

Round Table On
**“Food & Nutrition For Promotive,
Preventive and Good Health”**
**Organised By Innovative Thought
Forum in Association With**
‘Arogya Bharti’

At Ahmedabad, On March 1, 2019

Key Points of Discussion

Government Initiatives and Programmes:

- Various programmes are run under ICDS (Integrated Child Development Scheme), Mid Day Meal Program, POSHAN Abhiyan (National Nutrition Mission) etc through Ministry of Women & Child, HRD Ministry as well Ministry of Health & Family welfare to improve nutritional status of children under five years of age, adolescent girls and pregnant women apart from some programmes like fluorosis eradication, food fortification etc.
- In food distribution programmes, millets largely ignored in most parts. Very recently initiative in Karnataka to mainstream millets again in distribution programme looking to the health benefits. Lack of integrative thinking is paradoxically increasing the cost of millets for poor people.
- National Health Policy 2017 has, for the first time, put emphasis on an integrative approach. Promotive, Preventive, Curative, Palliative and Rehabilitative approach to health is prescribed to achieve Universal health coverage.

Observations, Challenges and Implications:

- Immediate determinants of undernutrition 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.
- High levels of maternal and child undernutrition in India have persisted, As per the most recent available data, roughly 40% of children under five are stunted and 21% of children under five are severely wasted or undernourished.
- There are two lessons to learn from the world: (1) Nutrition is not a one-day affair, it is a lifelong affair. Changes in food intake, habits and mindset is required. (2) At the right age if nutrition is not provided, which is desirable, a permanent damage is made, which is irreversible. The first five years of a child's growth is very important with regard to providing them nutrition.
- We do not teach the science of living. It does not appear in our educational system. The children are not taught enough about their own health. Becoming a responsible citizen – we do not do that for a girl, a mother or a child. There is a dire need to take measures in this direction.
- Several initiatives taken on local or limited level
 - Moringa for anaemia in parts of Gujarat, resulting into an advisory from office of Mission Director, Govt of Gujarat to spread use of moringa in different forms.
 - Millets like ragi for diabetes control in Karnataka resulting into adoption on a bigger scale through public distributions system in the state.
 - Addition of banana to daily diet to children in Karnataka for all round benefits.
 - Dehydrated food preparations like Upama or other breakfasts for variety of contexts and situations.
 - Food processing with locally designed machines while preserving all the nutritive elements.
 - Akshay Patra model successful in select urban areas but decentralised smaller models yet to be evolved.

- Organic green vegetables grown by tribal and poor farmers in Maharashtra at very low cost and shown to be highly successful.
- However proper documentation and spread of the success stories not found to be easy.
- Very little work to evolve a protocol for revalidation of many conventionally used foods, supplements and elements compelling to adopt western models based on scientific studies done abroad. Quite a few such studies found to be sponsored or driven by vested interests and found to be of limited use for a diverse country like ours.
- Even in field of water, reverse osmosis (RO) promoted vigorously despite WHO findings it of very little value in disinfection of water.
- Government of India has started a pilot of giving homeopathic supplements (Bio-chemic tissue salts) to the children within the age of 5 to 7 months, which is a dentition period that is vulnerable for dentitional diarrhoea, dehydration, undernourishment leading to lower immunity and further infection leading to adverse impact on nutritional status and vicious cycle.
- 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. Direct or Nutrition specific interventions mostly focus on improving the immediate and underlying determinants of undernutrition, with impact visible over a shorter period of time. IEC program and interventions by NGOs like CHETNA have far reaching experience and community interventions to bring on table the best practices.
- Role of youth assumes great significance in the areas of healthcare and nutrition. Individual healthiness alone is not sufficient, the youth should create awareness and take steps towards developing a healthy community and the nation at large.
- Malnutrition can arise out of two situations - Firstly, unavailability of food, which usually is seen among the poor. Secondly, replacing healthy meals with junk diet; the latter scenario is more prevalent in the urban areas.
- Our tendency towards measurement-based approach is weak. We do not tend to measure things very frequently and publish it. Data collection and dissemination with regard to food and nutrition should be frequently done in order to create awareness.
- In some communities, gender bias still prevailing. This results in disparity of healthcare among men and women (including boys and girls). The females are, in many cases, deprived of proper or necessary healthcare measures.
- Food for geriatric population not yet given due attention.

The Road Ahead – Suggestions and Recommendations

- It is essential to stress on the health as well nutrition scenario in the villages. Besides this, it is necessary to work with greater attention for the poor sections of the urban and semi urban areas.
- The society has to come forward. It will not do if we totally depend on government systems or blame the deficiencies of the administrative set up. It is possible to achieve a healthy, happy society by the coordinated efforts of individuals, society and the government.

- There is need to put traditional knowledge and methods into modern terms, in turn, demonstrating favourable outcome in some way, so that the people start believing in it. In India, we have a tremendous difference in lifestyles and huge diversity. So evidence-based and measurement-based approaches should be practiced.
- Organic green vegetables for tackling anaemia and other deficiencies. Availability to be improved by promoting cultivation of millets and organic foods. Markets to be created by education and intervention.
- Somehow, the social enterprise model should also evolve, which promotes health, rather than treatment. Right now, most of the financing is in treatment. Design thinking and philosophy has to be used frequently.
- Preventive early action in the most vulnerable period—prenatal, 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.
- The traditional methods of food intake were scientific in a way. It should be reinvented, rejuvenated and promoted in today's context.
- If we want to promote community health, we should go into the community and create awareness. Functional properties of select food groups should be promoted amongst the community to boost holistic healthcare. E.g. drumstick leaves have so many functional properties, but people are not aware about this.
- Arogya Bharti have a lot of community engagement, which can be used for ensuring that pilots with favourable outcome, is implemented at community level.
- ITF can serve as a platform for bringing stakeholders together and facilitate collaborations to address nutrition-related issues prevailing in the Country.
- Experience sharing with regard to individual food habits (positive as well as negative results) is very important for creating a healthy society at large.
- Through such forums, all the stakeholders should come together, take knowledge from Ayurveda, from homeopathy, from the modern nutrition being taught today; and integrate this into the education for school children from day one and becomes responsible for taking care of their own health. This will be the most sustainable solution.
- A sustainable food-based approach through integrated, innovative and incremental innovation inclusive of food processing is the value-chain business model that one looks at.
- We need to have a target to triple the nutrition level from paediatrics to geriatrics, with a clear pathway of good, healthy, social, rural and rurban (rural+urban).
- The whole aspect of process i.e. education, counselling, informing and enhancing access; that part is being left out. After drafting policies, during the implementation stage, the aspect of this process will prove to be very effective.
- At the grassroots level, there is a need to empower women to incorporate green, leafy vegetables in their daily meals/diet to ensure adequate Hb level, vitamins and micronutrients
- Malnutrition, especially micronutrient deficiencies, restricts survival, growth and development of children. It contributes to morbidity and mortality in vulnerable population, resulting in

substantial diminution in productive capacity in adulthood and consequent reduction in the nation's economic growth and well-being.

- A systematic approach to address heterogeneity in micronutrient adequacy across regions in the country with focus on the more vulnerable sections of the population, is needed. Hence, screening for multiple micronutrient deficiencies is advocated.
- Sustained efforts are to be made to ensure outreach to every beneficiary, which in turn necessitates that intensive monitoring mechanisms are put in place.
- Resources also need to be prioritized and mobilized for progressively creating “malnutrition free panchayats” or “kuposhan mukt panchayats” - encouraging a demonstration or ripple effect for wider replication.
- It is essential to link nutrition interventions with poverty alleviation initiatives, as poverty is an underlying cause of undernutrition, as well as a manifestation of poor nutrition. In this regard, the interlinkages of MGNREGA, NRLM, RMK, ICDS and NNM are relevant for improving livelihoods, food security, reducing poverty and undernutrition.
- Need to develop an alternative evidence based approach that is simple, quick, rational, cost effective and easy. Technology to be allowed for decentralised distributed validations.

Proposed pilots:

1. Organic agri produce and food is optimal solution for nutrition and health of an individual beyond doubt. Engagement of farming community for wider awareness of organic practices, its economic and health benefits needs to be demonstrated and disseminated. Cultivation of Moringa, Millets and promoting various culinary items out of millets and moringa.
2. Promotion of Organic Kitchen garden for daily availability of green leafy vegetables for entire family's daily meal to ensure sustained HB levels among all age groups.
3. National nutrition mix may be developed, where generic mix of millets, legumes and pulses in proper proportion is readily available. This mix can be added to flour or curries, which will suffice nutrition requirement. Millets can be part of ration through Public Distribution System.
4. Swarnaprashan among children can be another big game changer to improve immunity, general wellbeing, nutrition among growing children. Pilots of Jamnagar (Gujarat) and Gorakhpur (Uttar Pradesh) can be fine tuned to replicate and scaled up in other parts of country.
5. Distribution of Mix of Bio-Chemic Tissue Salts, as per pilot of “Central Council for Research in Homoeopathy” under Ministry of AYUSH may be replicated and scaled up to improve growth parameter as well nutrition of child of age 5 months and above while decreasing the vulnerability of diarrhoea and other infections.
6. Establishment of a centre for revalidation of popular and widely used food and nutrition products through simple ,quick ,cost effective and alternative protocols allowing compilation of distributed decentralised data.