

Eat Right Campaign

July 27, 2020

To improve public health in India and combat negative nutritional trends to fight lifestyle diseases, FSSAI launched 'The Eat Right Movement' on 10th July, 2018. The food industry, public health professionals, civil society and consumer organizations, influencers and celebrities came together on a common platform and pledged to take concrete steps to amplify 'The Eat Right Movement' in the country

- The strength of the 'The Eat Right Movement' lies in its holistic and collaborative approach, with stakeholders on both the demand and supply-side joining to make a difference through some clearly identified steps.
- On the demand side, the Eat Right Movement focuses on empowering citizens to make the right food choices.
- On the supply side, it nudges food businesses to reformulate their products, provide better nutritional information to consumers and make investments in healthy food as responsible food businesses.
- 'The Eat Right Movement' brings together three ongoing initiatives of FSSAI:
 - Safe and Nutritious Food Initiative , focused on social and behavioural change around food safety and nutrition at home, school, workplace and on-the-go;
 - The Eat Healthy Campaign focused on reduction of high fat, sugar and salt foods in the diet; and
 - Food Fortification , focused on promoting five staple foods-wheat flour, rice, oil, milk and salt that are added with key vitamins and minerals to improve their nutritional content

What is Fit India Movement?□

- The Fit India Movement is a movement to take the nation on a path of fitness and wellness. It provides a unique

and exciting opportunity to work towards a healthier India. As part of the movement, individuals and organisations can undertake various efforts for their own health and well-being as well as for the health and well-being of fellow Indians.

- Anaemia Mukht Bharat strategy is focused on benefitting six target beneficiary groups, through six interventions and six institutional mechanisms to achieve the envisaged target of anaemia reduction under the POSHAN Abhiyaan.



Key highlights of the strategy

- Provision of supervised biweekly iron-folic acid (IFA) supplementation by the ASHA for all under-five children
- Weekly IFA supplementation for 5-10 years old children
- Annual/biannual deworming (children and adolescents)
- Point of care testing (POCT) and treatment for in-school adolescents and pregnant women using newer technologies
- Establishing institutional mechanisms for advanced research in anaemia
- Addressing non-nutritional causes of anaemia and
- Setting a comprehensive communication strategy including mass/mid media/social media communication material (radio and TV spots, posters, job-aids, interpersonal communication material)

Poshan Abhiyan:

- Set up by Government of India in 2017 for a **three-year time frame** commencing from 2017-18.
- It aims to **reduce the level of stunting in children (0-6 years), under-nutrition (underweight prevalence) in children (0-6 years) and Low Birth Weight at 2% per annum and reduce anaemia among young children (6-59 months), women and adolescent girls at 3% per annum across the country.**

- It was **launched in Jhunjhunu, Rajasthan in March 2018.**
- It will **monitor and review implementation** of all such schemes and utilize existing structural arrangements of line ministries wherever available.
- Its large component involves **gradual scaling-up of interventions** supported by World Bank assisted Integrated Child Development Services (ICDS), Systems Strengthening and Nutrition Improvement Project (ISSNIP) to all districts in the country **by 2022.**
- The **Ministry of Women and Child Development (MWCD)** is implementing POSHAN Abhiyaan in **315 Districts in first year, 235 Districts in second year and remaining districts will be covered in the third year.**
- **UNICEF** provides technical support to MWCD for POSHAN Abhiyan under **Country Programme 2018-2022.**

Features:

- ICT based Real-Time Monitoring system incentivizing States/UTs for meeting the targets.
- Incentivizing Anganwadi Workers (AWWs) for using IT-based tools
- Eliminating registers used by AWWs
- Introducing measurement of height of children at the Anganwadi Centres (AWCs)
- Social Audits
- Setting-up Nutrition Resource Centres, involving masses through Jan Andolan for their participation on nutrition through various activities, among others.

National nutrition mission (NNM):

- The **National Nutrition Mission** also known as **Rashtriya Poshan Mission** has been launched by the government of India with **three year** budget of 9046.17 crore rupees.
- Commenced from **2017-18.**
- As an apex body under the **MWCD** will supervise, monitor, fix targets and guide nutrition-related interventions

all over the Ministries.

- It will also monitor an assortment of schemes contributing to addressing malnutrition in India.
- **50%** of the NNM will be funded by the Government Budgetary Support and **50%** will be funded by the International Bank for Reconstruction and Development (IBRD, also known as the World Bank).
- The Government budgetary support would be of **60:40** between Centre and States/UTs, **90:10** for Northeast region and Himalayan States and 100% for UTs without legislature.
- NNM will bring in measurement of height of children at the Anganwadi Centres (AWCs).
- The scheme will assist to conduct **Social Audits**.
- It will also **set-up Nutrition Resource Centres**, which will involve masses through Jan Andolan for their participation on nutrition throughout various activities, among others.

Zero hunger programme:

- India's ambitious '**Zero Hunger**' programme through interventions in farm sector was initiated on **October 16 (World Food Day)** in three districts – **Gorakhpur in UP, Koraput in Odisha and Thane in Maharashtra** in 2018.
- Many more districts will eventually be covered under this dedicated farm-based programme in sync with **India's Sustainable Development Goals (SDGs) to end hunger by 2030**.
- These three districts would act as a **model of an integrated approach to deal with hunger and malnutrition** by adopting suitable agricultural\horticultural practices.
- There will be **intensive training programme** in order to identify the nutritional maladies in each district and the appropriate agricultural/horticultural and animal husbandry remedies.

- It is initiated by the **Indian Council of Agricultural Research (ICAR)** in association with the **Indian Council of Medical Research (ICMR)**, the **M S Swaminathan Research Foundation** and the **Biotechnology Industry Research Assistance Council (BIRAC)**.



- The concerned state governments will also be involved in the programme which consists of **organisations of farming system for nutrition, setting up genetic gardens for biofortified plants/crops and initiation of a 'Zero Hunger' training.**
- A genetic garden for biofortified plants/crops contains the germplasm of naturally biofortified crops or such crops through plant breeding.
- It has **plants and crops that help supplement micro-nutrient deficiencies, including iron, iodine, vitamin A and zinc among others.**
- National nutrition survey:
- The **first-ever Comprehensive National Nutrition Survey (CNNS)** has been conducted by the **Ministry of Health and Family Welfare** and the **United Nations Children's Fund (UNICEF)** to measure the level of malnutrition in India. The CNNS is the **largest micronutrients survey** ever conducted in India.
- It has, for the first time provided evidence of the **coexistence of obesity and undernutrition (called double burden of malnutrition)** among school-going children. A total of 1.12 lakh children and adolescents (0-19 years) were surveyed for height and weight measurements and 51,029 children (1-19 years) for biological

Key findings:



- Only **4%** of Indian children aged **less than two years** get a **"minimum acceptable diet"**.

- A higher proportion of children (12-15 months) residing in **rural areas are breastfed (85%)** compared to children in **urban areas (76%)**.
- **Breastfeeding is inversely proportional to household wealth.**
- **Under the age of 5**, 35% of children are stunted (low height for age), 11% were acutely malnourished, 17% are wasted (low weight for height), 33% underweight (low weight for age) and 2% are overweight or obese.
- **In the 5-9 year age group**, 22% are stunted, 10% underweight and 4% overweight or obese.
- **Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh have a high (37- 42%) stunting prevalence.**
- Nearly 10% of children in the age group of 5-9 years and adolescents in the age group of 10-19 years are pre-diabetic, 5% are overweight and another 5% suffer from blood pressure.
- **Children and adolescents residing in urban areas have a higher (40.6%) prevalence of iron deficiency** compared to their **rural counterparts (29%)** due to a **better performance of the government's health programmes in rural areas.**

MAA scheme:

- **MAA (Mothers' Absolute Affection) Programme for Infant and Young Child Feeding** is a nationwide programme of the **Ministry of Health and Family Welfare** in an attempt to bring undiluted focus on the promotion of breastfeeding and provision of counselling services for supporting breastfeeding through health systems.
- The programme has been named '**MAA**' to **signify the support a lactating mother requires from family members and at health facilities** to breastfeed successfully.
- The **goal of 'MAA' Programme** is to revitalize efforts towards promotion, protection and support of breastfeeding practices through health systems to

achieve higher breastfeeding rates.

Key components:

- Communication for enhanced awareness and demand generation through mass media
- Training and capacity enhancement of nurses at government institutions, and all ANMs and ASHAs
- Community engagement by ASHAs for breastfeeding promotion, who will conduct mothers' meetings.
- Breastfeeding mothers requiring more support will be referred to a health facility or the ANM sub-centre or the Village Health and Nutrition Day (VHND) organized every month at the village level
- Monitoring and impact assessment
- Progress will be measured against key indicators, such as availability of skilled persons at delivery points for counselling, improvement in breastfeeding practices and number of accredited health facilities
- Recognition and team awards will be given to facilities showing good performance, based on evaluation against pre-decided criteria.