National Nutrition Strategy
By: NITI Aayog

For Civil Services Exam
Undernutrition is both a consequence as well as a cause of perpetuating poverty, eroding human capital through irreversible and intergenerational effects on cognitive and physical development. This intergenerational cycle of undernutrition, manifest as low birth weight, is compounded by gender discrimination and social exclusion.

Investing in nutrition constitutes the foundation for human development, by reducing susceptibility to infections, related morbidity, disability and mortality burden, enhancing cumulative lifelong learning capacities and adult productivity. Nutrition is acknowledged as one of the most effective entry points for human development, poverty reduction and economic development, with high economic returns.

Nutrition is central to the achievement of other National and Global Sustainable Development Goals. High levels of maternal and child undernutrition in India have persisted, despite strong Constitutional, legislative policy, plan and programme commitments. Legislations such as the National Food Security Act 2013 mandating food and nutrition entitlements for children, pregnant and breastfeeding mothers with maternity support and the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 provide a strong policy framework for protecting, supporting and promoting nutrition interventions - especially during periods of greatest vulnerability for children and women.

A wide spectrum of national programmes contribute to improved nutrition outcomes, addressing both the immediate and the underlying determinants of undernutrition through nutrition specific and nutrition sensitive interventions. These include the Integrated Child Development Services, National Health Mission- including RMNCH + A, Janani Suraksha Yojana, Swachh Bharat including Sanitation and the National Rural Drinking Water Programme, Matriitva Sahyog Yojana, SABLA for adolescent girls, Mid Day Meals Scheme, Targeted Public Distribution System, National Food Security Mission, Mahatma Gandhi National Rural Employment Guarantee Scheme and the National Rural Livelihood Mission among others.

Still the status of nutrition is poor in India. In the following report we are analyzing different dimensions related to the concept of Nutrition.

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NATIONAL NUTRITION STRATEGY BY NITI AAYOG

Determinants of Undernutrition

- Undernutrition is the outcome of a complex interaction between insufficient dietary intake, absorption and inadequate prevention and management of disease/infections—these are the immediate determinants of undernutrition.

- Underlying determinants include the lack of access to health and child care services, safe drinking water, sanitation and hygienic environments, lack of access to household food security and livelihoods, and inadequate caring and feeding practices for children and women.

- Care practices are critical as they translate food and health resources into nutrition outcomes for children and women. These include infant and young child feeding practices, health, hygiene, care for girls and women, psychosocial care and early learning.

- Basic determinants include factors such as poverty, livelihoods, social protection safety nets, agriculture, public distribution systems, education and communication—especially female literacy and girls' education, women's empowerment and autonomy in decision making, control and use of resources (human, economic, natural), shaped by the macro socio-economic and political environments and the potential resource base.

Data on Nutritional Situation Analysis

a) There has been a 16% decrease in the underweight prevalence among children below 5 years. Underweight prevalence in children under 5 years (composite indicator of acute and chronic undernutrition) has declined in all the States and UTs (except Delhi), although absolute levels are still high.

b) Stunting in terms of absolute values, continues to remain high in Bihar, Uttar Pradesh, Jharkhand, Meghalaya, Madhya Pradesh and Dadra & Nagar Haveli, where more than 40% of the children remain stunted.

c) Sharp increase in the incidence of child wasting is seen in Punjab, Goa, Maharashtra, Karnataka and Sikkim.

d) As per NFHS 3, every third woman in India was undernourished (35.5% with low Body Mass Index) and every second woman (15-49 years) was anemic (55.3%). About 15.8% were moderately to severely thin, with BMI less than 17. Bihar (45%), Chhattisgarh (43%), Madhya Pradesh (42%) and Odisha (41%) were the states with the highest proportion of undernourished women.

e) Himachal Pradesh, Meghalaya, Delhi, Haryana, Uttar Pradesh, Tamil Nadu and Kerala) have seen an increase in the prevalence of anemia.

f) The Total Fertility Rate (TFR) or the average number of children per woman has also gone down from 2.7 in NFHS-3 to 2.2 in NFHS-4.

g) In terms of absolute values, institutional births continue to remain extremely low in Nagaland (32.8%), Meghalaya (51.4%), Arunachal Pradesh (52.3%), Jharkhand (61.9%) and Bihar (63.8%).
h) Nearly every third child in India is undernourished - underweight (35.7%) or stunted (38.4%) and 21% of children under five years are wasted as per NFHS 4 2015-16. Moreover, the NFHS-4 data indicates that every second child is anemic (58.4%).

i) NFHS 4 findings reveal that around 26.8 per cent of currently married women in the age-group 20-24 years were married before attaining the age of 18 years.

j) The Infant Mortality Rate is 37 i.e. 37 out of 1000 infants die in the first year of life as reported in SRS Report 2015.

k) Maternal mortality continues to be high with MMR at 167.

l) NFHS-4 reports that overweight/obesity has affected almost 20.7% women and 18.6% men, mostly located in urban areas, in wealthier households and among older adults. It is seen that over nutrition is becoming an emerging issue, with Chandigarh and Lakshadweep indicating the prevalence of overweight women or obesity in women by more than 40%.

VISION 2022

The National Nutrition Strategy is committed to ensuring that every child, adolescent girl and woman attains optimal nutritional status—especially those from the most vulnerable communities. The focus is on preventing and reducing undernutrition across the life cycle— as early as possible, especially in the first three years of life. This commitment also builds on the recognition that the first few years of life are forever—the foundation for ensuring optimum physical growth, development, cognition and cumulative lifelong learning.

National Nutrition Strategy Goals and Objectives

The National Nutrition Strategy will therefore contribute to key national development goals for more inclusive growth, such as the reduction of maternal, infant and young child mortality, through its focus on the following monitorable targets—

- To prevent and reduce undernutrition (underweight prevalence) in children (0-3 years) by 3 percentage points per annum from NFHS 4 levels by 2022.

- To reduce the prevalence of anemia among young children, adolescent girls and women in the reproductive age group (15-49 years) by one third of NFHS 4 levels by 2022.

The achievement of the above monitorable targets will contribute to improved learning outcomes in elementary education, improved adult productivity, women’s empowerment and gender equality and the National Development Agenda.

Achievement of these national development goals will also significantly shape progress towards global sustainable development goals. In a longer term perspective, the strategy will also aim to progressively reduce all forms of undernutrition by 2030.

The focus of this strategy over the next five years is on preventing and reducing child undernutrition. While undernutrition affects large segments of the population— the strategy accords priority to and focuses on the most vulnerable and critical age groups, which also determine nutrition in later life and inter generationally.

The above goals will also contribute significantly to shaping the achievement of global Sustainable Development Goals related to ending hunger, achieving food security and improved nutrition, ending poverty, ensuring healthy lives, ensuring inclusive and equitable quality education, achieving gender equality and empowering women and girls.
Guiding Principles for addressing Nutrition Issue

The implementation of the National Nutrition Strategy will be guided by the following key principles of action.

- **A Life Cycle Approach**
  Recognizing that there is an intergenerational cycle of undernutrition, as described in the situation analysis, a life cycle approach will be adopted, with a focus on critical periods of nutritional vulnerability and opportunity for enhancing human development potential.

- **Early Preventive Action**
  Recognizing that growth and development deficits that compromise child health and survival and achievement of optimal learning outcomes are cumulative and largely irreversible - there will be emphasis on preventing undernutrition, as early as possible, across the life cycle.

- **Inclusive and Gender Sensitive**
  It will be rooted in a rights based framework that seeks to promote the rights of women and children to survival, development, protection and participation - without discrimination. In this, strategies for ensuring social inclusion of marginalized community groups will be pursued - recognizing that nutritional vulnerability is compounded by multiple deprivations - based on socio economic status, high burden of disease, natural factors such as floods/droughts and/or other conditions such as lack of access to services. Efforts will focus on reaching the most vulnerable and deprived.

- **Community Empowerment and Ownership**
  Families and communities will be enabled for improved care behaviors and nutrition of children and women, to demand quality services, to contribute to increased service utilization and to participate in community based monitoring.

- **Valuing, recognizing and enhancing the contribution of Anganwadi workers. Helpers and Ashas**
  The approach will be to improve the working conditions, skills, development pathways and motivation of Anganwadi workers, helpers and also ASHAs - a frontline team of over 33 lakh women from the local community covering 13.42 lakh habitations across the country - recognizing that they are prime movers of social change.

- **Decentralization and Flexibility**
  Contextually relevant, decentralized approaches will be promoted, with greater flexibility at State, district and local levels for greater and sustained programme effectiveness and impact, in harmony with the approach of cooperative federalism. This will also enable utilization of opportunities provided by the recommendations of the Fourteenth Finance Commission with greater devolution of resources to States - mobilizing and catalyzing state resources and action for Nutrition.

- **Ownership of Panchayati Raj Institutions and Urban Local Bodies**
  Strengthening the ownership of Panchayati Raj Institutions and urban local bodies is a key principle - to ensure that local self governments own, promote, monitor and sustain nutrition initiatives - effecting convergence of action at the grass roots. This is essential as the subjects allocated in the 73rd Amendment include those addressing the immediate and underlying determinants of undernutrition such as Health and Sanitation, Family Welfare, Drinking Water, Women and Child Development, Public Distribution Systems, Agriculture, Education, Poverty Alleviation and Social Welfare, among others. This is even more relevant in the light of the Fourteenth Finance Commission Recommendations.
• **Foster Innovation**

Innovation will be encouraged and recognized - including through quality circles which encourage a cluster of frontline teams to identify best practices and replicate the same - with a ripple effect and widening of the innovation. Best practices will be identified and local adaptation and replication or scaling up encouraged.

• **Informed by Science and Evidence**

Programme strategies will be evidence based, informed by the state of the science (as well as by the state of the practice) and updated as new evidence emerges related to nutrition, health and development.

### How to implement Nutrition Strategy Framework?

The National Nutrition Strategy Mission will mobilize States to enable them to take up State/ District Action Plans for becoming Kuposhan Mukt with Kuposhan Mukt States/Districts.Blocks/panchayats being recognized and rewarded. States will similarly encourage Districts and more decentralized planning processes for kuposhan mukt panchayats. This is especially relevant in view of enhanced resources to states, with greater flexibility to prioritise development interventions, with a greater role of panchayats and urban local bodies.

The strategies are:

**a) Governance Reform**

• Convening of an expanded PM's National Council on India's Nutrition Challenges, to include representation from State Chief Ministers, in addition to Union Ministers and Vice Chairman of NITI Aayog (replacing Deputy Chairman of the erstwhile Planning Commission). This will serve as an overarching forum for policy guidance across multiple sectors and States with an oversight over the proposed NNM.

• A Committee of Secretaries- MWCD, MHFW, MDWS, MFPD, MHRD, MRD, MPR, MOA, UD, MTA may also be constituted, chaired by CEO NITI Aayog.

• NITI Aayog can source required professional talent to be engaged in the Secretariat to ensure independent techno managerial inputs to the PM Council, Committee of Secretaries and the NNM.

• States/UTs would have parallel governance structure at the State/UT levels under the leadership of the Chief Ministers to drive the nutrition initiatives in their jurisdiction. The involvement of State Chief Ministers would strengthen the link between policy and its implementation at field level, as happened in Beti Bachao Beti Padhao through the Panipat consultation and launch. It is likely that the above measures will integrate and also give a boost to State Nutrition Missions and related initiatives.

• To ensure the success of the NNM, it is necessary to invest in building up an IT system. This should collect individual beneficiary level data that can be aggregated at village, block and district levels with appropriate dashboards for the District; State and National Dashboards that would act as a decision support system for the Program Managers.

• For improving public accountability, the existing commitments/provisions in ICDS Restructuring (2012) must be fulfilled/utilized -such as regular annual Common Review Missions conducted, as in NHM; community owned accreditation system; Jan Sunwais and Community Disclosure.

• Another issue in improving public accountability is related to controlling large scale leakages in the ICDS Supplementary Nutrition Programme. A toll free number /help line in states may be provided for complaints and grievance redressal. Random checking/feedback may be enabled by greater publicity of / mapping of AWC locations on national/state web sites.
A part of the problem could be addressed by implementing the UP model of improved monitoring through Cloud Telephony & IVRS based Daily Monitoring System for Hot Cooked Food in the AWCs. The mobile phone based daily monitoring IVRS system, is a two-way direct communication system between the State headquarter and the AWWs. The software receives real time data on daily basis from the AWW regarding number of children being served Hot Cooked Meal and simultaneously makes it available on the web portal. The AWW by using her own mobile phone has to reply to the IVR calls for informing the number of children availing Hot Cooked Food on that day.

Another approach could be uploading of photos to create public pressure for better governance and effective service delivery as has been experimented with in Swachh Bharat Mission. For nutrition, a possibility could be a virtual space for uploading photos of ICDS SNP feeding sessions and THR distribution at AWCs, randomly visited by a network of home science college/ training institutions/ student volunteers.

b) **Leading by Example: -Enabling Leadership of States, Districts and Panchayats**

- Performance based incentives will be provided to States through a flexi pool innovation fund, which may be resourced from NNM. A component of the same can also be provided for innovation at the District level as the experience of Atal Bal Mission bears testimony to the success of a flexible approach to allow innovation at the local level, unbound by strait-jacketed flow of instructions on a top-down basis.

- States may also evolve mechanisms for similarly enabling districts to develop their District Implementation Plans and by encouraging results at district, and block levels- recognizing and incentivizing malnutrition free districts, urban areas and panchayats.

- It is also proposed that awards may be instituted for Malnutrition Free States, Districts, urban areas and Panchayats - to recognize and motivate programme leaders, who will also be given enhanced sharing and learning opportunities.

c) **Convergence**

There is presence of fragmentation which gets even more pronounced because of lack in synergies of the efforts of the two Ministries in the absence of appropriate Governance Structures to coordinate the policy and implementation. Steps needed are:

- Fixed Monthly Village Health, Sanitation and Nutrition Days to constitute the effective platform for convergence of services to the mother and child and a forum for growth promotion and behavioural change counseling.

- Joint Community Monitoring of nutrition status of children under 3 years at panchayat, village /AWC and health sub centres and in urban models and the IT enabled monitoring proposed by NNM.

- Joint Community Communication and Village Contact Drive by mapping and weighing of children, in front of the community- making undernutrition visible.

- Linking the concept of "kuposhan mukt panchayats" to the convergent gram panchayat plans being prepared through an intensive participatory planning exercise (IPPE) initiated by MRD in 2532 backward blocks (of which 967 are intensive blocks) for rural development. Trained panchayat members (especially women) and Women's SHGs mobilized under NRLM will play a key role in this.

- Strengthening of the Village Health Sanitation and Nutrition Committees (6.4 lakhs as per RHS 2014), recognized as sub committees of panchayats. Other convergence mechanisms in the state may be strengthened e.g. MAARPU in AP.
d) Breaking the Vicious Cycle of Undernutrition and Intensification of Counseling to Reach the Critical Age Group (Children Under 3 Years, Pregnant and Lactating Mothers)

The need for a life cycle approach has been highlighted, synergising health, nutrition, care and maternity protection interventions. This calls for preventive early action in the most vulnerable period- prenatally, at birth, in the neonatal period, early infancy- in the first hours, days, weeks, months and years of life, because it is critical for addressing a vicious cycle of undernutrition, disease/infections, related mortality and risks to maternal and young child survival and development. Steps needed are:

• Use of Nava Jatan (Chhattisgarh) type of arrangement with community level Suposhan volunteers assigned to look after a group of undernourished children. This could also be modified to assign volunteers to a group of young children so that while currently undernourished children are attended to, other children with growth faltering are not left out to later become undernourished

• Use of earlier Dular (Bihar) type of arrangement with women community level volunteers /local resource persons each taking responsibility for 15-20 families with young children, counseling and linking them with ICDS and related health services.

• Use of positive role model mothers whose children are growing well, mothers' support groups, as tried out in Positive Deviance (West Bengal, Odisha) to counsel mothers of undernourished children, with demonstrated spot feeding sessions (for 12 days), followed by home based practice sessions (18 days) and follow up and repeat cycles

• Utilizing provisions for the second anganwadi worker / link workers, as already provided under ICDS Restructuring and being used by some states, such as Gujarat

• Incentivizing teams of ASHAs and /or Anganwadi workers and ANMs.

• Communication for changing care behaviours, such as observing Mangal Diwas Gode Bharai, Janam Diwas Samaroh. Anna Parashan and Kishori Balika Samaroh, addressing key stages of the life cycle (as in MP).

• SNEHA SHIVIRS may be taken up/ extended which use the Positive Deviance approach and includes enhanced care and nutritional support, community based management of moderately and severely undernourished children, along with further screening at health sub centre levels and health referrals of severely and acutely undernourished children.

• Gujarat approach with 3 levels of management in Mission Baal Sukham may be adapted.

I. The Village Child Nutrition Center as "Bal Shaktim Kendra" at Anganwadi centers for malnourished children without any medical needs.

II. The Child Malnutrition Treatment Center as "Bal Sewa Kendra" at PHC/CHC/ Sub District level for malnourished children needing some medical care.

III. Nutrition Rehabilitation Center as "Bal Sanjeevani Kendra" at District Hospital/ Medical College for malnourished children requiring significant medical care.

e) Community Based Monitoring

A major challenge is that mothers, families and communities are often not aware that the young infant is slipping into malnutrition- growth has started to falter. The problem is often recognized only after the child has
become visibly undernourished, becomes listless, does not feed well, becomes more prone to infections and becomes severely undernourished. Regular growth monitoring, tracked on the family retained card, and on the web enabled MIS, is a powerful communication tool that makes undernutrition visible to workers, mothers and families- enabling counseling and early preventive action, improved care and feeding so that the child does not slip into malnutrition. Therefore the following will be promoted -

- The nutrition strategy would be launched by initiating a joint Intensive Village Community Contact Drive (ICDS, NHM, Swachh Bharat) that brings in unreached mothers and young children - going beyond ICDS.

- Child Weighing would be done in front of the community, to create awareness and mobilize support like Chhattisgarh "Wajan Tyohar".

- Growth Monitoring and Promotion will be critical- using the ICDS NHM Mother Child Protection Card as an Entitlement Card for accessing key health, maternity and ICDS services, focusing on children under three years.

### ICT enabled monitoring mechanism

A web enabled Nutrition Information System will be established to monitor the Nutrition Strategy (proposed under NNM - linking revamped MIS of ICDS, NHM /MCTS and data from Swachh Bharat).

This will provide child specific real time data on child nutrition status for States, districts, urban areas, blocks, panchayats and villages- focusing on the districts covered by the Strategy in different phases.

- **Digitalization of ICDS MPR data:** The web-based software for the revised MIS in ICDS will generate key process data relating to child nutrition, viz., weighing efficiency of 3 years old children; supplementary food feeding efficiency; observance of VHSNDs at the AWCs; full immunization of one year old children; referrals and status of various degrees of undernourishment among children.

- **Revamping of the existing ICDS MIS** to make it more Nutrition outcome oriented, triggered by mapping of weighment efficiency and nutrition status of children under three years.

- **Integration of child nutrition status monitoring within the Health MIS and the NHM Mother Child Tracking System**- linked to the revamped ICDS MIS, using the same family based record - ICDS NHM Mother Child Protection Card.

- **Name-based tracking of severely undernourished children:** The monitoring system will have special focus on tracking and monitoring of severely undernourished children, - including severely and acutely undernourished children. The girl child will also be given priority.

- **Use of Mother & Child Protection Card (MCPC):** The ICDS NHM joint Mother & Child Protection Card (MCPC) will also serve as an entitlement card for health ,maternity support and nutrition - in ensuring services to the unreached (such as migrants) and in mother child cohort based tracking. The use of the card will be enhanced, exploring use of Unique Identification Number (UID) of the mother as reference number of the card for ensuring universal access and in linking other services for the mother and child, such as Matritva Sahyog Yojana cash transfers.

- **Name-based tracking of severely undernourished children:** The monitoring system will have special focus on tracking and monitoring of severely undernourished children, - including severely and acutely undernourished children. The girl child will also be given priority.
Role of different ministries in Nutrition Management

1. Ministry of Women and Child Development
   • Leadership; policy direction multisectoral coordination as the nodal Ministry for Nutrition.
   • Ensure Nutrition commitments are in the National Development Agenda, Results
   • Framework Documents and Five year Strategic Plans of concerned ministries. - Ensure universal reach of quality maternal and child care services through ICDS Restructuring (and progressively Matritva Sahyog Yojana) including key nutrition intervention/practices.
   • Ensure inclusion of the most vulnerable and deprived communities, women and children - such as SC, ST, particularly vulnerable tribal groups and minorities.
   • Implement new components of ICDS Restructuring -especially those focused on reaching the younger child under 3 years such as second worker, crèches, Infant and Young Child.
   • Improve the quality and delivery of SNP esp.THR in ICDS with greater decentralization, community participation and involvement of PRIs, women's SHGs, mothers' committees.
   • Extend the provisions for infant and child care / Crèches through existing and revamped schemes, linkages with MGNREGA based on local needs assessment.
   • Promote nutrition of adolescent girls out of school through SABLA, strengthen and expand
   • Enhance institutional capacity for Nutrition at different levels.
   • Strengthen partnerships between government sectors, civil society, panchayati raj institutions, families and communities for fulfilling nutrition rights.
   • Institute mechanisms to ensure that infant and young child feeding and nutritional support interventions are free from commercial influence and conflict of interest

2. Ministry of Health and Family Welfare
   • Link NHM District Implementation Plans with ICDS, Swachh Bharat District Plans for better nutrition outcomes
   • Strengthen its Nutrition components especially in 200 high prevalence districts /184 NHM high priority districts
   • Ensure universal use of Mother Child Protection Card with WHO child growth standards in ICDS and NHM by trained functionaries
   • Ensure regularity and reach of Fixed Monthly Village Health and Nutrition Days, effective use of contact points for nutrition counseling and service delivery
   • Improve maternal care and ensure safe institutional delivery, ensuring a seamless continuum of maternity support, health, nutrition and care during pregnancy, lactation, early infancy.
   • Improve newborn care - including care of low birth weight babies
   • Strengthen skilled counseling support for Infant and Young Child Feeding early and exclusive breastfeeding, appropriate - 53 -complementary feeding)
   • Strengthen programmes for the control of Micronutrient deficiencies - Vitamin A, Anemia and Iodine Deficiency Disorders and ensure micronutrient supplementation, deworming- Improve adolescent health
and nutrition - reaching girls in and out of school with health check-ups, IFA supplementation, deworming, health and nutrition counseling and screening through RBSK.

3. Ministry of Drinking Water & Sanitation
   - Link District Implementation Plans with ICDS, NHM - for better nutrition outcomes
   - Progressively ensure provision of toilets and safe drinking water supply in all AWCs. HSCs and schools and at community and household levels.
   - Reduce open defecation.
   - Focus on improving hygiene practices - handwashing, safe disposal of child stools and waste etc.
   - Swachhta Doots and community mobilisation activities under Swachh Bharat- NHM and ICDS to be linked.

4. Ministry of Consumer Affairs, Food & Public Distribution
   - Monitor effective implementation of the National Food Security Act 2013, including its enabling provisions and formulation of rules by concerned sectors/states.
   - Ensure food & nutrition security at the household level by making the essential food grains (rice, wheat, and coarse grains), edible oils and sugar available through the Targeted Public Distribution System.
   - Provide Social safety nets especially in times of nutritional vulnerability, seasonal distress and natural calamities.

5. Ministry of Food Processing Industries
   - Promote processing of locally available nutritious foods through training of women's SHGs/Federations (564 FPTCs in 2010-11) and use this for nutrition communication.

6. Ministry of Agriculture
   - Strengthen convergence of Rashtriya Krishi Vikas Yojana with other schemes such as MGNREGA for improving livelihood and food security of nutritionally vulnerable groups
   - Strengthen improvement in food and nutrition security through National Food Security Mission, National Horticulture Mission (NHM)and Horticulture Mission for North East and Himalayan States (HMNEH)
   - Strengthen cereal productivity & strengthen production diversity - including the production of coarse cereals such as millets, ragi etc
   - Integrate household food and nutrition security considerations into the design of cropping and farming systems for large and small farmers

7. Ministry of Rural Development
   - Improve livelihood security of the most vulnerable and accelerate poverty alleviation efforts in high undernutrition districts
   - Strengthen implementation of the enabling provisions for women and child care / crèches in MGNREGA, with piloting in remote and tribal areas.
   - Use amended MGNREGA guidelines to increase percentage of constructed AWCs, with better provisions for health check-ups and care of mothers at AWC; hygienic food storage and cooking, safe drinking water and sanitation.
8. **Ministry of Skill Development**
   - Provide opportunities for skill development to young women especially in nutritionally vulnerable community groups and areas.
   - Provide opportunities for skill development - linked to older out of school adolescent girls reached by SABLA.

9. **Ministry of Human Resource Development**
   - Promote female literacy and girls' education (including secondary and higher education) also linking with Beti Bachao Beti Padhao.
   - Strengthening of nutrition, health and sanitation education component in school curriculum and through Sakshar Bharat - with activity based learning sessions.
   - Use schools as village hubs for demonstrating and changing hygiene practices in community.

10. **Ministry of Panchayati Raj**
    - Mainstream Nutrition in the training of PRIs -for malnutrition free panchayats, earmarking certain wards to them - especially women members
    - A special Gram Sabha meeting dedicated to Nutrition in every gram sabha every year.
    - Recognition and incentivisation of malnutrition free panchayats.

11. **Ministry of Youth Affairs**
    - Mobilise youth groups for nutrition communication campaign (IEC).
    - Strengthen youth groups through training/orientation - for supporting and/or adopting malnutrition free panchayats/communities.

12. **Ministry of Tribal Affairs**
    - Nutrition interventions for Tribal Areas to be reflected as a part of Tribal Sub Plan - especially in identified high priority districts.
    - Improvement in the quality and nutritional value of foods being provided under relevant programmes/institutions.

13. **Ministry of Minority Affairs**
    - Nutrition interventions to be integrated in MSDP.
    - Construction of physical infrastructure for Anganwadi services and Health care services under MSDP.
    - Improvement in the quality and nutritional value of foods being provided through relevant institutions.

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<th>Institutional Mechanism required</th>
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<tbody>
<tr>
<td>a) <strong>Formation of National Nutrition Mission Plus</strong></td>
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<td>A National Nutrition Mission to be set up, along the lines of the National Health Mission structure anchored in the existing ICDS Mission, for enabling multisectoral convergence, especially with NHM and Swachh Bharat and integrating nutrition interventions across the life cycle, including those related to MWCD such as PMMVY(maternity support), SABLA (adolescent girls), crèches etc. The arrangements would promote</td>
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decentralization and flexibility, enabling leadership for nutrition at state/district and local levels. A flexible framework of implementation is envisaged that enables states/districts with strategic choices for action, informed by best practices, through decentralized planning and local innovation- with accountability for nutrition outcomes.

b) National Nutrition Mission Steering Group (NNMSG)

It will be the key body for providing direction, policy and guidance for implementation of various programmes/schemes under the NNM and will have the following composition:

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<th>No.</th>
<th>Role Description</th>
<th>Position</th>
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<tbody>
<tr>
<td>1</td>
<td>Minister of Women and Child Development</td>
<td>Chairperson</td>
</tr>
<tr>
<td>2</td>
<td>Ministers of 5 Regions by Rotation from States having High Burden Districts</td>
<td>Member</td>
</tr>
<tr>
<td>3</td>
<td>CEO NITI Aayog</td>
<td>Member</td>
</tr>
<tr>
<td>4</td>
<td>Secretary, Ministry of WCD</td>
<td>Member</td>
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<tr>
<td>5</td>
<td>Secretary, Expenditure, Ministry of Finance</td>
<td>Member</td>
</tr>
<tr>
<td>6</td>
<td>Secretaries of Line Ministries/ Departments such as Health &amp; Family Welfare, Panchayati Raj, Rural Development, Drinking Water Supply &amp; Food</td>
<td>Member</td>
</tr>
<tr>
<td>7</td>
<td>Chief Secretaries of 5 regions by Rotation (from states having high burden districts) in the field of child development and nutrition</td>
<td>Member</td>
</tr>
<tr>
<td>8</td>
<td>Representatives from Medical/Home Science colleges/NGOs/ eminent institutions in the field of child development and nutrition</td>
<td>Member</td>
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<tr>
<td>9</td>
<td>Experts (5) – to be co-opted</td>
<td>Member</td>
</tr>
<tr>
<td>10</td>
<td>Mission Director (Additional Secretary)</td>
<td>Member Secretary &amp; Convener</td>
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It will meet once in six months and will be responsible for following functions:

- Approval of policies and programmes for the Schemes covered under the NNM;
- Ensure effective convergence of policy and programmes among the various Departments;
- Advise the Empowered Programme Committee of the NNM on policies and oversee programme implementation;
- Review the outcomes and suggest mid course corrections that may be required in the policy design;
- Assess and catalyse resource mobilization as required;
• Initiate measures for institutional and technical capacity development; constitute mentoring groups, advisory/working groups as required.

• Appraise and approve recommendations of the EPC on hiring of experts and functionaries on a contractual basis for carrying out the activities under the NNM;

• Carry out any such modifications in operational modalities as may be warranted, from time to time, for effective implementation of the NNM;

• Appraise recommendations of the EPC related to proposals and schemes and approve them based on the broad normative framework.

c) **Empowered Programme Committee**

Headed by the Secretary, Ministry of Women and Child Development would be the highest technical body for planning, supervising and monitoring the effective implementation of NNM. The composition of the EPC will be as under:

<table>
<thead>
<tr>
<th>No.</th>
<th>Name Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Secretary, Ministry of Women and Child Development</td>
</tr>
<tr>
<td>2</td>
<td>Principal / Senior Advisor WCD, NITI Aayog</td>
</tr>
<tr>
<td>3</td>
<td>Joint Secretary, Department of Expenditure, Ministry of Finance</td>
</tr>
<tr>
<td>4</td>
<td>Joint Secretary &amp; FA, Ministry of WCD</td>
</tr>
<tr>
<td>5</td>
<td>Representatives of line Ministries / Departments, such as Health &amp; Family Welfare, Human Resource Development, Drinking Water &amp; Sanitation, Panchayati Raj, Food, Rural Development</td>
</tr>
<tr>
<td>6</td>
<td>Director, NIPCCD / National Nutrition Resource Centre</td>
</tr>
<tr>
<td>7</td>
<td>Joint Secretaries (Incharge) ICDS, ISSNIP SABLA, PMMVY</td>
</tr>
<tr>
<td>8</td>
<td>State WCD Secretaries (with HBD districts) from five regions by rotation</td>
</tr>
<tr>
<td>9</td>
<td>Director, NIN</td>
</tr>
<tr>
<td>10</td>
<td>Experts / Representatives from Medical/Home Science colleges/NGOs/ eminent institutions in the field of child development</td>
</tr>
<tr>
<td>11</td>
<td>Mission Director (Additional Secretary)</td>
</tr>
</tbody>
</table>

The EPC will meet once in every quarter (three months) and will be responsible for the following functions:

• Plan, and monitor Mission activities and programmes, to achieve stated goals and objectives.

• Frame rules and procedures and place the same before the NNMSG for approval.

• Facilitate planning, implementing and monitoring State/District plans.

• Approve Annual plans as well as make modifications of norms of approved schemes / items of expenditure, within the overall budget of respective scheme covered under the NNM.
• Carry out any such modifications in operational modalities as may be warranted, from time to time, for effective implementation of NNM.
• Track progress on key outcomes with an analysis of lagging states and supportive action.
• Make recommendations regarding programmes, personnel and budget etc. for approval of the NNMSG.
• Exercise executive and financial powers to implement the Schemes under NNM.
• Approve the plans under the broad approved framework.
• Approval of proposals on training, advocacy and IEC, monitoring including MIS and evaluation.
• Mentor and support State EPCs for effective decentralized functioning

d) **National Nutrition Mission Directorate**

In order to carry out the functions mandated by the NNMSG / EPC, National ICDS Mission Directorate already existing under ICDS would be converted into National Nutrition Mission Directorate headed by the Mission Director.

The specific roles and responsibilities of the National Nutrition Mission Directorate will include:

• Operationalise planning, implementation and monitoring of the Mission activities; o Planning and effective implementation of the ICDS Scheme. Concerned JS/Bureau head would be responsible for implementation of their respective scheme.
• Track progress on key outcomes- with an analysis of lagging states/ high burden districts and supportive action;
• Exercise the executive and financial powers as may be approved/delegated by the National Nutrition Mission Steering Group/Empowered Programme Committee;
• Facilitate evaluation, operations research, independent studies to assess progress and ensure mid - course correction as needed;
• Ensure effective operational coordination and linkages with key sectoral ministries /programmes such as NRHM, SSA, TSC, MGNREGS, ICDS, SABLA, ISSNIP, PMMVY, FNB, NIPCCD for effective implementation of scheme as well as management of supplies, infrastructural inputs and other resources;
• Appraise and process the State Plans under NNM for approval from NNMSG / EPC. Concerned JS/Bureau head would be responsible for implementation of their respective scheme plans.
• Work closely with States / UT Administrations to improve their capacity to plan and implement programmes as well as provide mentoring support to the State Nutrition Mission Directorates;
• Ensure advocacy and public education (IEC) with a view to achieve the enunciated objectives of NNM;
• Review the work of FNB & NIPCCD administration through concerned Joint Secretary;
• Develop parameters and tools for effective monitoring and supervision of NNM throughout the country;
• Carry out monitoring, supervision and evaluation of the programme from time to time;
• Facilitate training and capacity building of functionaries with the help of National Nutrition Mission Resource Centre, NIPCCD & its regional Centres, FNB and other relevant training institution at national, state and district level;
• Enable institutional capacity Development, supervise and review the functioning of the National Nutrition Mission Resource Centre;

• Provide regular feedback to EPC on any outstanding issues that need to be resolved or referred to the NNMSG.

c) National Nutrition Mission Resource Centre:

The National ICDS Mission Resource Centre already sanctioned would be converted into National Nutrition Mission Resource Centre, to be located in NIPCCD to serve as an apex body for technical assistance, dissemination and for functioning as a Centre of Excellence for facilitating the National and State Nutrition Mission Directorates in all issues concerning implementation, supervision and monitoring of Nutrition related schemes. This resource centre would be patterned on the NHSRC in NHM and would provide necessary technical assistance to the Mission Directorate. Besides having experts in the areas such as nutrition (Maternal, Young Child and Adolescent Nutrition, Infant and Young Child Feeding, Community Nutrition, Micronutrients), gender and child care, early learning, communication (social mobilisation and advocacy) and nutrition surveillance, monitoring and evaluation, it would be assisted by four to five thematic groups such as IYCF, communication for changing care and feeding practices, child care and early learning, nutrition surveillance, monitoring and evaluation, etc. These groups, involving different professionals, institutions, voluntary agencies would assist in developing strategies and capacity- building activities.

The National Nutrition Mission Resource Centre would draw up on resources from and link with other national institutions to respond to requests from states and districts for technical support in planning and implementation of the programme. Besides facilitating programme implementation, it would also improve the quality and relevance of work done in these institutions. National institutions would also catalyse the creation of a network of state, district resource institutions to promote local capacity development.

f) Institutional Arrangements - at State Level

In order to provide policy support and guidance for effective implementation in the State/UT, a State Nutrition Mission would be constituted, the State Council of which would be led by the State Chief Minister/ Lt. Governor/Chief Administrator. Similar to NHM, an empowered structure called the State Mission Steering Group (SMSSG) and the State Empowered Programme Committee (SEPC) respectively under the chairpersonship of the Minister in-charge of the WCD Department of the State / UT and the Secretary of the WCD Department of the State / UT would be constituted, subsuming/ integrating the existing State ICDS Mission /State Nutrition structures. The State Mission would mobilize and provide additional resources to the States /UTs to enable them meet the diverse nutrition needs -especially of young children, adolescent girls and women. The functions under the State Nutrition Mission would be carried out through the State Nutrition Society that will be headed by a State Mission Director. The State Mission Director would be vested with appropriate executive and financial powers as approved by the SMSSG to enable him/her to function in effective manner to achieve the goals of the Mission.

g) Institutional Arrangements- District Level

Every district would have a District Nutrition Mission headed by the District Magistrate / Collector and/or the Chairperson of its Zila Parishad of the concerned district (co- chaired by either of the two) as may be decided in the state specific context. A District level officer, as decided in the state specific context / District Programme Officer ICDS would function as the nodal officer / Director of the District Nutrition Mission. The Mission would include public representatives such as Members of Parliament (MP), MLAs, MLCs from the concerned district, chairpersons of the Standing Committees of Zila Parishad, chairpersons of Panchayat Samitis and district Programme Managers from relevant departments as official representatives, state representatives, representatives of NGOs and experts. The District Mission would serve as the District Unit of the State Nutrition Society, to effectively discharge all relevant roles and responsibilities of the Mission in the respective districts.
h) Institutional Arrangements- Block Level

At the Block / Project level, each Block would have a Block Mission Committee headed by the SDM or the Chairperson of the concerned Panchayat Samiti. The Block Development Officer (BDO) of the concerned Block would function as the co-chairperson and Child Development Project Officer (CDPO) as the convenor of this Committee. Other members would include public representatives such as from the block, members of Panchayat and Block-Level Officers from relevant departments, such as Block Medical Officer, Block Education Officer, Extension Officer, Water and Sanitation, two or three ICDS Supervisors (on rotation), NGOs, two or three practitioners.