



NATIONAL NUTRITION PROGRAMS AND HUMAN DEVELOPMENT IN INDIA

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Introduction

Nutrition is one of the fundamental requirements for the healthy growth and development of individuals and for the progress of a nation. In India, malnutrition among children, women, and adolescent girls has been a major public health concern affecting physical growth, mental development, educational achievement, and overall well-being. To address these issues, the Government of India has introduced several national nutritional programs aimed at improving the nutritional status of vulnerable groups and promoting community health. Programs such as the Applied Nutrition Program, Balwadi Nutrition Program, Special Nutrition Program, Wheat-Based Nutrition Program, and Nutrition Program for Adolescent Girls were launched to provide supplementary nutrition, health education, and nutritional support to children, mothers, and adolescent girls. These initiatives focus on reducing malnutrition, anemia, vitamin deficiencies, and health inequalities among economically weaker sections of society. National nutrition initiatives also contribute to improving educational performance, reducing child mortality, increasing productivity, and promoting social and economic development. These programs are implemented through schools, Anganwadi Centres, community health centers, and welfare agencies to ensure better nutritional care and health awareness among the population.

National Nutritional Programs

Child nutrition is one of the major areas of National Nutritional Programs. These programs focus on providing supplementary nutrition to children to support their physical growth, mental development, and overall health. Special attention is given to children from

economically weaker sections to reduce malnutrition and improve immunity. Maternal nutrition is another important area that aims to improve the health and nutritional status of pregnant women and lactating mothers. Proper nutrition during pregnancy and motherhood helps in safe delivery, healthy child development, and reduction of maternal and infant mortality. Adolescent nutrition focuses on meeting the nutritional requirements of adolescent boys and girls, especially adolescent girls who are vulnerable to anemia and nutritional deficiencies. These programs help improve physical growth, health awareness, and overall well-being during adolescence.

School nutrition services are designed to provide nutritious food to school-going children through various feeding programs. These services help improve attendance, concentration, learning ability, and health status among students. Community nutrition education plays a significant role in creating awareness about balanced diet, healthy food habits, hygiene, and nutrition-related practices among individuals and families. It encourages people to adopt healthy lifestyles and proper dietary habits. Prevention of malnutrition and deficiency diseases is another major area of national nutritional programs. These initiatives aim to reduce health problems such as anemia, vitamin deficiencies, protein-energy malnutrition, and other nutrition-related disorders through supplementation and health interventions.

Applied Nutritional Program

Since freedom, different wholesome projects have been started in the country. One of the earliest nourishing projects was Applied Nutrition Program (ANP). At first, this program was started in Orissa in the year 1963, but as it may, later on, in 1973 this program was reached out in every one of the states. Till date, this program is the best formed nourishment program, but as it may, it neglected to accomplish the ideal outcomes because of absence of legitimate administration and execution. At first, this program was half-way supported but presently it is being executed by the states. In the new years, a shift has been seen in the strategy push, because of which the ANP has turned into a non-expandable and low need program than the other nourishment programs, which are being carried out and executed by the states.

One of the essential targets of this program is to advance and improve the development of healthfully rich food like products of the soil. In addition, it likewise pointed toward expanding the utilization of nutritious food by the pregnant and lactating women. At the local area and individual level, the program pointed that confidence approach ought to be created.

The principal focal point of the program was at bestowing dietary training. Through coordinated endeavors and show strategy the provincial networks were being shown how to create nutritious nourishment for themselves. The recipients of this program are youngsters who are in the age gathering of 2-6 years and pregnant, lactating and nursing moms. For 52 days in a year, sustenance worth of 25 paise each day and 50 paise each day are being given to youngsters and women individually. No determination has been made about the distinct supplement content. The central thought of this program is to give better seeds to creation of nutritious food and support kitchen nurseries and poultry cultivating, and so forth. Nonetheless, this program neglected to create any critical effect. Absence of admittance to reasonable farming area, deficient water system offices alongside low monetary speculation brought about weakness of appropriate working of local area kitchens and school gardens National Institute of Health and Family Welfare, 2014).

Balwadi Nutritional Program

Another wholesome program named Balwadi Nutritional Program was started in 1970-71 under the division of social government assistance. This program was worked through balwadis and day care focuses which were being controlled by the willful associations and these associations were getting awards from the public authority. It was a non-arranged and non-extending intercession of central government. Just about 5,000 balwadis were laid out to carry out this program. This program was started with a mean to give pre-younger students around 33% extent of their calorie and half extent of their protein necessities to work on their wholesome and well-being status. The recipients of this program were pre-younger students and need was to youngsters having a place with monetarily unfortunate families. At the balwadis youngsters were furnished with the advantageous sustenance and every kid was given 300 kilo calories and 10 g of protein for 270 days in a year. Other than the nourishing supplementation, different exercises embraced at balwadis incorporate the social and profound advancement of the kids. With the universalisation of ICDS, balwadis are being eliminated.

Special Nutrition Program

In 1970-71, the Special Nutrition Program (SNP) was started by the GOI. At first, this program was halfway supported plot, yet later it went under the area of state government. A short time later, constant endeavors were being made to change over the SNP habitats according to the example of ICDS plan and SNP was fortified with better well-being and other related inputs. Under this plan, practically 30.92 million individuals were benefitted.

The fundamental focal point of this program was to work on the dietary status of youngsters as long as 6 years as well as pregnant and lactating moms living in metropolitan ghettos and far off regions like tribal and country regions. Based on financial foundation, the recipients of this program were chosen. Further, the malnourished youngsters, pregnant mother who were in their last trimester and lactating moms for the initial four months were given greater need. Kids matured 6-72 months were given the valuable sustenance of 300 kilo calories and 10- 12 gm protein each day, though youngsters who were seriously malnourished were given 600 kilo calories and 20 gm protein each day. Iron and folic corrosive tablets and Vitamin An answer were likewise given to the kids. The pregnant and lactating moms were furnished with strengthening nourishment of 600 calories and 20g protein each day. They were likewise getting Iron and folic corrosive tablets. At the town and local area level, the program was executed and worked through an organization of balwadis. Steadily, SNP is being converged with ICDS (Nutrition and Health, 2014).

Wheat-Based Nutrition Program

In 1986, the central government started Wheat Based Nutrition Program (WBNP) and this program was executed through Ministry of Women and Child Development, yet later on it was moved to the state area. Further, this program followed the standards of the healthful part of the ICDS as well as of SNP. By covering extra recipients this plan developed the extent of progressing nourishing projects. Pre-younger students, pregnant and lactating moms were the principal recipients of this program. Extraordinary focal point of this program was on those areas where death rates were high, for example, metropolitan ghettos, distant regions, tribal regions, and so on. Under this program, full help was accommodated free stock of wheat and furthermore strong expenses for cooking, different fixings, transport, and so forth((National Institute of Health and Family Welfare, 2014).

This plan comprised of two fundamental parts for example midway supported part and state supported part. Under the midway subsidized WBNP part, the preschool youngsters were enhanced with 300 kilo calories and 10 grams protein, though pregnant and lactating women were given 500 kilo calories and 20 grams. Consistently for 25 days every recipient was helped with 75 paise each day. Out of 75 paise, 50 paise were contributed by GOI and the remainder of the 25 paise were contributed by the concerned state legislatures. Under state financed part, at first the state legislatures were furnished with the wheat at an endowment pace of Rs. 700 every month, so that state could give nourishing enhancement to the recipients covered under this projects. Albeit, after 1989 state legislatures were ripped off

from sponsorship, the states were kept on being given wheat at the public conveyance framework (PDS) rate. Presently, this program has been attached with the ICDS project.

Nutrition Program for Adolescent Girls

In the year 2002-2003, the Nutrition Program for Adolescent Girls was presented by the central government. This program was begun as a pilot project and based on pilot investigation in 2005-06 this program was supported by the GOI. This plan was completely supported by the central government. The fundamental point of this program was to work on the well-being and dietary status of juvenile young women, pregnant and lactating women. The recipients of the program were young adult young women weighing under 35 kg and pregnant women under 45 kg. They were given 6 kg of proportion each month for a time of 90 days. This plan was executed through anganwadi focuses and the recipients were weighed multiple times in a year. It was based on the bodyweight of the recipients that the supplementation of proportion would proceed. This plan additionally centred around granting well-being and dietary training to the recipients as well as engaging young adult young women by making them mindful about the significance of individual consideration and wholesome requirements (Nutrition Foundation of India, 2009).

National Nutritional Anaemia Prophylaxis Program

Dietary frailty is perhaps the most genuine general medical issues in Indium. To resolve this issue, the National Nutritional Anaemia Prophylaxis Program was started in 1970 by the then central government. The recipients of this program were youngsters between 1-6 years, pregnant and lactating women and acceptors of family arranging. This program zeroed in on advancing the utilization of iron rich food and working with the iron and folic corrosive supplementation to the objective populace. The point was to recognize and treat the seriously pale cases. The suggested everyday doses for pregnant and lactating women were 60 mg basic iron + 0.5 mg folic corrosive each day for quite a long time, though for pre-younger students it was 20 mg essential iron + 0.1 mg folic corrosive each day for a considerable length of time. In 1991, this program was renamed as National Nutritional Anemia Control Program. Presently, the recipients were reclassified once more and it included both sickly and non-pallid pre-younger students as well as expecting and lactating moms. It suggested day to day iron measurement from 60-100 mg each day. In 1992, it became as fundamental piece of the Child Survival and Safe Motherhood (CSSM) Program. With the main portion of Tetanus Toxoid antibody 100 mg iron + 0.5 folic corrosive everyday for 100 days. In 1997 and 2005, it was coordinated in Reproductive and Child Health Program and National Rural

Health Mission separately. In 2007, new headings were given by Ministry of Health and Family Welfare. Presently, youngsters between 6 a year were additionally included and they would be given dosages in fluid structure. Likewise, kids in the age gathering of 6-10 and young people between 11-18 were additionally remembered for this program (Nutrition and Health, 2014).

National Vitamin A Prophylaxis Program

In the year 1971, the National Vitamin A Prophylaxis program was begun with a mean to battle healthful visual impairment. It's essential point was to forestall dietary visual impairment brought about by keratomalacia and it was completely halfway supported. It was started to promptly battle the alarmingly high extent of xerophthalmia visual impairment in 1950s and 1960s. At first it was begun in 11 states, but in later years it was stretched out in every one of the states. In 1994, as a piece of CSSM Program alteration was made in the vitamin A supplementation program because of high weakness of small kids. This program was limited to kids in the age gathering of 9 to three years. According to this program each youngster was to be given suggested five measurements of vitamin A preceding finishing 3 years. In 2006, corrections were made in the objective gathering and it was reached out to cover youngsters matured 6-59 months. As of now, vitamin A supplementation is being brought out through essential well-being communities and sub-focuses and benefits are being directed by female multipurpose specialists, paramedics and ICDS functionaries. After like clockwork, an extended escalated drives of vitamin A supplementation are directed to accomplish general inclusion of youngsters. Critical decrease has been demonstrated in the wholesome visual impairment because of lack of vitamin A due to far reaching nourishing supplementation accessible at various general well-being offices as well as progress in the dietary admission (Kapil and Sachdev, 2010).

National Iodine Deficiency Disorder Control Program

In 1962, the National Goiter Control Program (NGCP) was started by GOI understanding the earnestness of issues related with iodine lack. It was a completely halfway supported program. In 1992, this program was renamed as National Iodine Deficiency Disorder Control Program (NIDDCP) and it extended the range of problems brought about by iodine inadequacy like mental impediment, hindering, debilitation of discourse and hearing, cretinism, goiter, premature delivery, actually births, and so forth. This program has been carried out in every one of the States and UTs. The essential objective of this program was to decrease the degree of iodine inadequacy problems under 5%. It additionally expected

to achieve the degree of 100% utilization of iodised salt at the family level.

This program was committed towards leading studies in regions for surveying the pervasiveness of iodine inadequacy issues. This program moreover pushed the utilization of iodised salt instead of normal salt. It was additionally conceived that after like clockwork overview would be directed to evaluate the effect of utilization of iodised salt on the commonness of iodine lack problems. It additionally focused on to grant instruction about the greatest utilization of iodised salt at the local area level. For satisfactory execution of this program, Ministry of Health and Family Welfare was assigned as nodal service. Throughout the long-term this program has accomplished a few tourist spots. In the country, the Total Goiter Rate (TGR) has decreased fundamentally. The absolute creation of iodine in the nation is adequately sufficient to address the issues of the whole populace. At the family level, the utilization of sufficiently iodised has expanded essentially. The Food Safety and Standard Regulation, 2011 has restricted the offer of normal salt for human utilization except if it is sufficiently iodised. For observing of iodine inadequacy issues, a National Reference Laboratory has been laid out in Delhi and four provincial research centres have additionally been set in the mood for checking the nature of salt. Iodine lack jumble control cells have been laid out in every one of the states and UTs for successful execution of NIDDCP. IEC exercises were directed at huge scope to increment mindfulness about the utilization of iodized salt (Ministry of Health and Family Welfare, 2017).

Under the Constitution of India, general well-being is a common obligation of the central, state, and nearby degrees of legislatures. Notwithstanding, well-being is basically a state liability. How much general well-being spending isn't uniform all through the nation, yet the state and neighbourhood legislatures represent three-fourth of the complete general well-being spending. The obligation regarding the central government incorporates seeing port quarantine, examination, and explicit and specialized training. Then again, the private medical services administrations are given by home grown healers current inadequate or semi qualified "quacks" and qualified specialists of various frameworks of medication. Until mid-seventies, huge private medical clinics were not-for-benefit or beneficent in that frame of mind for-benefit private emergency clinic were basically little nursing homes. By 1990s, corporate area approached to put resources into private medical services and hence extended this area. Albeit the majority of the medical services is given by private area, there is absence of any guideline and detail of norms for private medical care. The instalment in the private area is to a great extent charge for-administration and paid out from the pocket of the

patients. There is no uniform norm for the charge of comparative exercises.

Summary

The different well-being programs were started by the Government of India for controlling and killing different illnesses relying on the criticalness of circumstance. As of now the attention is on high dismalness because of transmittable illnesses, high weight of infections because of non-transferable sicknesses and healthful issues. The emphasis is additionally on the neglected requirements for contraception and high undesirable richness. The National Malaria Control Program was sent off by GOI in 1953 and it was changed over into National Malaria Eradication Program, a heightened Malaria Control Project and National Leprosy Control Program. The program was upgraded into National Leprosy Eradication Program. Further, National Tuberculosis Control Program (NTCP) has been started to control TB. The Government is executing the National Iodine Disorder Program (NIDDCP) and National Mental Health Program (NMHP) was begun in 1982.

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