

STATE NUTRITION POLICY

Widespread poverty resulting in chronic and persistent hunger is the single biggest scourge of the developing world today. The physical expression of this continuously re-enacted tragedy is the condition of under-nutrition which manifests itself among large sections of the poor, particularly amongst the women and children. Under nutrition is a condition resulting from inadequate intake of food or more essential nutrient resulting in deterioration of physical growth and health. The inadequacy is relative to the food and nutrients needed to maintain good health, provide for growth and allow a choice of physical activity levels, including work levels that are socially necessary. This condition of under-nutrition, therefore, reduces work capacity and productivity amongst adults and enhances mortality and morbidity amongst children. Such reduced productivity translates into reduced earning capacity, leading to further poverty, and the vicious cycle goes on.

Present Nutrition Situation :

Malnutrition is no longer considered an outcome of food deficiency or a health problem as a multi-dimensional problem interfacing all efforts of developing human resources. The nutritional status of a nation is closely related to food adequacy and its distribution, levels of poverty, status of women, rate of population growth and access of its population to health, education, safe drinking water, environmental sanitation, hygiene and other social services, while the extent of economic growth forms its bed rock. The nutritional status is, thus, as outcome of complex and inter-related set of factors. The nutrition problems of major importance can be classified in three broad groups;

- I. Protein Energy Malnutrition
- II. Micro-Nutrient Deficiencies, and
- III. Prevalence of Chronic Diseases.

The extent of Protein Energy Malnutrition (PEM) is reflected by the growth indicated by height and weight of children and adults in comparison to the established standards. This is often a direct outcome of maternal nutritional status resulting in foetal, intra-utrine malnutrition and the low-birth weight of infants.

Micronutrient Deficiencies related to poor intake of vitamins and minerals can be identified by specific over clinical signs. Among micronutrient deficiencies those of vitamin 'A', Iron and Iodine in particular are widely prevalent and have no relevance to the calorie and protein levels in the individual diets.

Both PEM and the micronutrient deficiencies can lead to specific impaired functions of human performance like the decreased (Work) productivity in adults and poor cognitive development and schooling in children.

Prevalence of Chronic Diseases like obesity, hypertension, cardiovascular diseases and diabetes mellitus are closely linked to some metabolic disorders or to inappropriate diets often characterized by excessive intake of energy and fat, particularly the saturated fats and low fiber intake.

The levels of foodgrain production and the per capita food availability are the important factors for assessing the nutrition situation in the country. While rapid strides in agricultural production in recent years has helped India in achieving national food security, there has no been a significant impact on the overall nutritional status of its population since the per capita availability of food, which is a key index to the food situation has not changed appreciably as brought out by the Food Consumption Surveys.

Nutrition Scenario of Haryana.

The State Nutrition Profile of Haryana, based on the Indian nutrition profile (1998) developed by Women and Child Development Department, Govt. of India reported that average dietary intake of cereals, roots and tubers, milk and its products, fats and oils and sugar was adequate in the state when compared with their recommended allowance. Green leafy vegetables were consumed in lesser quantity than the recommended allowance. Average fruit consumption was also low while flesh food consumption was almost absent in the State. The intake of pulses is also inadequate in all the districts of the State.

I. Food consumption

Average calorie consumption in the State (433g/cu/day) was comparable with the recommended allowance while consumption of roots and tubers, milk and its products, fats and oils and sugar was above the respective recommended allowance. However, average intake was deficient for pulses and green leafy vegetables, the extent of deficiency being 35 and 47.5 percent

respectively below the respective RDAs. From the present survey date, it appeared that the rural population of Haryana did not consumed flesh food at all. Average fruit consumption in the State was also as low as 13 g/cu/day.

The average intake of cereals and vegetables was higher among girls as compared to boys whereas on an average, almost of pulses, vegetables and other food items were consumed by boys and girls in the age group 1-3 years. Almost same trends were observed in 4-6 years with marginal variation. No marked variation was observed in average consumption of food stuff between boys and girls in the age of 7-12 years, except that consumption of milk and its products was much lower among girls than boys in the age group 10-12 years. Cereals were consumed in lower amount by adolescent girls than boys.

II. Food Frequency

Cereals, the bulk of the diet, were consumed daily by all the households (99.5%). Millets were consumed daily by 11 percent, weekly by 10 and seasonally by 17 percent of the house holds surveyed. Pulses were consumed either daily (31%) , weekly (62%) or fortnightly (6%) by majority of the households. Average roots and tubers were consumed by 70 percent households daily and 27 percent weekly while other vegetables were consumed daily by 52 percent and weekly by 40 percent household. Green leafy vegetable were taken daily by 30 percent and weekly by 38 percent households. Generally, fruit was consumed monthly (24%), or fortnightly (23%), through 20 percent of the households also took it weekly. Another 22 percent took fruits either daily, seasonally or occasionally. Flesh food was not consumed by the surveyed households in most of the districts. A total of only 12 percent of the households consumed it on different frequencies in a few districts. Fats and sugar, however, were daily food items in all the households.

III. Nutrients intake

The average daily intake of energy (2336 kcal/cu) and vitamin C (39 mg/cu) was comparable to the RDA in the State while overall intake of protein, calcium, thiamin and niacin was in excess of respective RDAs. Calcium and thiamin were consumed double the amount of recommended allowance. On the other hand, average iron, riboflavin and vitamin A intake was deficient as compared to the RDAs by 8, 22 and 31 percent respectively.

IV. Nutritional Status

- Based on IAP classification as used in ICDS Scheme, more than half of the children of 0-6 years (55.7%) had normal nutritional status. About 33.7 percent of the surveyed children suffered from grade 1, 10.5 percent from grade 2, 0.6 percent from grade 3 and 4 malnutrition. There are no differences / marginal difference in the Nutritional Status between boys and girls as given below:-

	Normal Grade	1st Grade	2nd Grade	3rd & 4th Grade
Boys				
Girls				

- According to WHO classification based on standard deviation / NHFS-III has reported that 41.9 percent children are under weighed i.e. those below median -2SD for there ages and 15.6 percent are severely malnourished i.e. below -3SD, showing increase of 7 percent in underweighed children as compared to NFHS-II.

V. Nutritional deficiency

The prevalence Nutritional deficiency signs of the surveyed population is as the given below

- **Infants:**

No nutritional deficiency signs were observed among infants except in Sonipat district where marasmus was detected in 5.3 percent of the total girl infants of the district.

- **Children (1-5 years):**

About 98 percent of the children in the age group 1-5 years appeared normal without any deficiency signs. The percentage of children (1-5 years) suffering from marasmus was 0.8, Kwashiorkor 0.04, Bitot's spot 0.25, angular stomatitis 0.14, phrynoderma 0.07 and dental fluorosis 0.07.

- **School age children (5-12 years):**

About 98.4 percent of children in the age group 5-12 years did not show any sign of nutritional deficiency. B-complex deficiency in the form

of angular stomatitis and glossitis were found among 0.36 and 0.09 percent of them respectively. Corneal xerosis and Bitot's spot was prevalent among 0.03 and 0.05 percent children. Phrynoderma, dental fluorosis and goiter had comparatively higher prevalence of 0.22, 0.32 and 0.40 percent of the children respectively.

- Adolescents (12-18 years):

No sign of vitamin A deficiency was observed among the adolescent. B complex deficiency in the form of angular stomatitis and glossitis was found among 0.27 and 0.16 percent of the adolescents respectively. Phrynoderma was seen among only 0.08 percent of the adolescents in the age group of 12-18 years. Prevalence of goiter and dental fluorosis were comparatively higher, being 0.86 and 0.83 percent respectively as compared to other deficiency signs.

- Adults (≥ 18 years):

About 94.2 percent of adults in the surveyed population had no nutritional deficiency signs of clinical importance and 1.67 percent of them had shown signs of B-complex deficiency in the form of angular stomatitis (0.22%) and glossitis (1.45%), corneal xerosis (0.14%), phrynoderma (0.27%), teeth fluorosis (3.3%) and goitre (0.67%).

- 83% children and 56% women are anemic despite of good food availability in the State.

VI. Breastfeeding Practices:

Infant and young child feeding practices remain far from optimal indicating early initiation of breast feeding only 22.3% , exclusive breast feeding 16.9% and introduction of complementary feeding after 6 month of age is 44.8 % in Haryana State.

Nutrition Goals

The ultimate goal of Government is to develop and implement a comprehensive, Integrated and multi-sectoral strategy based on an inter-sectoral approach. The State Nutrition Policy, thus developed will be both the guiding force and the framework for implementation of multi-sectoral strategy to achieve the nutrition goals.

The State Nutrition goals to be reached by 2012 AD would be as under:

- Reduction in moderate and severe malnutrition among children upto 6 years by half.
- Reduction in incidence of low birth weight to less than 10 percent.
- Elimination of blindness due to vitamin 'A' deficiency.
- Reduction in Iron deficiency anemia among pregnant women adolescent girls and children to half.
- Universal iodization of salt for reduction of iodine deficiency disorders to 10%
- Giving due emphasis to Geriatric Nutrition
- Production of ____ million tones of food grains
- Improving household food security through poverty alleviation programmes.
- Promoting appropriate diets and healthy lifestyles.

State Strategy

Nutrition is a multi-sectoral issue and needs to be tackled at various levels. Nutrition affects development as much as development affects nutrition. It is, therefore, important to tackle the problem of nutrition both through direct nutrition intervention for specially vulnerable groups as well as through various development policy instruments which will create conditions for improved nutrition.

a. **Direct intervention- Short terms strategy.**

- I. Expansion of ICDS Scheme.
- II. Reaching the adolescent girls.
- III. Ensuring the better coverage of expectant women.
- IV. Fortification of essential foods.
- V. Modification of recipes under supplementary nutrition of ICDS.
- VI. Control of micro-nutrition deficiency under vulnerable groups.

b. **Indirect policy instruments – Long term strategy**

- I. Food Security.
- II. Improvement of dietary pattern through production and demonstration.
- III. Improving the purchasing power.
- IV. Expansion of public distribution system.
- V. Land reforms.
- VI. Intensive Health and family welfare programmes.
- VII. Basic health and nutrition knowledge.
- VIII. Prevention of food adulteration.
- IX. Nutrition surveillance.
- X. Monitoring of nutrition programmes.
- XI. Community participation.
- XII. Education and literacy.
- XIII. Improvement of status of women.
- XIV. Formation of State Nutrition Council at State / District levels.

SECTORAL PLANS

The Sectoral Plan, represent a starting point in their process of analysis, articulation, planning, reinforcing and monitoring each sectors contributions for reducing malnutrition in the country., the clear statement of nutritional objectives, review and analysis of existing policies and programme, development of strategies and action plans will help integrate and institutionalize these processes into sectoral planning as well as contribute to strengthening national development planning.

The sectoral plans define the general objectives, specific objective and activities for the sectors which can contribute to nutrition improvement through their respective programmes. These sectors are agriculture, Child Supplies, Education, Food, Women and Child Development, Health, Environment and Forest, Rural Development and Information & Broadcasting etc.

SECTORAL PLAN - AGRICULTURE

GENERAL OBJECTVIE

To ensure national level food security including adequate buffer stocks and nutritional considerations in Agriculture Policy.

SPECIFIC OBJECTIVES

- I. To ensure increase production of various foods with a view to match the nutritional requirements of the population by 200 AD.
- II. To enhance food security by minimizing losses during harvest in the field.
- III. To link Food, Nutrition and Population issues during harvest in the field.

ACTIVITIES

1. Ensuring increased production of foodgrains through appropriate planning and improved technology.
2. Diversifying crop pattern in agriculture to reflect the nutritional needs of India Diets by augmenting the production of pulses, millets/ coarse grains, oilseeds, vegetables and fruits.
3. Evolving district / block strategies for nutrition oriented horticultural interventions for promoting production of B-Carotene (Precursor of vitamin 'A') Iron and Vitamin 'C' rich foods like carrots, green leafy vegetables, pumpkin, papaya, mango, guava, amla, citrus fruits etc., and identifying local varieties of such foods for propagation.
4. Strengthening infrastructural facilities for grading, sorting, storage, packing and marketing of horticultural produce together with the propagation of post harvest technology.
5. Distributing seeds, saplings and plant materials of species known to be rich in B-Carotene, iron, vitamin 'C' etc., and also dark green leafy vegetables to the households.
6. Identifying local fruits and vegetables with high B-carotene content and promoting the same at regional levels through educational campaigns with the special focus on women folks.
7. Promoting production and consumption of non-conventional foods, like 'red palm oil' for combating vitamin 'A' deficiency.
8. Management and emphasis on good equality seeds, encouragement of bio-fertilizers and minimum use of use of chemical fertilizers and pesticides to avoid micronutrient loss, improved agricultural implements, irrigation, credit and transfer of technology, soil and water management projects and reclamation of Alkali Soils.
9. Adopting policy decisions to incorporate basic information concerning food, nutrition and population issues in syllabi of degree courses in agriculture as well as orientation training of extension personnel at all levels.
10. Widening the scope of agricultural extension by including disciplines like Horticulture, Sericulture, Agroforestry etc.

11. Promoting the planting of nutritionally rich plants, shrubs, trees and creepers and creating awareness for improving the consumption of fruits and vegetables with special emphasis on green leafy vegetables.
12. Intensifying programme for upgrading the skills and knowledge of women farmers so as to increase their productivity thereby increasing their economic condition and standard of living.
13. Motivating and mobilizing farm women to be organized into viable groups so that the agricultural support such as input, technology and extension support is channelised through them.
14. Besides regular training in agriculture and allied sectors, women farmers to be provided appropriate training in management organizational and enterprenial skills.
15. Emphasising four areas of activities namely, Demonstration, Vocational training, In-service training and On-farm Research with a view of promote the production and consumption of micronutrient rich foods through the network of Krishi Vigyan Kendras in the country.
16. Strengthening linkages between agriculture, nutrition and health with a view to ensure effective integration of services provided to the community.

SECTORAL PLAN – CIVIL SUPPLIES AND PUBLIC DISTRIBUTION

GENERAL OBJECTIVE

Ensuring food security at the household level by making the essential foods available through the Public Distribution System to the people particularly to the disadvantaged sections.

SPECIFIC OBJECTIVES

- I. To expand the network of Fair Price Shops with emphasis on remote, far-flung and inaccessible areas.
- II. To ensure effective and speedy implementation of Revamped Public Distribution System in identified areas like drought-prone areas, desert areas, tribal areas and far-flung and hilly areas.
- III. To provide a better package to the identified priority areas by including additional commodities such as pulses, edible oil, coarse grains, iodized salt etc.
- IV. To make additional allocations to the State/ UTs to augment the supply to the Revamped Public Distribution System areas for help during lean periods.
- V. To take care of infrastructure requirements such as additional fair price shops and additional storage capacity in the identified areas within a specific time-frame.
- VI. To include O.R.S. (Oral Rehydration Salts) packets in Public Distribution System and ensure its availability in remote areas as to prevent deaths in children due to diarrhea.
- VII. To create adequate buffer stocks to meet the requirements of the seasonally “at risk” population during unforeseen natural calamities and other contingencies.
- VIII. To take effective steps against hoarding and black-marketing of essential food articles to ensure easy availability at reasonable prices to the public.

ACTIVITIES

1. Ensure effective management of supplies of essential foodgrains and maintenance of their uninterrupted flow at affordable prices to the public both in rural and urban areas, in the Public Distribution System with the view to ensure food security at the household level.
2. Ensuring sustained expansion of the network of Fair Price Shops with emphasis on remote, far-flung and inaccessible areas.
3. Launching a special drive for speedy implementation of Revamped Public Distribution System in identified areas with a view to reach essential foodgrains to the really poor and disadvantaged sections of the society.
4. Giving due emphasis to nutritional considerations in selecting commodities for the Public Distribution System and promoting the distribution of pulses, edible oil, coarse grains, iodized salt etc.
5. Ensuring the availability of O.R.S. packets in remote areas through PDS infrastructure.
6. Marketing additional allocations for meeting the demand of Revamped Public Distribution System areas during lean periods.
7. Creating adequate infrastructure like additional Fair Price Shops and additional storage capacity in the identified areas.
8. Issuing ration cards to the families in identified areas who have not been issued family cards, so far.
9. Setting up of Vigilance Committees by States /U.T.s comprising local people at the Fair Prince Shops and other levels for ensuring effective delivery of PDS commodities.
10. Ensuring easy availability of essential food articles to the consumers so as to protect them from exploitation by the traders.

SECTORAL PLAN – EDUCATION

GENERAL OBJECTIVE

To provide convergent services under Education sector to enhance the nutritional and health status of the community with special emphasis on girls education and improved status of women.

SPECIFIC OBJECTIVES:

- I. To achieve universalisation of education of children, particularly girls and disadvantaged groups.
- II. To incorporate basic health and nutrition education in school curriculum.
- III. To organize family life education for both boys and girls and equip them, especially the adolescent girls, with basic knowledge of mother and child care, basic nutrition and health.
- IV. To impart functional literacy for improving economic status and nutritional well being of the community.
- V. To create nutritional awareness through various formal and non-formal education programmes and adult education programme.

ACTIVITIES

- A. Enlisting support of Village Education Committees (VECs) having adequate representation of women and the disadvantaged groups, to ensure regular participation of children in the educational process.
- B. Attempt convergence between primary school system and ECCE activities in terms of timings, use of school building, training of personnel and resource sharing.
- C. Identifying MLLs in the areas of health, sanitation and nutrition for primary and upper-primary stages.
- D. Identifying capable and committee NGOs, providing necessary assistance and encouragement to them to take up programmes of nutritional relevance.
- E. Review of existing curricula of formal and non-formal education programmes at elementary levels with a view to incorporate nutrition, health and a sanitation components.

- F. Imparting training to teachers In the areas of health and nutrition education through DIETs. Specific time allocation to be made for this purpose and the concern to be reflected in pre-service and in-service training curricula.
- G. Orientation to Distt/ block and Village level, officials, through DIETs to sensitize them to the need and significance of convergence of services under education sector for improved nutritional status.
- H. Dissemination of messages on health, sanitation and nutrition through Total Literacy Campaigns and other programmes of continuing education.
- I. Improving infrastructure at schools by providing safe drinking water, sanitation and hygienic environment as well as facilities for regular health and nutrition status check up.

SECTORAL PLAN – ANIMAL HUSBANDARY & DAIRYING

GENERAL OBJECTIVE

Implementing livestock policies with dual purpose of improving production and productivity of livestock and poultry with a view to enhance availability of milk, fish eggs etc.

SPECIFIC OBJECTIVES

- I. To increase nutritional support and supplementing income of rural farmers.
- II. Malnutrition is worst than hunger Animal protein availability 10 gm/ per day Vs WHO recommendation of 25 gms.

ACTIVITIES

1. Increasing the animal productivity by 2-4 fold in ten years.
2. Maximising per head productivity.
3. Buffalo to be Animal of 21st century.
4. Making State disease free.

PROJECTED TARGETS.

Item	1966-67	2004-08	2009-10	2014-15
Milk Production (Lac No.s)	10.89	54.72	68.15	109.04
Egg Production (Lac No.s)	242.00	14198.00	22493.346	38645.656
Meat Production (Lac Kgs.)	97.30	291.7	551.2	136.15
Per Capita per day availability of milk (gms.)	352	660	744	905
Per Capita per annum availability of eggs (No.s)	8	63	90	128
Livestock population (in Lacs)	55.00	94.95	101.20	109
Poultry population (in Lacs)	5.00	136.00	185.00	230.00

SECTORAL PLAN – FOOD PROCESSING INDUSTRIES

GENERAL OBJECTIVE

Meeting the nutritional needs the people by giving nutrition orientation to the projects in food processing sector.

SPECIFIC OBJECTIVES

- I. To develop and encourage milling technology based on nutritional considerations.
- II. To promote agro-based food processing units with adequate linkages for marketing.
- III. To develop and produce low cost instant health foods particularly for children.
- IV. To promote nutritious beverages like vegetable protein (groundnut cake) based milk beverages.
- V. To undertake fortification and enrichment of common foods with vital nutrients like vitamin 'A', Iron and Iodine.
- VI. To prepare special nutritious supplements like ARF (Amylase Rich Flour) for therapeutic purposes.
- VII. To ensure training of personnel in Food Processing Industry on basic nutrition concepts.

ACTIVITIES

1. Declaration of Promotion of Food Processing Industry as thrust area in the Industrial Policy.
2. Special incentives for Food Processing Industries.
3. Ensuring conservation of nutrients during the processing, manufacturing of rice, flour, pulses etc.
4. Provision of infrastructure in the form of food parks and human resource etc.
5. National Institute of Food Technology, Entrepreneurship and Management will be setup in the state to provide world class manpower.

6. Promotion of degree/ post graduate courses in food technology in University/ Colleges.
7. Organization of Entrepreneurship development programmes (EDP's) to train entrepreneurs to setup to food processing industries.
8. Setting up of food processing production and training centers.
9. Nutrition concept will be component of the trainee and emphasis will be laid on production of nutritious foods during the training to entrepreneur.
10. Special incentives to be provided to industry that manufacture beverages and other product based on fruits and vegetables.
11. Provision of financial assistance of 50% on the cost of capital equipments (dosing machine etc.) subject to maximum of Rs. 3 lacs for food fortification of wheat flour.

SECTORAL PLAN – HORTICULTURE

GENERAL OBJECTIVE

To give due emphasis to the development of Horticulture and promote the production of vitamin 'a' (B-carotene) and Iron rich foods and increase awareness to improve consumption.

SPECIFIC OBJECTIVE

NATIONAL HORTICULTURE MISSION

National Horticulture Mission has been launched in the State as 100% Centrally sponsored Scheme for the overall development of Horticulture in the State under which major emphasis will be on:

- I. To increase the area and production under fruits from 24,297 ha to 53,166 ha and from 1,82,000 to 4,45,500 mts.
- II. To increase the area and production under vegetables from 2,08,000 ha to 3,45,000 ha and from 30,50,000 to 48,00,000 mts respectively.
- III. To increase the production of mushroom from 5,500 mts to 9,000 mts.
- IV. To increase the area under medicinal and aromatic plants from 4,450 ha to 101,000 ha.

ACTIVITIES

1. Area expansion of fruits in clusters which are rich sources of iron and vitamin 'A' & 'B' such as mango, guava and citrus.
2. Supply of quality planting material.
3. Expansion of area under quality vegetable which are source of B-Carotene, vitamin-A, Iron and vitamin-C, such as leafy vegetables root and tuber vegetables, cucurbits and pod vegetables (Peas etc.).
4. Identification and distribution of seeds / samplings and planting material of well known species rich in B-Carotene iron and vitamin-C etc. to the households by popularization of kitchen gardens.

5. Encouragement of use of bio-fertilizers and minimum use of chemicals and chemical fertilizers viz-a-viz promotion of organic farming in the State.
6. Creation of awareness for planting nutritionally rich plants of fruits and vegetables with special emphasis on leafy vegetables such as Palak, Lettuce, Fenugreek, Coriander etc.
7. Emphasizing production and distribution of quality planting materials, areas expansion, improvement in quality and increase in productivity in respect of horticultural crops.

SECTORAL PLAN – WATER SUPPLY AND SANITATION

DEPARTMENT.

GENERAL OBJECTIVE

Ensuring access to physical amenities like potable water supply, sanitation, sewerage, drainage etc. to improve nutrition level of people.

SPECIFIC OBJECTIVES

- I. To ensure access to safe drinking water.
- II. To increase the access to sanitary means of excreta disposal.

ACTIVITIES

1. To provide safe drinking water upto 40/50/70 LPCD in Rural areas and 135 LPCD in Urban areas.
2. To have water quality monitoring and surveillance in rural as well as Urban areas.
3. To Provide sewerages/ storm water system in Haryana State.
4. To give safe disposal of sewerage water from household to sewerage treatment plant.
5. To treat sewerage water upto fertiary level to make it suitable for irrigation purpose.
6. To maintain water supply/ sewerage / storm water system in Haryana State.
7. To generate awareness, Civic sense among the public for efficient use of drinking water and also to adopt public private partnership.
8. Augmentation of water supply and sewerage system under various programme such as ACA, ARP, NCR, DDP, NABARD, AUWSP etc.
9. To augment water supply facility in 1050 villages during 2008-09 and also provide free water connection to 424.5 SC household.

SECTORAL PLAN – HEALTH DEPARTMENT

GENERAL OBJECTIVE

Improving the nutrition status of women and children through nutrition prophylaxis programmes, health and nutrition education and public health measures, besides achieving a small family norm.

SPECIFIC OBJECTIVES

- I. Elimination of blindness due to vitamin-A deficiency and reduction of Bitot spots in pre-school children to less than 0.5 percent.
- II. Reduction in iron deficiency anaemia among pregnant women to 25 percent.
- III. Universal coverage under Child Survival and Safe Motherhood (CSSM) Programme.
- IV. Reduction in incidence of low birth weight babies to less than 10 percent.
- V. Universal use of O.R.S (Oral Rehydration Salts) by 1997 with a view to effectively manage persistent diarrhoea and reduce deaths due to diarrhea in children under 5 by 50 percent.
- VI. Management of acute respiratory infection management with a view to reduce mortality rate due to ARI among children under 5 to 40 percent.
- VII. Access by all couples to birth control information and services.
- VIII. Ensuring adequate primary health care for all with special emphasis on vulnerable groups.
- IX. Reducing IDD-Goitre prevalence to 10 percent.
- X. Protecting consumers through improved food quality and safety.
- XI. Promoting appropriate diets and healthy life styles.
- XII. Creating health awareness among the people.
- XIII. Management health of people in natural calamities.

ACTIVITIES

1. Strengthening MCH infrastructure and services, and adoption the strategy of holistic approach aimed at better health and nutrition of women and children with special focus on girl child.
2. Ensuring universal coverage under interventions like IFA (Iron and Folic Acid) supplementation for pregnant women and vitamin-A administration to children from 9 months to 3 years.
3. Improved management of diarrhoeal disease and acute respiratory infections at home.
4. Intensifying Child Survival and Safe Motherhood Programme for universal coverage by 1997.
5. Ensuring that health care providers received high quality training in breast feeding and appropriate complementary feeding practices, Lactation management etc., using updated training material and techniques.
6. Ensuring that the information disseminated on the feeding of infants and young children in consistent and in line with current scientific knowledge and provisions of the Infant Milk Substitutes Act 1993.
7. Empowering all mothers to breast feed their children exclusively for first four to six months and to continue breast feeding with complementary food well into the second year.
8. Ensuring effective collaboration with infrastructure of Integrated Child Development Services (ICDS). Food and Nutrition Board (FNB), Urban Basic Services (UBS), and Development of Women and Child in Rural Areas (DWCRA) for reaching young children and women with a set of complementary interventions and combined messages with a view to ensuring safe motherhood child survival and care of the young child with special reference to 0-3 years and empowering women for better mother and child care.
9. Promoting birth spacing measures as health intervention measures for mother and child by ensuring access by all couples to

information and services to prevent pregnancies that are too early, to closely spaced, too late or too many.

10. Expanding and improving the utilization of Primary Health Care Services in the country.
11. Strengthening National IDD Control Programme and effective monitoring of iodization of salt.
12. Strengthening machinery for prevention of Food Adulteration Act, 1954 and Infant Milk Substitutes Act and Rules and Central and State Food Laboratories and ensuring equality check on street foods.
13. Accelerating programmes for controlling non-communicable disease related to unhealthy life styles and inappropriate diets like obesity, hypertension, Cardio Vascular disease, diabetes mellitus, osteoporosis, dental caries, AIDS and some cancers etc.
14. Triggering appropriate behavioral changes among people through health education involving communication experts and central Health Education Bureau,
15. Providing sustainable assistance to victims of natural calamities and ensure their nutritional well being by giving high priority to the control of disease and prevention of malnutrition.
16. Health and Nutrition education to be an important component of the job responsibilities of all medical and para-medical personnel of the primary Health Care Services with a view to promote appropriate diets and healthy life style.

SECTORAL PLAN – PUBLIC RELATION DEPARTMENT

GENERAL OBJECTIVE

Creating awareness about important of nutrition of the people and prevention of malnutrition through Audio Visual and Electronic Media.

SPECIFIC OBJECTIVES

- I. Awareness generation programme concerning nutrition on Doordarshan, AIR etc.
- II. Screening all commercial advertisement having bearing on nutrition and health of people with a view to check misinformation reaching the people.
- III. Screening of all commercial advertisement with a view to ensuring that they are in conformity with Infant Milk Substitutes Act, 1992.

ACTIVITIES

1. Creating a adequate software to highlight nutrition issues.
2. Awareness on Nutrition and Health issue in the masses through Nukad Natak, Songs, Plays etc.
3. Broadcasting of Jingles advertisement on Radio, Doordarshan etc.

SECTORAL PLAN – LABOUR

GENERAL OBJECTIVE

Protecting and promoting the nutrition of various types of labour-agricultural, construction, industrial etc, with special emphasis on children and women at work, through formulation and enforcement of appropriate labour laws.

SPECIFIC OBJECTIVE

- I. To ensure optimum nutrition besides safety, health and welfare of labour.
- II. To review policy relating to special target groups such as women and child labour with a view to incorporate nutrition components in the same.
- III. To give due emphasis to the problem of child labour as part of the overall task of securing human development.

ACTIVITIES

1. Providing non-formal education to workers and elementary school education to their children.
2. Creating nutritional awareness among the workers and their families through interpersonal communication, distribution of printed literature and mass-media communication.
3. Implementing vigorously “The Child Labour (Prohibition & regulation) Act 1986” with special focus on preventing employment of children below the age of 14 years in hazardous employments.
4. Expanding the network with voluntary organizations for providing services to working children and women like non-formal education supplementary nutrition, health care and vocational skill training.

SECTORAL PLAN – SOCIAL JUSTICE AND EMPOWERMENT DEPARTMENT.

GENERAL OBJECTIVE

To promote nutrition of the disadvantaged sections of society by ensuring nutritional components in various welfare programmes.

SPECIFIC OBJECTIVES

- I. To give due emphasis to nutritional needs and care of children in orphanages, street children and aged people.
- II. To incorporate nutrition components in the welfare of disable, drug addition etc.
- III. To prevent disabilities due to nutritional deficiencies.

ACTIVITIES

1. Reviewing various welfare programmes for disadvantaged sections of society and giving nutrition orientation to the same.
2. Giving due importance to nutritional needs and care of children in orphanages, tribal people disabled, street children etc.
3. Arranging nutrition and health education programmes in various welfare programmes.
4. Providing short term educational programmes on mother and child care, home-scale preservation of fruits and vegetables, family welfare etc. for tribble girls.
5. Converging nutrition and health services with welfare programmes for preventing disability due to nutritional deficiencies.
6. Highlighting nutritional needs of the elderly in programmes for welfare of aged.
7. Giving due importance to nutritional aspects in drug counseling and de-addiction services.

SECTORAL PLAN – WOMEN AND CHILD DEVELOPMENT DEPARTMENT.

GENERAL OBJECTIVE

Ensuring appropriate development of human resources both through direct nutrition intervention for specially vulnerable groups. Improving nutrition and health of women and child through strengthening and expansion of ICDS programme and setting up of appropriate systems for monitoring the follow-up actions for children.

SPECIFIC OBJECTIVES

- I. To achieve nutrition goals set in the State Nutrition Policy.
- II. To ensure inter sectoral coordination among various sectors involved in achieving nutrition goals.
- III. Monitoring the nutrition situation in the State by establishing a data base in the department.
- IV. To undertake direct nutrition interventions for specially vulnerable groups through:
 1. Operationalization of all the Anganwadi Centers sanctioned under the expansion of ICDS Scheme by Govt. of India.
 2. Extending services to adolescent girls from poor families under Kishori Shakti Yojna (KSY)
 3. To reduce incidence of low birth weight babies to 10% by various strategies such as care of pregnant and nursing mothers and improving capabilities of young girls and women to look after themselves and children.
- V. To promote infant and young child feeding practices to check growth faltering and malnutrition among children.
- VI. To create nutritional awareness among the people through inter-personal as well as mass media communication using the infrastructure of FNB, ICDS, Health care system as well as Home Science Colleges and NGO's working in this filed.

- VII. To undertake fortification of foods with essential nutrients like iron, vit-A etc.
- VIII. To popularise production of low cost nutritious foods from locally available food materials by involving women's groups, NGO's etc, for meeting the needs of supplementary feeding programme.
- IX. To control support of micronutrient deficiencies by sensitizing policy makers, professional groups, programme personnel, extension workers and beneficiaries.
- X. To identify areas of nutrition related research to be carried out in various sectors.
- XI. To develop communication strategy for improving knowledge attitude and practices related to nutrition.
- XII. To promote convergence of services of related sectors through effective coordination mechanism at all levels and extending the outreach of these programme with a view to improving the access to social services.

ACTIVITIES

1. Setting up of Nutrition Cell in the department of Women and Child Development to enable it to function as nodal agency for implementation of State Nutrition Policy.
2. Taking steps to expand ICDS to cover all area.
3. Strengthening of nutrition and health component of ICDS through trainings.
4. Giving due emphasis to young child (0-3 years) and severely malnourished children by improved referral services of strengthened community involvement in monitoring their progress.
5. Intensifying the recent initiative of including adolescent girls within the ambit of ICDS with a view to improve their status awareness and triggering appropriate behavioral changes.

6. Ensuring better coverage of expectant and nursing women for better child survival and development by empowering women to look after themselves and their children.
7. Enlisting better community participation through health and nutrition education:
 - a) generating awareness among the community regarding various aspects of malnutrition and their cases and strategies to check it.
 - b) Involving the community through their Panchayati Raj institutions and community based monitoring system in the management of nutrition and the child mother care programmes with a special focus on young (0-3) child programmes.
 - c) providing training and education to people specially women in various aspects of food production and processing activities, their impact on the nutritive value and the inclusion of nutrition messages in the primary and secondary school and non formal education curriculum.
 - d) promoting schemes relating to kitchen gardens, food preservation, preparation of weaning foods and other food processing units, both at the home level as well as the community levels; and
 - e) generation of effective demand at the level of the community for all services relating to nutrition.
8. Improving the economic and social status of women through awareness generation, education and economic activities like thrift, credit and income generation.
9. Controlling micronutrient deficiencies by:-
 - a) Creating awareness through organization of workshops/ seminars/ campaigns at State /District/ Block levels etc.

- b) Improving the dietary pattern by extensive nutrition education and use of local foods.
 - c) Increasing availability of micronutrient rich foods by promoting their production of kitchen gardens, school gardens, community gardens etc.
10. Intensifying linkages with horticultural interventions for promoting Vit-A status.
 11. Universalising fortification of milk with Vit-A.
 12. Accelerating efforts for development and production of nutritious food based on local foods for children through women's groups, NGO's etc.
 13. Provision of Awards / Incentives at different level to motivate the people on nutrition issues.
 14. Sponsoring operational research on nutrition issues of national importance.

SECTORAL PLAN – RURAL DEVELOPMENT DEPARTMENT.

GENERAL OBJECTIVE

Improving purchasing power of the people in rural areas through employment generation and poverty alleviation programmes with a view to improve food security at the household level.

SPECIFIC OBJECTIVES

- I. To strengthen rural poverty alleviation programmes focusing on employment and income generation.
- II. To make a forceful dent on the purchasing power of the economically disadvantaged sections of the population with special focus on landless;
- III. To improve women's socio-economic status through DWACRA.
- IV. To upgrade the skills of rural youth with special focus on adolescent girls through TRYSEM;
- V. To accelerate developmental programmes in difficult areas, such as Drought Prone and Desert areas;
- VI. To strengthen Rural Sanitation Programme and provide universal access to safe drinking water for preventing water borne diseases.

ACTIVITIES

1. Strengthening effective implementation of the restructured poverty alleviation programmes like the Integrated Rural Development (IRDP) as well as employment generation schemes such as JRY.
2. Undertaking area development programmes etc. to have direct attack on rural poverty.
3. Encouraging involvement of the people and local Panchayati Raj Institutions at different levels for effective rural development strategy and its implementation.
4. Creating greater job opportunities in the rural areas through infrastructural development in the area.

5. Viewing land reform measures as intrinsic part of the anti-poverty strategy.
6. Improving linkages with other sectors implementing nutrition , health and welfare schemes with a view to converge services on the beneficiaries.
7. Effective implementation of the skill up-gradation scheme like TRYSEM.
8. Better monitoring of women's participation in various income generation and poverty alleviation programmes such as IRDS, JRY and DWACRA.