

Understanding the Landscape of National Policies and Strategic Plans to Tackle Undernutrition in India: A Review

OBJECTIVES

In India, 46 percent of infants and children under 3 years old are underweight and more than two-thirds are anemic (MHFW 2006). This is despite substantial economic growth and multiple policies developed over several decades to support diverse actions to tackle undernutrition.

The Indian response to tackling undernutrition must focus on the most effective strategies and interventions to ensure rapid improvement. Toward this end, the effective and efficient mobilization of evidence is critical.

This paper presents key findings from a policy review led by a team from the Public Health Foundation of India that documented the use of evidence in nutrition policymaking and planning in India and the facilitators of and barriers to its use.

METHODOLOGY

The team reviewed the extent of use and documentation of evidence in current national policies, guidelines, strategic reports, and plans on nutrition in India (Exhibit 1, next page). The team broadly defined evidence as the facts and information from datasets and surveys, knowledge generated through research and experiential learning at the national and global levels, and expert advice collated through working groups and taskforce activities

FINDINGS

Strengths of the Nutrition Policy Environment

There are an increasing number of policies and plans focused on improving nutrition.

The commitment to tackle undernutrition has been steadily increasing in India. In the last decade, there has been an increasing prioritization of undernutrition as a public health challenge, as evidenced by the number of policies and plans that cite the issue and actions to address it.

Most nutrition policies are systematically revised and updated.

Government agencies have revised and added amendments to most policies over time to incorporate new issues and evidence. Some policies, such as the Policy on Infant and Young Child Feeding, have been actively revised and integrated at scale within existing programs. These include the Integrated Child Development Services scheme, National Rural Health Mission, National Blindness Control Programme, and nationwide initiatives for vitamin A and iron supplementation.

Most nutrition policies and plans are based on national and global evidence.

The majority of current nutrition policies, guidelines, and plans are evidence based, with the most common source of evidence being national survey data.¹ Policymaking and planning has also made use of research findings, recommendations from international working groups and taskforces, and epidemiological surveys. The trend has been to identify global evidence on core issues affecting nutrition and then commission research in India to corroborate and contextualize this evidence before incorporating the evidence into policy. For example, some Indian nutrition policies focus on 14 direct essential actions for improving nutrition that are based on global evidence from *The Lancet Series on Maternal and*

EXHIBIT 1 14 essential inputs for child nutrition

Policies and Guidelines

- ▶ *National Iodine Deficiency Disorder Control Programme*, Ministry of Health and Family Welfare, 1992
- ▶ *National Nutrition Policy*, Ministry of Human Resource Development, 1993
- ▶ *National Health Policy*, Ministry of Health and Family Welfare, 2002
- ▶ *Policy on Infant and Young Child Feeding*, Ministry of Human Resource Development, 2004
- ▶ *Policy on Control of Anemia*, Ministry of Health and Family Welfare, 2004
- ▶ *Policy on Micronutrient Vitamin A*, Ministry of Health and Family Welfare, 2006
- ▶ *Guidelines for the Administration of Zinc Supplements Diarrhoea Management*, National Rural Health Mission, 2007
- ▶ *Orientation Guidelines on Facility-based Management of Children with Severe Acute Malnutrition*, Ministry of Health and Family Welfare, 2011
- ▶ *Operational Framework for Weekly Iron-Folic Acid Tablets to Adolescent Girls*, Ministry of Health and Family Welfare, 2011
- ▶ *Provision of Supplementary Nutrition to Women and Children*, Integrated Child Development Services, 2011

Strategic Documents and Reports

- ▶ *National Plan of Action for Children*, Ministry of Human Resource Development, 2005
- ▶ *Report of the Working Group on Integrating Nutrition with Health (11th Five Year Plan 2007–2012)*, Planning Commission of India, 2006
- ▶ *Report of the Sub-Group on Child Nutrition*, Planning Commission of India, 2006
- ▶ *Draft Policy Note on Nutrition and Health*, Ministry of Health and Family Welfare, 2007
- ▶ *Integrated Child Development Services and Nutrition in the 11th Five Year Plan*, Planning Commission of India, 2008
- ▶ *Five Year Strategic Plan (2011–2016) Towards a New Dawn*, Ministry of Women and Child Development, 2011
- ▶ *Recommendations for a Reformed and Strengthened Integrated Child Development Services*, National Advisory Council, 2011
- ▶ *Report of the Inter-Ministerial Group on Integrated Child Development Services Restructuring*, Planning Commission of India, 2011
- ▶ *Report of the Working Group on Nutrition for the XII Five Year Plan (2012–2017)*, Planning Commission of India, 2011

Child Undernutrition (Bhutta et al. 2008), Leadership Agenda for Action (Coalition for Sustainable Nutrition Security in India 2010), and the Scaling-Up Nutrition Framework (Author 2011).

Most nutrition policies and plans incorporate multisectoral actions to address undernutrition.

Most nutrition policies and plans emphasize the need for and roles of different sectors to work together to

deliver evidence-based approaches to address undernutrition. These include different sectors working together to ensure economic empowerment of women, food security, distribution of food and civil supplies, and access to primary health care. Several plans highlight innovative multisectoral schemes from several Indian states as evidence for the need for convergence.

Opportunities for Improvement in the Policy Environment

The evidence used in nutrition policy formulation is not always documented.

Nutrition policy and strategy documents also often include incomplete references and thus it is unclear which evidence is used.

There is a lack of survey data upon which to base effective nutrition policies and plans.

Though nutrition policies and plans are based on the most recent survey data, this data is out of date. For example, the last National Family Health Survey was carried out over half a decade ago in 2006, yet provides the data upon which many current nutrition policies have been formulated.

Nutrition policies are inconsistently structured.

The structure and content among nutrition policies vary a great deal, with some policies presented as broad directives and others providing detailed guidelines for implementation. This variation is a barrier to systematic policy-driven action because it dilutes the real definition of what is a "policy."

Nutrition policies and plans are not based on available evidence from implementation studies and evaluations.

Though operational research and evaluations are commonly conducted, findings from these studies are not systematically captured and applied in the nutrition policymaking process. This is a serious gap, as most of the limitations of India's response to tackling undernutrition are at the operational level.

There is little evidence available on the implementation and the impact of nutrition policies.

There is very limited data available on to what extent nutrition policies have been implemented and what factors contribute to effective policy implementation in India. Thus, policies and plans are drafted without evidence on lessons learned and results of the implementation of past policies in India.

CONCLUSION

India currently has a number of robust policies and plans that address nutrition as a key public health priority. Nutrition policies in India largely incorporate

evidence-based direct nutrition interventions and emphasizes the importance of indirect multisectoral interventions.

However, despite the use of evidence in nutrition policymaking and planning, this evidence is not systematically captured in the documents. More documentation is needed so that the rationale for specific policy decisions and operational mechanisms is evident. Additionally, given the lack of up-to-date national surveys, policymaking and planning in nutrition is made based on outdated data, which has serious implications on the applicability of such policies and plans on the ground.

This review highlights the need for more systematic health surveys that would provide current epidemiological and other data. Nutrition policymaking would be further strengthened if findings from operational research and evaluations were incorporated and if more studies on policy implementation were conducted. By addressing this small set of reformative steps to the way policymaking and planning processes are currently undertaken, it may be possible to catalyze accelerated progress in India's efforts to tackle undernutrition.

NOTE

1. Survey sources include the National Family Health Surveys (Rounds I to III between 1992 to 2006) by the Ministry of Health and Family Welfare, surveys led by the National Nutrition Monitoring Bureau, and the National Sample Surveys from the National Sample Survey Office.

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ABOUT POSHAN

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ABOUT RESEARCH NOTES

Research Notes summarize the latest findings from POSHAN-led studies.

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