



MALNUTRITION - GS II MAINS

Q. Bring out the gaps in malnutrition schemes in India and suggest measures to make India - a malnutrition free state to live in. (10 mark, 250 words)

News: *Truth be told, state of malnutrition in India is not known*

What's in the news?

- The United Nations' Food and Agriculture Organization (FAO)'s latest report, 'Asia and the Pacific - Regional Overview of Food Security and Nutrition 2023', has again drawn attention to hunger and under-nutrition faced by a large section of the population in the region, especially in South Asia which has 85 per cent of undernourished people in the Asia and the Pacific region.

Malnutrition:

- In malnutrition, the **body becomes deficient in vitamins, minerals and other nutrients required to maintain healthy tissues and organs.**
- It occurs in people who are either undernourished or over nourished.
- Multiple dimensions of malnutrition in India includes:
 - **Undernutrition**, which includes **wasting** (low weight-for-height), **stunting** (low height-for-age) and **underweight** (low weight-for-age)
 - Together, the stunted and wasted children are considered to be underweight, indicating a lack of proper nutritional intake and inadequate care post-childbirth.
 - **Micronutrient-related malnutrition**, which includes micronutrient deficiencies (a lack of important vitamins and minerals) or micronutrient excess; and
 - **Overweight, obesity and diet-related** non-communicable diseases (such as heart disease, stroke, diabetes and some cancers).

Causes of malnutrition in India:

1. Agriculture output:

- The agriculture output from small and marginal holdings are either **stagnant or declining** due to reasons such as reduced soil fertility, fragmented lands or fluctuating market price of farm produce.

2. Low income:

- Relative income of one section of people has been on the decline.
- This has adverse **effects on their capacity to buy** adequate food, especially when food prices have been on the rise.



- The kind of work a section of people have been doing are less remunerative or there is less opportunity to get remunerative work.

3. Public Distribution System:

- The public distribution system of the state is not functioning well or is not accessible to everyone.

4. Rural unemployment:

- The emaciated rural livelihoods sector and lack of income opportunities other than the farm sector have contributed heavily to the growing joblessness in rural areas.
- The PLFS 2017-18 revealed that rural unemployment stood at a concerning 6.1 percent, which was the highest since 1972-73.

5. Lack of diversified food:

- With the increase in diversity in food intake, the malnutrition (stunted/underweight) status declines.
- Only 12% of children are likely to be stunted and underweight in areas where diversity in food intake is high, while around 50% children are stunted if they consume less than three food items.

6. Infection driven malnutrition:

- Infections like **malaria and measles may precipitate acute malnutrition** and aggravate the existing nutritional deficit. It is also worsened by lack of accessibility and affordability to health services.
- Also, a child may consume fewer calories during an infection because of reduced appetite which leads to malnutrition.

Government measures:

1. Poshan Abhiyan:

- It was approved in 2017.
- It is a **multi-ministerial convergence mission with the vision to ensure the attainment of malnutrition free India by 2022.**
- The Ministry of Women and Child Development (MWCD) is implementing POSHAN Abhiyaan.

2. Anemia Mukh Bharat Abhiyan:

- The mission was launched in 2018 with the aim of accelerating anemia decline by one to three percentage points annually.

3. National Food Security Act (NFSA), 2013:

- Assuring food and nutrition security for the most vulnerable is the aim of this law, which makes access to food a legal entitlement.

4. Pradhan Mantri Matru Vandana Yojana:

- The centrally sponsored scheme was launched in 2017.
- Rs. 6,000 is transferred directly to the bank accounts of pregnant women and lactating mothers for availing better facilities for their delivery to **compensate for wage loss** and is eligible for the first child of the family.



- Implementation of the scheme is closely monitored by the central and state governments through the Pradhan Mantri Matru Vandana Yojana-Common Application Software (PMKVY-CAS).

5. National Nutrition Strategy:

- **The Strategy aims to reduce all forms of malnutrition by 2030, with a focus on the most vulnerable and critical age groups.**
- The Strategy also aims to assist in achieving the targets identified as part of the Sustainable Development Goals related to nutrition and health.

6. Mid-Day Meal Scheme:

- The Mid-day Meal Scheme is a school meal programme in India designed to better the nutritional standing of school-age children.
- It covers all school students studying in Classes 1 to 8 of government schools, government-aided schools, special training centers, including madrasas supported under Samagra Shiksha Abhiyan.

Problems in the malnutrition schemes:

Many Governments' centrally sponsored schemes are being implemented to address malnutrition. But gaps remain in how they are funded and implemented, in what one might call the plumbing of these schemes.

1. Underfunding:

- For instance, the Government of India implements the Saksham Anganwadi and Prime Minister's Overarching Scheme for Holistic Nutrition (POSHAN) 2.0 scheme (which now includes the Integrated Child Development Services (ICDS) scheme), which seeks to work with adolescent girls, pregnant women, nursing mothers and children below three.
- However, the budget for this scheme for FY2022-23 was ₹20,263 crore, which is less than 1% more than the actual spends in FY 2020-21, an increase of less than 1% over two years.

2. Administrative issues:

- The budget brief also mentions that over 50% Child Development Project Officer (CDPO) posts were vacant in Jharkhand, Assam, Uttar Pradesh, and Rajasthan, pointing to **severe manpower constraints** in successfully implementing the scheme of such importance.
- PM POSHAN (or MDM) is widely recognised as a revolutionary scheme that improved access to education for children nationwide, it is often embroiled in controversies around what should be included in the mid-day meals that are provided at schools.
- **Social audits** that are meant to allow for community oversight of the quality of services provided in schools are not carried out routinely.

How Direct cash transfer is changing the scheme's outcome?

- Cash transfers seem to be a favoured solution for several social sector interventions which includes the health and nutrition sectors.



- Example: Use of JAM trinity (Jan Dhan bank accounts, Aadhaar, Mobile).
1. **Targeting the right beneficiaries** - i.e pregnant women and families with children under the age of five is possible.
 2. **Expanding choice at the household level** - they make decisions on what to put on their plates.
 3. **Cash transfers** - It can also be used to incentivise behavioural change in terms of seeking greater institutional support.

Issues with the cash transfers:

- Evidence shows cash transfers improve household food security, but **not necessarily translate into improved child nutrition outcomes.**
- The effect of cash transfers is limited, where **food prices are volatile and inflation depletes the value of cash.**
- **Son preference:** It can influence household-level decisions when responding to the nutrition needs of sons and daughters.
- Study of the Mamata scheme in Odisha: It targets pregnant and lactating women. It showed that there were **persistent socio-economic discrepancies** in the receipt of cash transfers.

WAY FORWARD:

1. Ensure diversified food:

- Food rations through PDS and special supplements for the target group of pregnant and lactating mothers, and infants and young children, are essential.

2. Tackling underfunding problem:

- Persistently under-funded and poorly implemented public programmes (such as the erstwhile ICDS and MDM schemes) must take a large share of the blame for India's malnutrition problem.

3. Cooperation with local people:

- But getting these schemes right requires greater involvement of local government and local community groups in the design and delivery of tailored nutrition interventions.
- A comprehensive programme targeting adolescent girls is required if the intergenerational nature of malnutrition is to be tackled.

4. POSHAN Utsav:

- A month-long POSHAN Utsav may be good optics to increase the awareness about malnutrition in India.

5. Nutritional Awareness:

- Promoting nutritional awareness at the ground level is necessary by educating the public on the importance and nutritional quality of locally available low-cost foods.
- The best recipes for preparing proper weaning foods and supplementary foods from low-cost, locally available ingredients can also be shared with women of the family via self-help groups.



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6. Early Detection of Malnutrition:

- A well recorded growth health chart of newborn babies and pregnant women can detect malnutrition very early.
- The mid-day meal scheme must also be subjected to a social audit in every district by the states and union territories.
- Use of information technology to improve program monitoring is also a worthwhile consideration.

7. Getting schemes right:

- It requires greater involvement of local government and local community groups in the design and delivery of tailored nutrition interventions.

