-up, mid-day meal.</td>
</tr>
<tr>
<td>Adolescent Girls (11 – 18 years)</td>
<td>Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (RGSEAG), Kishori Shakti Yojana, NRHM</td>
<td><strong>RGSEAG</strong>: Supplementary Nutrition, Iron Folic Acid supplementation, vocational training of adolescent girls. <strong>NRHM</strong>: Weekly iron and folic acid supplementation</td>
</tr>
<tr>
<td></td>
<td>Total Sanitation Campaign (TSC)/Nirmal Bharat Abhiyan (NBA), National Rural Drinking Water Programme (NRDWP)</td>
<td><strong>TSC/NBA</strong>: Access to sanitation facilities <strong>NRDWP</strong>: Access to safe drinking water</td>
</tr>
<tr>
<td>TARGET GROUP</td>
<td>SCHEMES</td>
<td>MAJOR SERVICES FROM SCHEMES</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Adults and Communities</td>
<td>MNREGS, Skill Development Mission, Women Welfare and Support Programme, Adult Literacy Programme, TPDS, AAY, Old and Infirm Persons Annapurna, National Rural Drinking Water Programme (NRDWP) and Total Sanitation Campaign(TSC)/Nirmal Bharat Abhiyan(NBA), schemes/programmes in the agriculture sector such as the National Food Security Mission (NFSM), National Horticulture Mission(NHM), Rashtriya Krishi Vikas Yojana (RKVP),Integrated Scheme of Oilseeds, Pulses, Oilpalm, and maize (ISOPOM), and efforts towards augmenting Animal Husbandry, Dairying and Fisheries.</td>
<td>MNREGS: Employment Guarantee for 100 days per financial year for adult member of rural household. NRLM: Poverty alleviation in BPL families through self-employment TPDS: Food subsidy for rice, wheat etc NIDDCP: Promotion of use of iodized salt NFSM: Increased production of rice, wheat and pulses RKVP: Supports states for creation of infrastructure, essential to catalyze the existing production of food grains.</td>
</tr>
</tbody>
</table>

**IMPROVING ACCESS TO NUTRITION SERVICES: ROLE OF FRONTLINE FUNCTIONARIES**

For better access to nutrition and health services as well as to operationalize the several schemes frontline workers have been appointed by health and ICDS systems, these functionaries are an interface between the community and the Government systems. They are:

**Anganwadi Worker (AWW)**

She is an honorary worker of ICDS, is selected from the local community and acts as a crucial link between the community and the ICDS system. She is a central figure in helping the community to identify and meet the health and nutrition needs of their children and women. AWW plays an important role in promoting child growth and development. She is also an agent of social change, mobilizing community support for better care of young children, girls and women.

The AWW is expected to monitor and promote the growth of children, with the active participation of communities/families. All children below three years are weighed monthly and 3-6 years quarterly by the AWW and appropriate counselling is provided to care givers by her in order to check growth faltering at an early stage.
Apart from growth monitoring the AWW organizes supplementary feeding, immunization sessions and refers cases to health facilities. She conducts non formal preschool activities through play way learning methods and prepares children for formal schooling. She strengthens the capacity of caregivers and family in prevention of under-nutrition through dissemination of care practices through counselling, nutrition and health education, and home visits.

**The Accredited Social Health Activist (ASHA)**
The ASHAs under National Rural Health Mission have been appointed to facilitate access to health services, mobilize communities to realize health rights, access entitlements and provide community level care for a number of health priorities. ASHA's like the AWW's are selected from the community and given incentives for the tasks they perform. Their prime responsibilities include promotion of Institutional deliveries, management of common childhood illnesses, mobilization for immunization and home based newborn care.

**Auxiliary Nurse Midwife (ANM)**
ANM is a permanent worker under the health system, is responsible for implementation of Reproductive Child Health component under NRHM. She is the key functionary at the Sub Health Centres. She is mandated to provide health services to women and children in all the villages under her jurisdiction. She ensures immunization and micronutrient supplementation of children and pregnant women, antenatal and post natal care, health check-up and management of sick and undernourished children. She counsels pregnant and lactating women and conducts health education.

**INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)**
The Integrated Child Development Services (ICDS) Scheme is one of the major flagship programmes launched in 1975 in 33 blocks by the Government of India. It represents one of the world’s largest and unique programmes for Early Childhood Development. It is the symbol of our country’s commitment to its children and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The beneficiaries of the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers. ICDS is the largest outreach programme operational through Anganwadi Centres (AWC) which serves as first outpost for health, nutrition and early learning services at the village level. These centres are manned by Anganwadi worker (AWW) and an Anganwadi Helper (AWH).
The objectives of the scheme are:
(i) to improve the nutritional and health status of children in the age-group 0-6 years;
(ii) to lay the foundation for proper psychological, physical and social development of the child;
(iii) to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
(iv) to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
(v) to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Beneficiaries in ICDS
ICDS caters to the developmental needs of children below six years of age, pregnant women and lactating mothers. The scheme is self-selecting and universal.

Coverage and Outreach
• After its launch in 1975 with 33 projects, ICDS has expanded in three phases increasing the number of ICDS Projects from 4608 in 2002-03 to 5829 Projects and that of Anganwadi Centres (AWC) from 5.46 lakh to 8.45 lakh by the end of 2006-07. Further, GoI in 2008-09 approved 7076 projects and 14 lakh AWC, which also includes provision of 20,000 AWCs 'On Demand'. Currently 7005 projects and 13.16 lakh AWCs are functional (June 2012)
• Currently the Scheme reaches out to 7.86 Crore children (below the age of 6 years) and 1.86 Crore pregnant and lactating mothers.

Population norms for setting up of Anganwadi centres
Population norms for setting up of AWCs and Mini-AWCs are as under:

<table>
<thead>
<tr>
<th>POPULATION NORMS UNDER INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) SCHEME</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anganwadi Centres (AWCs)</strong></td>
</tr>
<tr>
<td>400-800</td>
</tr>
<tr>
<td>800-1600</td>
</tr>
<tr>
<td>1600-2400</td>
</tr>
<tr>
<td>Thereafter in multiples of 800 one AWC</td>
</tr>
<tr>
<td><strong>Mini AWC</strong></td>
</tr>
<tr>
<td>150-400</td>
</tr>
<tr>
<td><strong>For Tribal/Riverine/Desert, Hilly and other difficult areas/ Projects</strong></td>
</tr>
<tr>
<td>300-800</td>
</tr>
<tr>
<td>150-300</td>
</tr>
</tbody>
</table>
The Scheme provides an integrated approach for converging basic services through community-based workers and helpers through a package of the following services:

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>TARGET GROUP</th>
<th>SERVICES THROUGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplementary Nutritional Support</td>
<td>Children below 6 years; pregnant and lactating mothers</td>
<td>AWW</td>
</tr>
<tr>
<td>(Includes child growth monitoring and promotion)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-School Education</td>
<td>Children 3-6 years</td>
<td>AWW</td>
</tr>
<tr>
<td>Nutrition &amp; Health Education</td>
<td>Women (15-45 yrs)</td>
<td>AWW, FNB, Health</td>
</tr>
<tr>
<td>Immunization</td>
<td>Children below 6 years; pregnant and lactating mothers</td>
<td>ANM/AWW/ASHA</td>
</tr>
<tr>
<td>Health Check-up</td>
<td>Children below 6 years; pregnant and lactating mothers</td>
<td>ANM/AWW/ASHA</td>
</tr>
<tr>
<td>Referral</td>
<td>Children below 6 years; pregnant and lactating mothers</td>
<td>ANM/AWW/ASHA</td>
</tr>
</tbody>
</table>

The last three services are related to health and are provided in convergence with the Ministry/Department of Health and Family Welfare through NRHM and Health system.
MAJOR ACTIVITIES IN ICDS

a) Provision of Supplementary Nutrition: The beneficiaries avail of supplementary nutrition provision for 300 days in a year. By providing supplementary nutrition, the Scheme attempts to bridge the calorie gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI) of children below six years and pregnant and lactating mothers. This pattern of feeding aims only at supplementing and not substituting for family food. It also provides an important contact opportunity, with pregnant women and mothers of infants and young children, to promote improved behavioural actions for care of pregnant women and young children. On an average, daily nutritional supplements are provided to the extent indicated below:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Calories (Kilocalories)</th>
<th>Protein (g)</th>
<th>Cost norms (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (6-72 months)</td>
<td>500</td>
<td>12-15</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Existing: 4.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Revised in Phases: 6.00</td>
</tr>
<tr>
<td>Severely undernourished children</td>
<td>800</td>
<td>20-25</td>
<td></td>
</tr>
<tr>
<td>(6-72 months)</td>
<td></td>
<td></td>
<td>Existing: 6.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Revised in Phases: 9.00</td>
</tr>
<tr>
<td>Pregnant women and nursing mothers</td>
<td>600</td>
<td>18-20</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Existing: 5.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Revised in Phases: 7.00</td>
</tr>
</tbody>
</table>

Nutritional Norms of Supplementary Nutrition have been revised w.e.f 24.2.2009

Under the revised Nutritional and Feeding Norms for Supplementary Nutrition, State Governments/UTs are directed to provide more than one meal to the children, who come to AWCs which include providing a morning snack in the form of milk/banana/egg/seasonal fruits/micro-nutrient fortified food followed by a Hot cooked Meal. For children below 3 years of age and pregnant and lactating mothers, age appropriate Take Home Ration (THR) is to be provided. Besides, for severely underweight children in the age group of 6 months to 6 years, States/UTs have been advised to give additional food items in the form of micronutrient fortified food and/or energy dense food as THR. These norms have also been endorsed by the Supreme Court in order dated 22nd April 2009.

b) Growth Monitoring and Promotion: All children are weighed by the Anganwadi worker. Children under three are weighed once a month and children in the 3-6 age group are weighed quarterly. Weight-for-age growth charts and Mother and Child Protection Cards are maintained for all children below six years, as per WHO Child Growth Standards. These growth charts help to track the growth trajectory of children and identify those who are moderately and severely underweight. Caregivers of those who are moderately underweight are provided counselling, while those who are severely underweight or sick are referred to health functionaries or facilities.
MAJOR ACTIVITIES IN ICDS

c) Nutrition and Health Education: It aims to enhance the knowledge and capacities of mother and community and to look after the health and nutritional needs of children within the family environment and bring about a sustained improvement in maternal and child nutrition. Knowledge on basic health, nutrition, childcare and development is provided through group counselling and one to one counselling.

d) Pre-school Education / Early Childhood Care and Education (ECCE): It aims at providing sustained learning activities through joyful play-way method that helps to prepare the 3-6 years children for regular schooling and early care and stimulation for children below three years of age. In addition, there are event based activities organised for promotion of child development related matters.

e) Fixed Health and Nutrition Day: Popularity known as “Village Health Nutrition Days”, it is organized once a month at the Anganwadi Centre. Health functionaries, Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA) visit the anganwadi centre on this day, a basket of services are provided on this day like immunization, micronutrient supplementation, Vitamin A & Folic Acid, deworming, registration of pregnant women, antenatal care, health check-up of sick and undernourished children etc. In addition counselling of pregnant women and care givers is conducted ANM and AWW.

f) Home Visit: Anganwadi worker visit the homes of children under three, pregnant and lactating mothers. Home based guidance is provided to mothers on infant and young child feeding; early childhood stimulation and care during illness. This is also an opportunity to follow up on children who have dropout from routine immunization and growth monitoring sessions.

g) Referral: Children who are sick or severely undernourished are referred by the Anganwadi worker to ANM or to health facilities. The anganwadi worker assists and arranges these referrals.
KEY ACTIONS TO COMBAT UNDER-NUTRITION

POLICY:

- **Setting of State Nutrition Missions /Councils**
  Various States have either launched or initiated the process for setting up of Nutrition Mission/Council. To facilitate inter-sectoral coordination and convergence and action plans on Nutrition.

- **Universalisation of the ICDS Scheme**
  The ICDS has been universalized to cover all habitations with increased focus on SC/ST and minority habitations. Several measures for augmenting and improving service delivery have been taken.

- **Adoption of New WHO Growth Standards and Joint Mother and Child Protection Card**
  New standards have been adopted in 2008-09 for assessment of growth of children under the ICDS Scheme. Family based card has been jointly introduced by NRHM and ICDS for monitoring health and nutrition status of pregnant women and children.

- **Village Health Sanitation and Nutrition Committees (VHSNC)**
  These committees are intended to function as a village level institutions comprising of key stakeholders including members of PRI, ASHA, AWW and ANM, and include representatives from women’s groups (including from Self Help Groups) and marginalized communities. There are about five lakh VHSNC, which are the key mechanism to address health, water and sanitation, nutrition issues. In 2011 decision to include nutrition as a component in these committees has been taken.

- **Establishment Nutrition Resource Platform (NRP) – A Knowledge Exchange Facility**
  Ministry of Women and Child Development has established single e-platform for sharing knowledge related to nutrition by different stakeholders and sectors. NRP accordingly, will have three domains:
  i) a Digital/physical Library, which would provide access to resource materials electronically or otherwise;
  ii) a web-based knowledge management e-forum for discussion and exchange of ideas; iii) a package of services for end-users through mobile telephony services, which offers outbound dialling based services such as pre-recorded voice message blast supported by Interactive Voice Recording System (IVRS). This resource can be accessed at Website: www.akshayaposhan.gov.in or www.poshan.nic.in
PREVENTIVE AND PROGRAMMATIC:

- Two new schemes launched from ICDS platform to focus on lifecycle approach
  - Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA), with pilots underway in 200 districts. (2010-11)
  - Indira Gandhi Matritva Sahyog Yojana - A Conditional Maternity Benefit Scheme with pilot projects operational in 52 districts (2010-11)

- Control of Anaemia, Vitamin A deficiency and Iodine Deficiency
  To manage the widespread prevalence of micronutrient deficiencies like anaemia, iodine and vitamin A amongst infants, children, adolescent girls, pregnant and lactating mothers. The following programmes are being implemented

  - To prevent Vitamin A deficiency: Vitamin A supplementation is provided for infants 9-11 months (1 lakh I.U.) and children 1-5 years (2 lakh I.U. every 6 months). A child receives 9 doses of Vitamin A by 5th birthday.

  - To prevent Iron deficiency, Anemia: Iron and Folic acid supplements are provided through the health systems. 100 days of supplementation is provided to children, pregnant and lactating women and weekly supplementation for adolescents.

  - To prevention of Iodine deficiency: Promotion of consumption edible salt fortified with iodine is ongoing. Decision to use Double Fortified Salt i.e fortified with both iron and iodine, in Government feeding programs like ICDS and Mid-Day meal Programme has been taken in 2011.

- Promotion of Infant and young child feeding
  There is renewed focus on informing and educating mothers on initiation of breastfeeding, exclusive breastfeeding and age appropriate complementary feeding during home visits, at Village Health and Nutrition Days and Antenatal Check-ups through NRHM and ICDS (Please refer to National guidelines on infant and young child feeding, 2006)

- Supplementary Nutrition/ Meal under ICDS and Mid-day Meal programme
  In order to bridge the ‘food gap', one of the approaches adopted is to provide the supplementary nutrition/meal through the targeted schemes/programmes such as Integrated Child Development Services Scheme (ICDS), Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG), i.e. SABLA, and Mid-day Meal (MDM).
Schemes for Child Survival and prevention of early onset of under-nutrition

- Janani Suraksha Yojana (JSY) launched in 2005 is being implemented with the objective of reducing maternal and neonatal mortality. It is a 100% centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care for both mother and child. The scheme has helped to increase institutional delivery among the poor families and ensures a healthy start to life.

- Janani Shishu Suraksha Yojana (JSSK) was launched on 1 June 2011. Under the scheme pregnant women and new-borns are given free and cash less services during the first 30 days of life, at all Government health Institutions both rural and urban. Some of the free entitlements include cash less delivery, free treatment of sick new born, free provision for blood and free transport etc.

- Sick New Born Care Units (SNCU) established has established units in several states to take care of low-birth-weight children and sick new-borns.

- Integrated Management of Neonatal and Childhood Illness (IMNCI) encompasses a range of interventions to prevent and manage the major childhood illnesses such as diarrhoea and acute respiratory infection which are major cause of under-nutrition.

- Immunization programme The Universal Immunization Programme has been expanded to include immunization for Hepatitis B. Currently second dose of measles is being administered to children. Introduction of Pentavalent vaccine has been piloted in two States and will be extended to another six States.

Actions for Care and Treatment for Under-nutrition

- At the Anganwadi Centre: The Anganwadi worker through routine growth monitoring identifies moderate and severe underweight children. She counsels their caregivers on proper feeding and care practices and follows them up. For those who are severely underweight she provides double ration of supplementary nutrition and counsels caregivers and those cases with medical complications are referred to health facilities in consultation with ANM.

- At Health Facility: Children who are severely underweight and have medical complications are treated at special units called Nutrition Rehabilitation Centers (NRCs) or Malnutrition Treatment Centers (MTCs) set up at District hospitals or Primary health centers. Such units have been set up in several States and inpatient treatment is provided for 14 days along with counseling for mothers on feeding and care practices.

- Innovative Approaches: Initiatives such as Positive Deviance in West Bengal, Dular in Bihar and Jharkhand and Village Child Development Centers operational in Maharashtra have been successful in reducing under-nutrition amongst children through provision of integrated package of services and community participation.
NUTRITION A PRIORITY AGENDA

Major decision of the first meeting of Prime Minister’s National Council on India’s Nutrition Challenges, held on 24th Nov 2010.

- Strengthening and restructuring of the Integrated Child Development Scheme.
- Introduction of a multi-sectoral programme to address maternal and child malnutrition in selected 200 high burden districts.
- Introducing nationwide information, education and communication campaign against malnutrition.
- Making nutrition a focus in the programmes in schemes of line Ministries.

• The Prime Minister’s Independence Day speech on 15th August 2011

‘Malnutrition in our women and children is a matter of concern for all of us. We have taken a number of steps to tackle this problem, including two new schemes. We have also decided that we will start implementing an improved Integrated Child Development Services scheme within the next six months so that the problem of malnutrition in children can be effectively addressed’.

• The President’s Address to Parliament on 12 March 2012

“Malnutrition has been seriously impacting children, affecting their chances of gaining education and earning sustainable livelihood. My Government will restructure and strengthen the Integrated Child Development Services during the 12th Five Year Plan. In addition to the ICDS, a Multisectoral Nutrition Programme will be launched in 200 High Burden Districts to address maternal and child nutrition needs.”

• Nutrition, a key component of the Finance Minister’s Budget Speech on 16th March 2012

- ‘Intervene decisively to address the problem of malnutrition especially in the 200 high-burden districts’;
- ‘Following the decision taken in the Prime Minister’s National Council on India’s Nutritional Challenges, a multi-sectoral programme to address maternal and child malnutrition in selected 200 high burden districts is being rolled out during 2012-13. It will harness synergies across nutrition, sanitation, drinking water, primary health care, women education, food security and consumer protection scheme’;
- ‘Integrated Child Development Services (ICDS) scheme is being strengthened and re-structured’.
THE FOUNDATION OF A HAPPY LIFE IS A HEALTHY LIFE

LIFECYCLE

Towards a new dawn
Ministry of Women & Child Development
Government of India
Technical support from UNICEF