Analyzing the National Nutrition Policy of India: A Strengths, Weaknesses, Opportunities, and Threats Analysis

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ABSTRACT

The National Nutrition Policy of India was formulated in 1993, which has not been updated since. The aim of this review is to explain the need for separate nutrition policy in India, genesis of this policy, perform a strengths, weaknesses, opportunities, and threats analysis of the policy, and presents the lessons learnt from it. Recognizing different forms of malnutrition and creating one of the largest public food distribution systems in the world have been identified as some of the strengths of this policy. However, failure of the policy to address issues such as identifying beneficiaries for nutritional programs, shortfalls in government storage facilities, and forecasting problems of over-nutrition remain as weaknesses of the policy. Use of advanced information technology in curbing pilferage, ways to improve coordination between the involved government departments, horizontal and vertical articulation of state officials present a few opportunities to strengthen the policy. Understanding these issues will not only help in finding solutions to some of the existing nutritional problems in India but also help the policy makers across the globe in designing nutritional health programs.

Key words: India, nutrition, policy, under nutrition

INTRODUCTION

Nutrition is a very vast subject with a number of determinants involved. These determinants have such complex relationships that it becomes difficult to understand the basic concept of nutrition. India’s economic growth has not translated into social development yet.¹ Under nutrition remains an issue of major public health concern in India. Statistics tell that almost 40% of the under-five children in India are underweight for age.² Estimates predict that at this pace India will not achieve its Millennium Development Goals until 2043, while the rest of the world is putting efforts to achieve Sustainable Development Goals by 2030.³ The National Nutrition Policy (NNP) was formulated in 1993 and has not been updated with the changing times in India. In this review, we will try to dissect the NNP of India. This review will highlight the need of a nutrition policy in India, components of the existing policy, followed by a brief strengths, weaknesses, opportunities, and threats (SWOT) analysis of the policy. Based on this, we will put forth a few recommendations which might prove helpful to the policy makers to update the NNP of 1993.

WHY WE NEED A SEPARATE POLICY FOR NUTRITION?

Nutrition is related to various aspects of human life. It has direct and indirect association with poverty, infection, fertility, burden of non-communicable diseases, and agriculture. However, it is difficult to comment whether nutrition is the cause or a result of socio-economic development of a community; or perhaps both. Because of its multifactorial nature, nutritional problems are not medical alone, but involve numerous stakeholders. The vicious cycle of poverty and under nutrition, often called the intergenerational cycle, explains the relationship of protein, energy, and micronutrient deficiency with low working capacity and decreased income,

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which results in further malnourishment. When a female child becomes a part of this vicious cycle, the effects are seen in the next generation as well, hence the name. Moreover, these are the economic effects of malnutrition which rapidly developing middle- and low-income countries fear the most, India being one of them. Data sourced from agencies such as National Nutritional Monitoring Bureau Hyderabad, National Institute of Nutrition Hyderabad and Indian Council of Medical Research report that before the formulation of the NNP, 43% children had moderate protein energy malnutrition, 50% of pregnant women were iron deficient, and 30% of infants were born as low birth weight babies. These are only few statistics to give context to the nutritional picture of India at that time.

The World Health Organization (WHO) defines a health policy as decisions, plans, and actions that are undertaken to achieve specific health-care goals within a society.[14] It helps in defining short, medium, and long-term vision for issues of national importance. In addition, it outlines the priorities and roles that are expected from various stakeholders in the concerned issue, which eventually will help build a consensus. Thus, a health policy is part of a larger process that aims to adjust and regulate country’s priorities with real health needs of the population. A uniform guideline in the form of a policy will help to drive a multifaceted health sector such as that of India and will also help in planning out an effective plan to achieve the nutritional goals. Moreover, the National Health Policy of India 1983 did not give due importance to nutrition. Hence, need for a separate nutrition policy was felt.

THE GENESIS OF THE NNP OF INDIA

The thirteenth World Health Assembly at Geneva 1977 recognized malnutrition as a public health problem and has to be tackled to realize the dream of “Health for All.” A year later, the International Conference on Primary Health Care in Alma-Ata gave the concept of primary healthcare and promotion of adequate nutrition was one of the eight elements of primary health care. The WHO’s global strategy for health for all by the year 2000 published in 1981 formulated a list of nutritional indicators. The National Health Policy of India 1983, without giving intricate details, recommended adequate nutrition for all segments of the population. Almost a decade later, the International Conference on Nutrition in Rome in 1992 formulated a comprehensive plan of action for nutrition and India was signatory to the World Declaration on Nutrition. In 1993, NNP was formulated by the Department of Women and Child Development, under the Ministry of Human Resource Development, New Delhi. It is noteworthy to point that when NNP was introduced in 1993, several sectors of the government already had a number of well-defined programs, which directly or indirectly contributed to nutrition promotion. Programs such as Special Nutrition Program, Integrated Child Development Services (ICDS), Tamil Nadu Integrated Nutrition Program, and many more were already operational under various ministries across the country. However, different ministries lacked coordination and duplication of services was only one of the problems with that.

The policy statement in 1993 aptly recognized that nutrition is a multisectoral issue and thus needs to be tackled at various levels. The policy statement put forth a number of direct (short-term) and indirect (long-term) interventions, aiming to improve the nutritional status of Indians. Direct interventions included food fortification, introduction of low cost nutritious food items, and heightened nutritional scrutiny of vulnerable groups of the society. Some of the indirect interventions suggested were food security bill, effective income transfers, land reforms, improved health knowledge, food adulteration prevention, nutrition surveillance, promotion of nutrition related research, women empowerment, minimum wage administration, improved literacy rates, and overall community participation. Furthermore, as part of the commitment to the World Declaration on Nutrition, the National Plan of Action was developed in 1995 to help implement the NNP. The action plan highlighted the need of intersectoral collaboration among various government agencies, non-governmental organizations, private sector, and the international community.

DID NNP 1993 ACHIEVE ITS GOALS?

Although the NNP managed to mobilize the necessary resources, immediate results were not expected. Today, various central and state government institutions help in monitoring the progress made by the NNP. Prevalence of malnutrition during 1993 was reported to be around 43%, which NNP aimed to decrease by half. National Family Health Survey-4 (NFHS-4), a nationwide multi-round survey conducted by the Ministry of Health and Family Welfare India, reported the prevalence of malnutrition to be 46% in the year 2015–2016. The NNP aimed to bring prevalence of low birth weight to 10% by the year 2000; however, NFHS-3 reported it to be 22% in the year 2005–2006. Similarly, though NNP targeted to reduce anemia in pregnancy to 25% by the year 2000, NFHS-4 noted the number to be 50% in the year 2015–2016. Furthermore, 250 million tones of food grain production by the year 2000 were aimed by the NNP, the number which India barely touched in the year 2015–2016. Looking at these examples, we can comment that the NNP failed to achieve its targets. To analyze this further, we conducted a SWOT analysis of NNP 1993 to understand various reasons that led to its failure and what can be done to improve upon it.

SWOT ANALYSIS OF THE NNP OF INDIA

Strengths

NNP 1993 recognized all forms of malnutrition and did not merely concentrate on severe malnutrition. Mild-to-moderate...
malnutrition is more prevalent then severe form and therefore the inclusive nature of the policy is one of the strengths of this program. Enlisting ways of increasing the quantity and quality of food production by boosting agricultural reforms is another strength of the policy. In the years ensuing the NNP massive increase in production of milk, poultry, and fish has been reported, although there are problems with its distribution. The policy also clearly addresses the point that controlling food adulteration is vital in improving the nutritional status of the people. One of the main strengths of the policy was re-designing and utilizing the existing infrastructure to build one of the largest public distribution system (PDS) in the world, which was built in India during the Second World War. The PDS was expanded and Food Corporation of India was set up in 1965 to improve domestic procurement and storage. The public food distribution system details how the food from the point of its production passes through central and state regulatory bodies to reach fair price shops in cities to reach the beneficiaries. This system maintains a closed chain of food distribution to minimize wastage as well maintain the quality of food. Hence, although the outline of this system was not detailed out in the policy document the policy makers realized the need of such a system and hence recommended its use in an innovative manner.

ICDS, one of the flagship nutritional programs started by the Government of India in 1975, was given a special mention in the NNP so as to strengthen and improve the coverage of ICDS. The policy makers realized the potential of ICDS, as a result of which ICDS covered 38% of the under-six children in 2015 as opposed to just 9% in 1992. Another strength of the policy was that it stressed the importance of public health nutrition education in school curriculum.

Weakness

Because NNP relied heavily on the implementation of ICDS, NNP naturally inherited the shortcomings of ICDS. Although the policy targeted all forms of malnutrition, and coverage of ICDS improved across the nation, ICDS was not modified enough to impact the lives of children with mild or moderate malnutrition. Kulkarni and Pattabhi showed that the prevalence of mild malnutrition increased from 74% to 81.5% in villages where ICDS was started.[5] This is important to know because children with mild or moderate malnutrition have an increased chance of dying as compared to children with severe malnutrition.[6] Furthermore, food supplementation in ICDS is untargeted. Beneficiaries are not screened before they are provided free supplementary nutrition under the program. Although the government is very proud of this vast food distribution system and we highlighted some of the strengths of this system, the implementation of the distribution system is flawed. First, it is a multilevel process, so political interference at the local bodies level is unavoidable. The beneficiaries are often inaccurately identified, due to widespread corruption. Ration card, that is required to procure food grains from this system, is misused and ghost identities exist, resulting in pilferage. Moreover, the Comptroller and Auditor General of India has revealed serious shortfalls in government storage facilities. The policy failed to forecast and address these issues effectively. In addition, the policy does not explain the selection process of various workers working in the PDS, which directly affects the willingness of people in availing the services.

The policy, although stressed on increased food grain production and we have seen an increase as well, only as far as cereals are concerned. A report of the Directorate of Economics and Statistics, Department of Agriculture and Cooperation, Registrar General of India revealed that per capita availability per day of cereals has increased; however, the same has decreased for pulses. Therefore, we can comment that the policy only gave a general guideline to increase food production, and not specify which food items. In addition, the policy recommended introduction of land reforms, but unfortunately that took place only in some states. Another weakness of NNP was absence of mention of tobacco and alcohol and to predict that obesity will be a major health problem in years to come. Furthermore, geriatric nutrition is a specialized discipline today, and because India is witnessing a demographic transition, nutrition for the elderly has to be addressed, which the policy document does not. In addition, NNP had no specific recommendations to fund and support nutrition related research in India.

Opportunity

NNP relies heavily on the PDS; therefore, strengthening the PDS should be a priority. Indian states such as Chhattisgarh and Madhya Pradesh have digitized ration cards, so as to curb ghost identities and thus control pilferage. Global positioning system tracking of delivery trucks is another proposed mechanism to control theft and wastage. Use of food coupons and cash transfer schemes has been recommended by some scholars, though its advantages over existing system are still debatable. The Indian state of Tamil Nadu has universalized the PDS, meaning their state government will distribute subsidized food grains to each and every household in the state, irrespective of their socioeconomic status. There are proposals for “fat tax” in the state of Kerala, something which is already a reality in Denmark. Increased tax on unhealthy food is a way of discouraging citizens from buying and consuming unhealthy food products. In addition to the innovations listed above, strengthening the existing political infrastructure is of paramount importance. In India, most of the centrally sponsored policies are designed at the center and passed on to the state in a very centralized and bureaucratic fashion, thereby ignoring the problems that the grass-root workers might face while implementing such schemes. Vertical articulation of the state officials with that of the center will help design the policies better. Officials of concerned ministries
should be chosen carefully, and increased emphasis in regular monitoring should be stressed. Not only that, the importance of horizontal coordination between different ministries, non-governmental organizations, judiciary, civil groups, and other stakeholders cannot be ignored. For example, in India, both National Health Mission and ICDS have a joint responsibility of improving the nutrition status of the children; however, both function as two separate systems in terms of authority and accountability. They lack coordination that creates difficulties in implementing the policies. In India, states such as Maharashtra and Madhya Pradesh nutrition missions have been initiated which have been very successful, mainly because missions have a more outcome oriented approach. Although such missions were started at the national level, they were discontinued. WHO launched the Global database on the Implementation of Nutrition Action, which is providing valuable information on the implementation of numerous nutrition policies and interventions across the world. Such freely available resources could be used to understand what different governments are doing to improve the nutritional status of its citizens.

**Threats**

Climate change is causing serious threat to food security, especially in developing and under-developing nations. While the impact of global warming is uncertain, numerous risks with respect to food security have been identified. These include increasing CO₂ fertilization affecting the growth seasons of crops; increasing uncertainty of rains leading to more frequent and extreme flooding and drought events; as well as increasing variability and declining runoff in rivers leading to decrease crop productivity. Increasing population, linked directly to reproductive behavior, is also a constant threat, which makes it difficult for governments to provide nutrition to every citizen. Not only does poor nutrition affect the growth and reproductive health of a population but rising population also threatens food availability.

On the basis of the above-mentioned observations and comments a SWOT analysis has been performed [Figure 1] that can help us in critically analyzing the NNP. By looking at the various SWOT associated with NNP, we can formulate possible solutions and update the policy.

**CONCLUSION**

Different nations are fighting the menace of malnutrition in their own way. Utilization of food depends not only on the availability of food but also on individual eating and food preparation practices. This would require commitment at all levels; household, community, state, national, and international levels; all within the socio-political realities existing in a country. India in particular, apart from the above said, needs to reduce gender and caste based discrimination to realize the ultimate dream of “food for all.” With almost
30% of the humanity struggling with hidden hunger, maybe it is time for a second green revolution – this time for fruits and vegetables and to discuss the concept of nutrient security at the international forum. Looking forward, in December 2017, Ministry of Women and Child Development of Government of India approved setting up National Nutrition Mission (Poshan Abhiyaan) as a way of creating synergy and coordination between various nutrition related schemes in India.[10] All these efforts to modify the processes involved in nutrition should bring a positive change in the nutrition pattern.

REFERENCES