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The Policy Environment for Food, Agriculture and Nutrition in India: Taking Stock and Looking Forward

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About LANSAs

Leveraging Agriculture for Nutrition in South Asia (LANSA) is an international research partnership. LANSAs is finding out how agriculture and agri-food systems can be better designed to advance nutrition. LANSAs is focused on policies, interventions and strategies that can improve the nutritional status of women and children in South Asia. LANSAs is funded by UK aid from the UK government. The views expressed do not necessarily reflect the UK Government's official policies. For more information see www.lansasouthasia.org

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Abstract

This paper discusses recent changes in, and the current state of, food, agriculture and nutrition policies in India at the national and state levels. It provides an overview of the current policy framework, together with recommendations for the future, based on best practices in nutrition policy and the dynamics of the Indian economy and policy environment. We find that current strategies are focused more on malnutrition than on nutrition per se, with limited overlap with those in allied sectors such as agriculture and sanitation. We recommend that a new strategy takes a broader approach to nutrition, including pre-emptive behavioural change programmes, while ensuring quality and not just access to food in food security programmes, which should incorporate nutritional goals. Likewise, related policy areas, such as agriculture and sanitation, should include nutritional goals. To enable cross-sectoral and government collaboration on nutrition, high-level commitment is required to ensure coordination. Increasing devolution of authority and funds could empower state and district administrations to better tailor programmes to suit local contexts.

I. Introduction

India's policy environment has undergone a substantial overhaul since 2014, when a new government came in. The National Democratic Alliance (NDA) government is broadly moving towards increased devolution to states, increased recognition of market dynamics and market-based approaches, and a shift towards direct cash transfers. One outcome of this change is the closure of the Planning Commission, which drew up five-year plans for the economy and managed and monitored substantial budgets related to economic development, in favour of Niti Aayog, the government's in-house think-tank. Niti Aayog is drawing up new strategies in both agriculture, and, importantly for this paper, nutrition. This is urgent, as India needs to considerably accelerate its effort to combat malnutrition and improve nutritional indicators. Under-5 stunting at almost 39 per cent and anaemia among women at 48 per cent (according to the Global Nutrition Report 2016 launched in June 2016), makes India one of the worst performers in Asia with respect to malnutrition, in spite of recent improvements.¹

This paper discusses recent changes in, and the current state of, the intersection of food, agriculture and nutrition (FAN) policies in India at the national and state levels, and provides an overview of the current policy framework, together with recommendations for the future, based on best practices in nutrition policy together with the dynamics of the Indian economy and policy environment, and in light of the nutrition strategy being developed by Niti Aayog.

The guiding question for this paper, therefore, is: what is the state of nutrition policies in India today, and what are the changes that need to be made in order to improve the effectiveness of such policies?

The paper contributes to the literature on nutrition policy in India by extending existing studies on longer-term changes in framing of nutrition strategies — such as that by Barnett and Srivastava

¹ IFPRI (2016)

(2016) for LANSAs, Desai and Vanneman (2015), Chopra (2015), Thow et al. (2016) that have in different ways looked at India's nutrition-related policy framework — to focus specifically on the state of nutrition policy today, at a time when the government is undertaking a substantial change in strategic emphasis both within nutrition, and, more broadly, with respect to the means of socio-economic development.

The paper starts with a review of literature on India's policy environment and on best practices in nutrition policy. We then examine the change in FAN policy over the past 10 years, as highlighted in the government's yearly budget speeches. That is followed by a look at the FAN policy environment today, using Karnataka and Gujarat as examples of state strategies, to show the vertical dynamics between national, state and district policies. We consider the horizontal dynamics of nutrition and nutrition-related policies that sit across multiple sectors and Ministries. Lastly, we discuss the policy environment and requirements to make India's nutrition strategy holistic and inclusive, drawing on best practices from the literature review.

2. Literature Review

Improved nutritional outcomes are affected by multiple underlying factors that can be categorised into a set of pathways, including: first, access to, and availability of, nutritious food; second, health and healthcare, including water, sanitation and hygiene practices; third, care in the home (SPRING 2014; Verhart et al. 2016; Lancet 2013; Kadiyala et al. 2014). Since women are the primary caregivers and their involvement positively affects the nutritional choices in the household,² empowerment and agency of women is our fourth pathway.

This section begins by considering what an enabling policy environment for nutrition would contain, before discussing the recent changes in the approach to policy formulation that have taken place in India recently, as well as the vertical and horizontal policy structures in the country.

2.1 Creating an enabling policy environment for nutrition

An efficient policy environment for nutrition needs to address the range of pathways and factors affecting nutrition. Policies can broadly be divided into (1) nutrition-specific policies directly targeting the nutritional status through, for example, supplements or specific malnutrition treatment programmes; and (2) nutrition-sensitive policies, which target broad underlying factors including agriculture, sanitation and women's empowerment, for instance (Ecker and Nene 2012; UNICEF 1990).

Tackling the underlying factors of nutrition, such as access to good food, health, and water and sanitation (WASH), for example, is important since "direct undernutrition interventions, even when scaled up to 90 per cent coverage rates, have been estimated to address only 20 per cent of the stunting burden" (IFPRI 2016:61). It is these sectors that have substantial budgets too — as one third

² These include increased agency resulting in increased ability to take household decisions, including how to spend family income; improved ability to take decisions to balance farm work with care given in the home; empowerment through greater access to information resulting in how to better feed family, and agency and information to improve sanitation, water and hygiene related practices in the home (Verhart et al. 2016).

of government budgets in Asia are allocated to four sectors underlying nutrition: agriculture, health, education, and social protection (IFPRI 2016).

In addition, the broader enabling environment matters: financial and human resources, and cultural, economic and political contexts (UNICEF 1990).

2.1.1 Nutrition specific and nutrition-sensitive policies

Nutrition-specific policy interventions include programmes focused on reducing malnutrition among expectant pregnant and lactating mothers and in the first 1000 days of a child (Ecker and Nene 2012:2).³ **Box I** provides examples of such nutrition-specific policies.

Box I Common Direct Interventions

- Behavior change interventions
 - Breastfeeding promotion
 - Complementary feeding promotion
 - Handwashing with soap and promotion of hygienic behaviour
- Micronutrient and deworming interventions
 - Vitamin A supplementation
 - Therapeutic zinc supplements
 - Multiple micronutrient powders
 - Deworming
 - Iron-folic acid supplements for pregnant women
 - Iron fortification of staples
 - Salt iodisation
 - Iodine supplements
- Complementary feeding interventions
 - Prevention or treatment of moderate malnutrition
 - Treatment of severe acute malnutrition

Source: taken from Horton et al. 2010; Ecker and Nene 2012.

Nutrition-sensitive policies, on the other hand, include a range of policies linked to the underlying factors that affect nutrition (such as agriculture and food access, water, sanitation, hygiene and health, care in the home and women's empowerment), as well as growth and education (Ecker and Nene 2012:3).⁴

In terms of health, water and sanitation, policies can link water and sanitation programmes specifically to nutrition, emphasise the importance of clean hygienic environments and practices for children, and provide nutritional support tailored to those that are ill.

³ These 1000 first day initiatives are especially critical as this is the time when interventions can be especially effective in avoiding damages to health that can be permanent such as stunting or fully developed brain function. (Ecker and Nene 2012:2)

⁴ This section draws on Ecker and Nene 2012; Ruel and Alderman 2013; IFPRI 2016; WHO 2013.

Welfare programmes can target underlying social factors. Conditional cash transfer has been used successfully in South America. Positive effects from such programmes include reduced poverty, increased food consumption and increased diversity in diet, increased preventive and curative health, as well as improved women’s empowerment (particularly from programmes targeting women, as a result of increased control over resources), as also improved knowledge about health and nutrition.⁵ School feeding programmes ensure children are provided with one nutritious meal a day while at the same time motivating school attendance.

Agriculture programmes can include nutritional goals through, for example, biofortification (breeding crops especially rich in micronutrients), and providing incentives to farmers to grow crops with high nutritional value. Policy instruments are typically created to increase access (to health facilities, clean water or healthy food) or change behaviour (e.g., improved sanitation and hygiene practices, changed care practices).

Studies on nutrition policy show that governments coordinate policies within the Ministries of Health primarily, and involvement from other Ministries vary from country to country (with Brazil an interesting example of broad cross-ministerial coordination).

Box 2 Strengthening Inter-Ministerial Cooperation in Brazil

Brazil has put in place numerous mechanisms to ensure cooperation across different parts of the government at national and regional levels.

- There is coordination between all Ministries working on poverty alleviation: the food security strategy “Zero Hunger” coordinates programmes across 11 Ministries, including the conditional direct cash transfer programme *Bolsa Familia*
- *Bolsa Familia* links to basic health and children’s education
- The National Council on Food and Nutrition Security has high-level representation from the Federal Government as well as broad representation from civil society, and reports to the President. It monitors food and nutrition policy interventions.
- Food security and nutrition are combined as food and nutrition security policy, and programmes are managed by the Secretariat for Food and Nutrition Security which is housed in the Ministry of Social Development and Fight against Hunger (Ecker and Nene 2012).
- The Right to Food law has made access to food and nutrition a universal right, which means that states must ensure access to food of adequate quantity as well as quality (Ecker and Nene 2012)

Source: WHO 2013; Ecker and Nene 2012; IFPRI 2016)

Non-state actors are involved in implementation at local level as well as in providing input in policy preparations, and these primarily include UN agencies as well as NGOs and civil society (WHO 2013).

⁵ Nevertheless, while these include many underlying factors affecting nutrition, the direct effect on nutritional status in children from a number of studies was negligible (Ruel and Alderman 2013).

2.1.2 Governance of nutrition policy implementation

Implementation of policies requires good mechanisms for monitoring and governance (IFPRI 2016; Ruel and Alderman 2013; WHO 2013), as for example, cross-sectoral committees to coordinate policies across Ministries and departments. Such committees require a wide range of state and non-state actors to be involved, including civil society.

Additionally, cross-ministerial policy initiatives require top-level government commitment, mechanisms to enable collaboration and coordination across Ministries and departments, the right financial resources, as well as expertise and community buy-in, to make them work (IFPRI 2016:45). Data collection and monitoring and evaluation of programme implementation need to be comprehensive as improved monitoring can enable more targeted interventions (WHO 2013). Improved monitoring can also reduce inconsistencies between policy and programme implementation.

2.2 India's policy environment

Nutrition and nutrition-related policy-making in India is complex because policies are created across vertical levels of government — the national and state levels primarily, but also the district in some instances — and horizontally across multiple Ministries and sectors, something the last section considers.⁶

2.2.1 A change in government and a change in policy framing

India's overall policy environment has undergone a substantial overhaul since mid-2014 when a new BJP-led NDA government under Narendra Modi came in. In 2016, Modi stated that his government would seek to affect transformational change through drastic policy reform (Pande & Haqqani 2016). While the jury is still out on the impact of the new programmes and policy changes, it is clear that the approach to policy has altered in several significant ways. Some of the key modifications with relevance to the policy environment for nutrition are highlighted below.⁷

The NDA government is clearly committed to a market economy. Enabling markets and emphasising manufacturing, entrepreneurship and business is at the core of the government's strategy. This includes well-known initiatives such as Make in India, but also a move towards entrepreneurship-based solutions, for instance, by setting up a new Ministry on Skills Development and Entrepreneurship, or emphasising entrepreneurship as a solution to rural livelihoods and the role of social entrepreneurship in socio-economic development. Public-private partnerships are encouraged in the implementation of government programmes.

⁶ A range of non-governmental actors, including civil society organisations focused on nutrition, and private sector initiatives work in partnership with the government at central, state and district level, however this paper focuses on government policy and will therefore not discuss such actors involved in implementation of programmes and schemes.

⁷ This section is based on Pande & Haqqani (2016) as well as review articles on the BJP government's two years in power, published in September, 2016, including Mint: <http://www.livemint.com/Politics/rMNo2oEONehmaPdnybUdVJ/Mint-examines-two-years-of-Modi-government.html> & <http://www.livemint.com/Opinion/NBBjL6pwjhdIRzv9qziMJ/NDA-hits-reset-on-fiscal-federalism.html>, Carnegie: <http://carnegieendowment.org/2016/03/08/modinomics-at-two-pub-62985>; The Hindu: <http://www.thehindu.com/news/national/two-years-of-modi-government-areview/article8640603.ece>.

Furthermore, in line with a move away from a more government-planned economy, the Planning Commission, which directed a substantial government budget through its Five Year Plans, has been replaced by Niti Aayog, which does not have a mandate to set budgets (this was handed to the Finance Ministry), and instead acts as an in-house think-tank for the government. One strategy Niti Aayog is currently working on is the new nutrition strategy. A second important area of work for Niti Aayog is the coordination between states and the central government on policy matters.

The importance of coordination of states is increasing as the central government has pushed for increased devolution in two ways. First, the 14th Finance Commission in 2015 increased the scale of the untied transfers to states, so that states have a larger proportion of transfers that they can decide how to spend themselves. Second, the central government has empowered local level bodies (Gram Panchayats) with a direct statutory budget allocation from the centre.⁸

In tandem with an increased focus on a market-based economy, the central government has also tightened subsidies and made them more targeted (focusing on beneficiaries and attempting to reduce misuse, such as the case of the LPG subsidy which was often found to be used by non-poor citizens).

One way in which welfare programmes are becoming more targeted, while at the same time attempting to reduce the opportunity for misuse within layers of bureaucracy, is through direct cash transfer programmes. To enable such programmes, as also to overall increase transparency, the government is substantially scaling up the use of Aadhaar cards, the government-issued biometric ID cards. Secondly, it is pushing for the introduction of bank accounts for all citizens through its Jan Dhan Yojana programme.

Additionally, cleanliness has become a particularly highlighted issue — including clean public spaces and improved sanitation facilities through the Swachh Bharat Mission. However, it is also visible through the initiative to clean the Ganga, which now has its own National Mission.

Connecting this to an enabling policy environment for nutrition, it can be suggested that in many ways the overall government strategy and best practices for nutrition are aligned. For example, the focus on cleanliness and sanitation is important for nutrition. Likewise, through the Swachh Bharat Mission, the government has shown that it can be effective in creating a buzz around a particular need when top-level support is provided. The use of direct cash transfers to enable more targeted support for citizens is something that Brazil has used successfully in its fight to improve nutritional outcome and food security. The focus on market economy and business suggests that public-private partnerships are likely to become more common in implementation of nutrition policies. Lastly, in Niti Aayog, the government may have a body that can take on a coordinating role across Ministries to enable the cross-sectoral policies required for a systemic approach to nutrition.

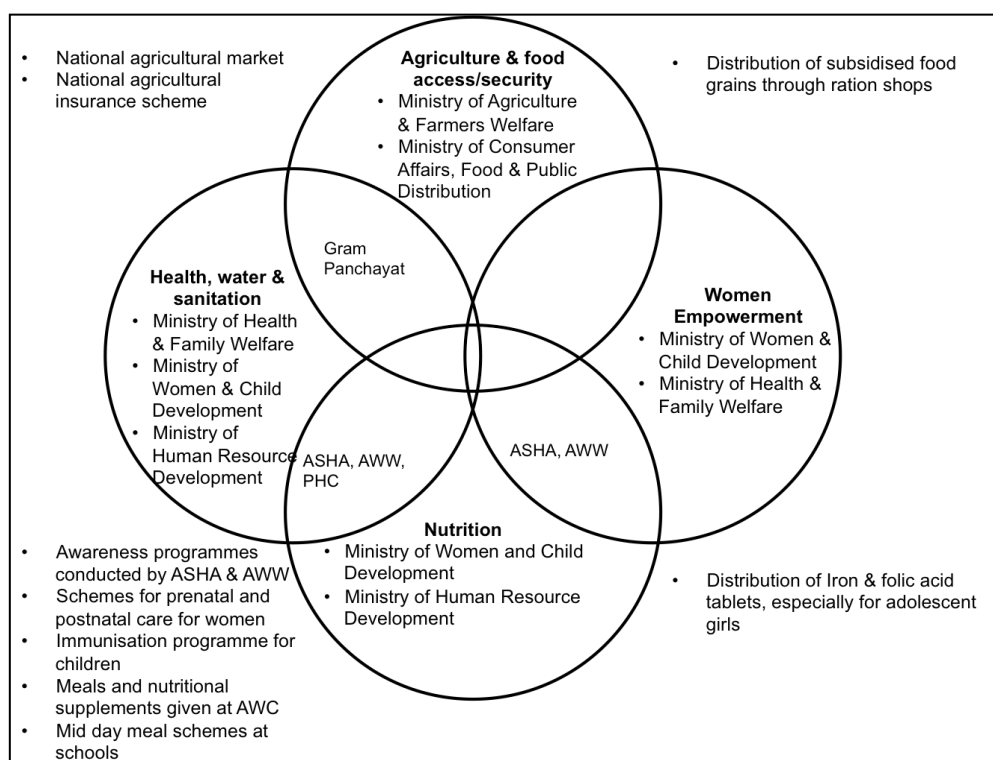
⁸ Source: <http://www.livemint.com/Opinion/vtNjX7sy31hgGBGX2hNmMK/A-social-economy-budget.html>

2.2.2 Vertical and horizontal spread of policies

The capacity of the Indian state to create good policies is broadly recognised (Pritchett 2009; Saxena 2005; Dev 2012). The central government formulates national policies related to food security, agriculture and nutrition. State and local bodies play a crucial role in the successful implementation of these policies. The Rashtriya Krishi Vikas Yojna, for example, is a state-centric, central assistance scheme to encourage the states to develop plans autonomously for the agricultural sector to suit their local requirements and geographic conditions. Additionally, states form their own policies, such as the Karnataka Agricultural Policy 2006 and Uttar Pradesh Agriculture Policy 2013.

Since the underlying factors of nutrition cut across a number of sectors, there are several different Ministries that are, or should be, involved in creating an enabling policy environment for nutrition. As highlighted in **Figure I**, at the national and state levels, those involved are the Ministry of Human Resource Development (HRD), Ministry of Health and Family Welfare (H&FW) and Ministry of Agriculture and Farmer’s Welfare, Ministry of Water and Sanitation and the Ministry of Women and Child Development (W&CD).

Figure I Nutrition Related Policies across Ministries⁹



Programmes of different Ministries are not necessarily aligned with nutrition. For example, Barnett and Srivastava (2016) note that nutrition and agriculture are not directly linked in policy matters. Agriculture policy encourages production of grains, but not nutritious food per se.

⁹ Source: Author’s, based on review of policies and programmes

The Government of India recognises that nutrition is a multi-sectoral issue; and an inter-ministerial coordination committee was to be set up to ensure coordination. However, progress on this has been limited.

Since nutrition covers several sectors, each with a different Ministry, with different sets of mandates and priorities, it is challenging to create cross-sectoral working groups and committees: objectives of these groups may be seen as less important than the primary aim of each Ministry (Ecker and Nene 2012). Additionally, nutrition generally lacks a departmental body that especially advocates for it within government (ibid.).

A few states, however, such as Gujarat, Uttar Pradesh, Maharashtra, Odisha and Karnataka, have set up state nutrition missions to improve cross-departmental coordination. However, these have not been working effectively and policy remains sectoral (IFPRI 2016).

2.3 Summary and framework

The guiding question for this paper is: what is the state of nutrition policies in India today, and what are the policy changes needed to improve the effectiveness of nutrition policies?

Drawing on IFPRI (2016), UNICEF (1990) and Ecker and Nene (2012), a good policy environment would be expected to include 1) nutrition-specific policies focussing particularly on malnutrition; 2) nutrition-sensitive policies, which grapple with the underlying factors that form pathways to improved nutritional status; and 3) a broadly enabling environment (including the socio-economic and cultural context) at the basic level.

Policy instruments can broadly increase access (to health facilities, clean water or healthy food) or change behaviour (e.g., improved sanitation and hygiene practices).

Nutrition-specific policies

- Behavioural change interventions such as promoting breastfeeding
- Micronutrient and deworming interventions
- Complementary feeding interventions

Nutrition-sensitive policies that include nutritional goals in allied sectors

- In terms of health, water and sanitation, policies can:
 - Link water and sanitation programmes specifically to nutrition
 - Emphasise the importance of clean hygienic environments and practices for children
 - Tailor nutritional support to those that are ill
- Welfare programmes can target underlying social factors, such as:
 - Conditional cash transfer programmes
 - School feeding programmes
 - Improving women's agency, awareness and physical and mental health
- Agriculture programmes can ensure production of nutritional food by:
 - Including nutritional goals and quality of produce in agriculture programmes
 - Biofortification (breeding crops especially rich in micronutrients)

- Providing incentives for farmers to grow crops with high nutritional value

Enabling policy environment

- Taxation
- Coordination of administration (across departments)
- Reduction of corruption and increase of transparency

Monitoring and governance and participation of a range of stakeholders

- The recognition that nutrition is cross-sectoral, and therefore policies aligned across sectors
- Cross-departmental committees with participation from a range of state and non-state actors
- Commitment from the top levels of government
- Good monitoring and data collection systems for programme tracking

3. Methodology

For this paper, we relied on secondary data and desk research, and detail these methods below.¹⁰

3.1 Research methods

This paper reviews the national and state governments' approach to nutrition policy, how the approach to the policy has changed over the past decade and in what way it works and does not work. To answer these questions, we map policies in food, agriculture and nutrition over time as well as the current organisation of nutrition policies and relevant government ministries and departments.

The paper is based on desk research that was undertaken in order to map policies and key organisations at national and state level. It draws on secondary data such as information available on Government of India policies and schemes on relevant Departmental websites, state policies from state government websites, as well as the official national government yearly budget speeches 2005-2016. Lastly, we reviewed journal articles and papers that had information on national and state level policies.

3.2 State selection

We selected the surveyed states, districts and villages in order to show some variety in geographical regions as well as prosperity, while ensuring that data from the two states could be compared meaningfully.

3.2.1 States: Gujarat and Karnataka

We wanted to consider states in two different parts of India, while ensuring that both had strong institutional environments at the policy level with respect to agriculture and nutrition. Karnataka in

¹⁰ This paper is part of a research project that used a mixed methods approach to data collection, including secondary data and statistics, as well as primary research such as a survey of 100 women, semi-structured interviews with stakeholders, and consultative workshops.

the south and Gujarat in west India allowed us to cover two geographic areas: both states have enacted policies relevant for nutrition, while continuing to tackle a problem with malnutrition among the population. Additionally, we drew on a policy landscaping paper by LANSA that suggested that Gujarat and Andhra Pradesh had effective policy environments compared to other states (LANSA 2014). Given that Andhra Pradesh has gone through political and border changes, Karnataka with a similar strong policy framework seemed a better choice.

4. Policy Shift: 2005-2016¹¹

Food- and nutrition-related government programmes and schemes that receive budgetary allocations every year include the Midday Meal scheme, the Antyodana Anna Yojana (providing food for the poorest of the poor), the Integrated Child Development Services (ICDS) and the Targeted Public Distribution System (TPDS). Of these, ICDS was the first to be launched in 1975, followed by TPDS almost two decades later in 1997. Apart from these, the National Rural Health Mission (NRHM), Gender Budget and National Rural Employment Guarantee Scheme (NREGA, later to be renamed MGNREGA) were all introduced in the Union Budget in 2005.¹² While the food programmes are directly aimed at improving the nutritional status of households and communities, the schemes and initiatives introduced in 2005 sought to supplement this with better health measures, introduction of a gender perspective in policy formulation and implementation, and improved rural employment.¹³

Since 2005, the amount of funds allocated for these programmes and the beneficiaries covered have increased in absolute terms. In 2007, the Central Government launched the National Food Security Mission to increase the production and productivity of wheat, rice and pulses for five years. This is one example of cross-sectoral policy linking agriculture to food security. However, it does not explicitly link to nutritional goals or quality of food. In 2009, the National Food Security Bill was introduced for public debate, tabled before Parliament two years later and signed into Act in 2013.

The National Food Security Act 2013, which comprises all the food-related government schemes (MDM, TPDS and ICDS), was enacted with the objective of providing subsidised foodgrains to two-thirds of the country's population. However, most of the states have yet to implement the Act.¹⁴ Subsidy schemes were prevalent across sectors such as agriculture (fertiliser and seed subsidies), food security through PDS, and welfare schemes including subsidised LPG.

Additional programmes within related sectors were introduced during this time, such as the Total Sanitation Campaign that was expanded in 2005 with the aim of covering all districts within a decade. Likewise, NRHM was launched in 2006, which included water testing kits and starting health checks in anganwadi centres. Annual health surveys were conducted for three years between 2011-12 and 2013-14 to capture district-level information across some key health indicators in nine states. In

¹¹ Unless otherwise stated, this section draws on budget speeches 2005-2016.

¹² <http://www.ibtimes.co.in/indian-budget-brief-history-603042>

¹³ Unlike a lot of policies that are first formulated by the Centre, some of the food-related government programmes have been bottom-up. For instance, the Mid Day Meal (MDM) scheme was first introduced in Tamil Nadu as early as 1962-63. However, a Supreme Court order in 2001 made it mandatory for all states to implement the scheme. The MDM scheme was scaled up year on year until 2008 when it was decided it would reach every child at upper primary school level.

¹⁴ <http://www.dnaindia.com/analysis/column-let-them-eat-slogans-2218499>

2013, Ayurvedic practices were mainstreamed under the Department of AYUSH under the Ministry of H&FW, and later its own Ministry of AYUSH.¹⁵

Table I Food, Agriculture & Nutrition in Budget Speeches 2005-2013: Key Elements

Year	Food Security & Nutrition	Agriculture	Health /WASH/Welfare
2005	Allocation to National Food for Work programme nearly tripled to Rs. 11 crore. ¹⁶ ICDS expanded by 190,000 anganwadi centres & funds for supplementary nutrition doubled	Launched Bharat Nirman - irrigation of agricultural land Roadmap for agricultural diversification across veg, fruit, poultry, pulses & fisheries. Agricultural marketing Infrastructure programme to improve market access. Programmes for agriculture insurance & loans	National Rural Health Mission (NRHM) to be launched All drinking water schemes merged under Rajiv Gandhi National Drinking Water Mission Total Sanitation Campaign expanded to all districts NREGA launched
2006	30% increase in MDM ICDS: 190,000 more anganwadi centres Centre pays 50% of supplementary nutrition programme expenditure	Bharat Nirman to continue roll out Expand programmes for agri loans & insurance Terminal markets for fisheries and horticulture to be set up through PPP	Expanded statement on gender budgeting & consideration of budget allocation for women + Ministries set up gender budgeting cells NRHM launched Rs200 crore to set up district level water testing labs; provide water testing kits Increased allocation to RG National Drinking Water Mission Increased Rural Sanitation budget
2007	Increased coverage of MDM ICDS: commitment to cover all settlements during 11 year plan; focus on pregnant and lactating mothers & children below age 6. Targeted Public Distribution System: set up scheme to create	Bharat Nirman expanded; budget emphasises watershed management Farming credit expanded Mission for Pulses: aim to double production of certified seeds in a year; fund expansion for research Rain-fed Area Development programme launched New Extension system	Instructions for all districts to prepare Health Action Plans Monthly Health Days to be organised at anganwadi centres Additional recruitment of ASHA workers AYUSH system being mainstreamed Increased spending on Total Sanitation

¹⁵ AYUSH stands for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy.

¹⁶ In this paper we use crore denoting 10 million, lakh denoting 100,000, commonly used in India. Rs.100=GBP 1.20.

	M&E system	programme Social security/insurance scheme: Aam Admi Bima Yojana launched	NREGS coverage to expand from 200 to 330 districts
2008	MDM scheme extended to upper primary classes in gov and gov aided schools ICDS budget increased by 20% Pay for anganwadi workers & helpers increased by 50%	Rashtriya Krishi Vikas Yojana (RKVY) – National agriculture development scheme to give states additional independence in investing in agriculture launched National Food Security Mission launched to increase production of wheat, rice & pulses Number of watershed management programmes – irrigation & rain-fed area development schemes expanded or introduced Expansion of rural credit and insurance programmes Major debt waiver programme for farmers introduced	NREGS to cover all rural districts Allocation for Ministry of Women & Children Dev. (W&CD) increased by 24% Increase in spending on 100% women- specific programmes 20% increase in sanitation budget 15% increase in health sector spending Increased allocation to NRHM Rashtriya Swasthya Bima Yojana (RSBY) to provide health insurance National Programme for the Elderly to be launched
2009	National Food Security Act to ensure access to PDS for BPL citizens. National Food Security Bill (NFSB) to be open for public debate All ICDS schemes to be extended to all children under age of 6 by 2012.	Debt relief continued & task force to consider indebted farmers from private sources not covered Introduce fertiliser subsidy scheme Accelerated irrigation benefit programme increased by 75% RKVY budget expanded by 30%	NRHM budget increased by Rs2000 crore All BPL families to be covered by RSBY & 40% budget allocation NREGA budget increased by 144% & scheme to converge with sector specific schemes in agri/water/rural
2010	ICDS platform expanded to include RG Scheme for Adolescent Girls	Fertiliser subsidy scheme to be rolled out Four pronged strategy for agri growth: increase production; reduce produce waste by opening up retail trade + add storage; increase agri credit; set up food processing facilities	Survey to prepare District Health Profile of all districts to be done RSBY extended to all MGNREGA beneficiaries MGNREGA provide wage at Rs100/day Outlay for Ministry of W&CD up 50% Include Rs100 crore for women in NRLM
2011	NFSB introduced in Parliament	Agri budget focused on removing production & distribution bottlenecks – incl.	Allocation for health increased by 20% Widen scope & coverage of

		<p>storage & mega food parks for processing</p> <p>National Mission for Protein Supplement: to promote animal protein production through livestock development</p> <p>Accelerated Fodder Development Programme in 25000 villages</p> <p>National Mission for Sustainable Agriculture: to promote organic methods</p> <p>Continued expansion of credit to farmers</p>	<p>RSBY</p> <p>MNGREGA wages to be indexed to consumer price index for agri labour.</p> <p>100% pay increase for anganwadi workers</p>
2012	<p>NFSB remains before parliament</p> <p>Multi-sectoral programme to treat maternal & child malnutrition in 200 high burden districts rolled out</p> <p>58% increase in funds for ICDS</p> <p>National information utility to computerise PDS being set up</p>	<p>Mobile-based fertilizer subsidy management system to start</p> <p>Jump in agri budget – dept of agri by 18% & initiative for green rev. in East India (BGREI) by 150%</p> <p>Continue expansion of credit access including making Kisan Credit Card ATM usable</p> <p>National Mission on Food Processing to launch</p>	<p>Enlarge scope of ASHA workers</p> <p>Proposed increase of funds for NRHM</p> <p>National Urban Health Mission launched</p> <p>27% increase in budget for rural drinking water and sanitation</p> <p>Increase of 34% for NRLM</p> <p>Enlarged Women’s SHG Development Fund</p>
2013	<p>12% increase in budget for ICDS</p> <p>Rs 300 crore for programme on maternal & child malnutrition – implemented in 100 districts this year & 100 more next year</p> <p>National Food Security Act signed into law</p>	<p>Agri Ministry budget up by 22%</p> <p>Continue major programmes – RKVY, BGREI, Food Security Mission, watershed programmes.</p> <p>Push for farmer producer organization; better credit access</p> <p>To set up National Livestock Mission</p>	<p>Health & Education remain priority</p> <p>New National Health Mission created</p> <p>Increased budgets for Ministry of H&FW, medical education & health of elderly</p> <p>AYUSH further mainstreamed through Department of AYUSH</p> <p>Fund set aside for water purification</p> <p>Ministry of W&CD to design schemes for vulnerable women</p> <p>Ministry of Rural Dev. budget up 46%</p>

In agriculture, common policy themes were: expansion of credit access (including a major debt waiver programme in 2008-2009 prior to the national elections in 2010); irrigation and watershed management programmes; and an overall focus on agricultural production in terms of quantity rather than quality. There were no policies incentivising food crops over cash crops or incentivising nutritious local staple food, for instance.

Table 2 Food, Agriculture & Nutrition in Budget Speeches 2014-2016: Key Elements

Year	Food Security & Nutrition	Agriculture	Health /WASH/Welfare
2014	A national programme 'Mission' to halt deteriorating malnutrition was planned to be set up within 6 months Food security: increase efficiency of PDS a priority; commitment to provide wheat & rice at reasonable prices to poor.	New emphasis on technology- driven Green Revolution – new research centres; new technology fund, mobile soil testing labs Gov plan to update APMC acts (agri markets) & warehousing. New corpus for setting up producer organisations Updating credit: New programme of credit for farming groups – Bhoomi Heen Kisan; new long-term rural credit fund & a short-term fund to be set up to work with regional rural banks. Increased funds for rural infra	Swachh Bharat Abhiyan launched – to ensure toilet in every household by 2019 20,000 habitations with poor water to be provided with water purifier plants A number of budgets for different research & teaching institutes in health proposed Beti Bachao, Beti Padhao scheme to improve welfare delivery to women School curriculum to include gender mainstreaming Expand Ajeevika women's SHG bank loans to 100 more districts Start-up Village Entrepreneurship Programme for rural youth Neeranchal programme to help develop watershed management Plan to make MGNREGA more productive & link to allied sectors incl. agriculture
2015	Rs 1500 crore allocated to ICDS (No mention of nutrition in budget 2015-16)	Launch two programmes on soil and irrigation. watershed management & irrigation priority Corpus for Rural Infrastructure Dev Fund set up at NABARD Improve efficiency of MGNREGA Aim to set up national agri market	Target of building six crore toilets, including programmes for preventive healthcare and building awareness Access to 24-hour power supply, clean drinking water, a toilet, and connection to a road for every household in the country
2016	Large schemes like Rajiv Gandhi Scheme for the	Pradhan Manti Krishi Sinchai Yojana – irrigation	Health insurance scheme to cover hospitalisation expenses. New

	Empowerment of Adolescent Girls, Indira Gandhi Matritva Sahyog Yojana, National Creche Scheme for Children of Working Mothers, National Nutrition Mission, and ICDS have all been clubbed under the 'umbrella ICDS', with no significant increase in the budget outlay	Mission launched. Additional L-T irrigation fund to be set up by NABARD Schemes for ground water & water management Promotion of organic farming Promotion of dairy projects Unified agri marketing e-platform platform to be launched	health protection scheme that will provide health cover up to Rs 1 lakh per family Provision of cooking gas connections to BPL families 3000 stores will be opened under Jan Aushadhi Yojana to provide generic drugs at affordable prices Rs 9000 crore allocated for Swachh Bharat Abhiyan. Priority allocation for Centrally sponsored schemes will be provided to villages that are free from open defecation.
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Since the 2014 general elections, the NDA government is attempting to address rural distress through crop insurance schemes and e-market for agricultural commodities, aiming to reduce the need for middlemen.¹⁷ These are essentially long-term efforts to move the Indian economy from an agrarian one to one that is driven by market principles. Along the same lines, the government is emphasising a culture of entrepreneurship to create more livelihoods. Likewise, there have been schemes to upgrade agricultural technology.

The government has also proposed the use of the integrated services of mobile phone, bank account and maybe even Aadhaar to ensure direct compensation to the farmers. Hand-in-hand with this has been a digitalisation effort of government services provision, for example.

Cash transfer schemes have gained prominence under the NDA government's regime. However, as of now, there is limited accountability on households regarding how the transferred cash is spent, so it may not have an impact on nutritional outcomes.¹⁸

Another area of particular focus is clean public places and sanitation- through the Swachh Bharat Mission which was launched soon after the NDA government came to power. While the previous government had allocated substantial budgets to sanitation, the new government launched a huge publicity campaign, hoping to influence households to build toilets, while also improving financial schemes.

However, despite these improvements in agriculture and entrepreneurship, direct allocations to food and nutrition programmes have declined since 2014. The 2016-17 budget saw a cut in budgetary allocations for ICDS and MDM. Budgetary allocation for ICDS decreased by about 7 per cent.¹⁹ This is despite the economic survey's call for increased investments in nutrition programmes for children. The cuts in welfare programmes are said to be a part of the government's devolution

¹⁷ <http://www.livemint.com/Opinion/XUucUPT1KYadv0bE8IC5gN/For-the-NDA-its-a-glass-half-full.html>

¹⁸ https://ccsinternship.files.wordpress.com/2013/05/291_pds-and-cash-transfer_aniket-aashna-aayushi.pdf

¹⁹ <http://www.thehindu.com/news/national/huge-budget-cut-for-child-health-interventions/article8306051.ece>

plan, providing more money and spending freedom to states.²⁰ By accepting the recommendations of the 14th Finance Commission, the Union Government has devolved a greater share (42 per cent) of the Centre's net tax receipts to the states. It also allotted a higher grant amount, as compared to previous years, directly to the gram panchayat to spend on basic services. While this devolution has increased the share of untied funds available to the states, it has reduced the funds allocated to centrally sponsored schemes (like the MGNREGA).²¹

Apart from a decline in budgetary allocation, funds allocated for these schemes remain under-utilised. A Comptroller and Auditor General report noted that one-third of the funds allocated for MDM remained unused.²²

In sum, some of the key changes in policy focus after the NDA government came to power in 2014 include increased use of direct cash transfers to distribute subsidy schemes, together with a rapid expansion of the Aadhaar identification number to ensure better targeting of individuals and improved transparency of schemes. Additionally, there has been an increased technology focus - whether technology in agriculture, going digital for welfare and business schemes, or the roll-out of Aadhaar, and monitoring and evaluation programmes. Likewise, there is an emphasis on private sector solutions for development, entrepreneurship and on creating a business-friendly environment.

The next section discusses the current state of the nutrition-related policy environment at the national and state levels.

5. India's Food, Agriculture and Nutrition Policy Today

This section starts by reviewing nutrition and nutrition-related policies at the national level. That is followed by a study of policies in two states — Karnataka and Gujarat.

5.1 National policies

The National Food Security Act 2013 does not incorporate nutrition as part of its remit. It follows that food security policies focus on access to foodgrains rather than the quality of foods. Meanwhile, nutrition policies are primarily focused on providing nutritional supplements and treating malnutrition, as noted in **Table 3**.

²⁰ <http://www.dailyo.in/politics/children-welfare-education-narendra-modi-icds-sarva-shiksha-abhiyan/story/1/10774.html>

²¹ <http://cprindia.org/sites/default/files/policy-briefs/AI%20Macro%20and%20State%20Report%20Cards%20-%20Budget%20Analysis.pdf>

²² <http://www.thehindu.com/news/cities/Hyderabad/funds-for-midday-meal-scheme-underutilised-cag/article8415992.ece>

Table 3 Current National Food and Nutrition Policies

Policy	Details
National Food Security Act (2013)	Subsidised foodgrains to two-thirds of the Indian population, 75% of the rural population and 50% of the urban population. It includes the Midday Meal scheme (MDM), the Integrated Child Development Services (ICDS) and Public Distribution System (PDS). In early 2016, 21 states will be covered under the Act.
Integrated Child Development Services ²³	The Ministry of Women and Child Development launched ICDS in 1975 to improve the health and nutritional status of women and children. It provides supplementary nutrition, pre-school non-formal education for children between 0-6 years of age, nutrition and health education, immunisation, health check-ups, and referral services.
Public Distribution System ²⁴	PDS was established and launched by the Ministry of Consumer Affairs, Food & Public Distribution in 1997. The Central Government is responsible for the procurement, storage and transportation of the foodgrains and the State Governments are responsible for distribution of the procured foodgrains through fair price shops. Currently kerosene, sugar, wheat and rice are distributed under PDS.
Midday Meal Scheme ²⁵	The Ministry of Human Resource Development implements MDM as a school meal programme meant to improve the nutritional status of school-going children in India. The Madras Municipal Corporation initially launched the scheme and then the rest of the state and other states followed suit. The National Programme of Nutritional Support to Primary Education was launched in 1995 as a centrally-sponsored scheme in 1995, with the objective of providing free midday meals to children in schools (lower and upper primary, i.e. classes I to VIII). The scheme also provides meals to school-going children during the summers, especially in drought-affected areas.
Antyodaya Anna Yojana (AAY) ²⁶	The poorest of the poor below poverty line families that are a part of PDS are eligible for subsidised foodgrains under AAY. These families receive wheat and rice at Rs.2/kg and Rs.3/kg, respectively. The ration card provided under this scheme is different from that provided under PDS.
Kishori Shakti Yojana (KSY) ²⁷	Implemented by the Ministry of Women and Child Development, KSY aims to improve the nutritional, health and development status of adolescent

²³ ICDS, Ministry of Women and Child Development website. Retrieved from: <http://icds-wcd.nic.in/icds/icds.aspx> [Accessed 19 September 2016]

²⁴ Public Distribution System, Department of Food & Public Distribution, Ministry of Consumer Affairs, Food & Public Distribution. Retrieved from: <http://dfpd.nic.in/public-distribution.htm> [Accessed 19 September 2016]

²⁵ Midday Meal Scheme, Ministry of Human Resource Development. Retrieved from: <http://mdm.nic.in> [Accessed 19 Sep. 2016]

²⁶ Anna Antyodaya Yojana. [Online] Retrieved from: <http://pib.nic.in/feature/feyr2001/fmar2001/f280320011.html> [Accessed 19 September 2016]

²⁷ Kishori Shakti Yojana, Ministry of Women and Child Development. [Online] Retrieved from: <http://wcd.nic.in/kishori-shakti-yojana> [Accessed 19 September 2016]

	girls, empowering them in the process. It is a component of ICDS.
National Nutritional Anaemia Prophylaxis Programme (NNAPP) ²⁸	NNAPP aims to decrease the incidence of anaemia in women (of reproductive age), pregnant and lactating women and pre-school children. The programme is implemented through PHCs and SCs and promotes consumption of iron-rich foods, supplies IFA supplements and identifies and treats severely anaemic cases. This works in tandem with ICDS.
National Iodine Deficiency Disorders Control Programme (NIDDCP) ²⁹	This programme is a part of the Ministry of Health and Family Welfare's National Health Mission (NHM). This is one of the nine programmes under NHM's National Disease Control Programmes. The programme aims to assess the magnitude of iodine deficiency in the country and supplies iodised salt instead of regular salt.

The main vehicle for food security is PDS, which ensures that BPL households get access to grains, pulses and rice. The core focus of policies on nutrition —malnutrition among children up to the age of six and pregnant as well as lactating women — is implemented through ASHA (Accredited Social Health Activist) and anganwadi workers at the local health centres and anganwadi centres (see **Box 3**).

Box 3 Anganwadi Centres

ICDS operates through anganwadi centres in the community. The anganwadi offers pre-school informal education, helps the child with physical, mental and social development. Supplementary nutrient-rich breakfast and lunch are provided to these children. Anganwadi workers do home visits to educate mothers on the importance of providing proper diets to children. Other than these, the services include immunisation for children below 6 years, referral of affected children and women to the nearest PHC, counselling for pregnant and lactating mothers. They also educate the women in their community on birth control measures and family planning.

Apart from food and nutrition policies, there are policies that affect the underlying factors of nutrition, including agriculture, health, water and sanitation, and gender empowerment. However, these do not include nutritional goals within their remit as of now. Agricultural policy is focused on agricultural production to ensure food security, however it does not focus on quality of produce or whether it is nutritious. Nor are there incentives to produce local staple food. Likewise, until now the sales mechanism for agricultural produce has been a government-run market, which has resulted in distortion both to the produce and to its sale.

5.2 State level policies: Case of Gujarat and Karnataka

State governments are involved in both ensuring the implementation of Central Government schemes as well as creating state-based policies. With more devolution, there is increased scope for states to formulate and implement separate policies.

²⁸ NNAPP. [Online] Retrieved from: <http://nutrition-health-education.blogspot.in/2014/01/national-nutritional-anaemia.html> [Accessed 19 September 2016]

²⁹ NIDDCP, National Health Mission, Ministry of Health & Family Welfare. [Online] Retrieved from: <http://nrhm.gov.in/nrhm-components/national-disease-control-programmes-ndcps/iodine-deficiency-disorders.html> [Accessed 19 September 2016]

5.2.1 Gujarat

The National Food Security Act 2013 is yet to be implemented in Gujarat. The state instead launched the Maa Annapurna Yojana in 2016 to provide subsidised foodgrains to the beneficiaries of the scheme who will be chosen by the Antyodaya criteria.³⁰ Although the number of malnourished children in the state dropped between 2011-12 and 2013-14, over 145,000 children have been categorised as Severe Acute Malnutrition.³¹ To address this, the state government is introducing nutrition components to existing programmes. For instance, in September 2016, the Gujarat High Court asked the state government to include eggs and milk in its midday meal scheme.³² However, the state government declared that this inclusion would require increased allocation of money.

Most nutrition schemes in the state fall under ICDS. Likewise, health-related schemes and initiatives are launched under the National Rural Health Mission. However, there are various nutrition interventions in Gujarat focused on children, adolescent girls and expectant mothers. These schemes and interventions are implemented through anganwadi centres and ASHA health workers.

The Gujarat Nutrition Mission was inaugurated in 2012 to tackle malnutrition in the state, and includes staff from the Health and Family Welfare Department and the Department for Women and Child Development, as well as other departments like education, food and civil supplies, water supply, panchayat, rural and urban development. However, it is unclear how active the Nutrition Mission has been so far.

ICDS was launched in 1975 in Chhota Udaipur district. Under this scheme, the state government is implementing the supplementary nutrition programme intended to directly benefit children younger than 6 years, as well as expecting and nursing mothers and adolescent girls.

Other nutrition health schemes include the Indira Gandhi Matritva Sahyog Yojna (IGMSY), a centrally-sponsored scheme with full grant-in-aid through the ICDS infrastructure, particularly the AWCs. IGMSY is implemented through using the platform of ICDS. All pregnant women of 19 years of age and above are eligible for benefits under the scheme for the first two live births. The beneficiary will receive a total cash incentive of Rs 6000.³³

The MAMTA Abhiyan scheme undertakes promotion of health and nutrition services at village level and is implemented through ICDS and the Health Department of the state. There are several different programmes that provide supplements such as vitamins and iron.

Gujarat has been making efforts to integrate additional components to its food programmes. Before the Union Budget was presented in March 2016, the Gujarat Cooperative Milk Marketing Federation

³⁰ Source: <http://economictimes.indiatimes.com/news/politics-and-nation/gujarat-implements-food-security-act-as-maa-annapurna-scheme/articleshow/51715826.cms>

³¹ Source: <http://indianexpress.com/article/explained/why-gujarat-has-a-poor-record-in-food-security/>

³² Source: <http://timesofindia.indiatimes.com/city/ahmedabad/High-Court-asks-govt-if-it-will-supply-eggs-or-milk-in-mid-day-meal/articleshow/54574877.cms>

³³ Source: http://www.wcd.gujarat.gov.in/Indira_Gandhi_Matritva_Sahyog_Yojana.html

(GCMMF) requested that milk be included in MDM.³⁴ While individual states are already supplying milk, like the Karnataka Government, GCMMF believes that there should be a national policy to this effect. The National Dairy Development Board has launched 'Gift Milk' through its NDDB Foundation where cooperatives and corporates are encouraged to sponsor milk for underprivileged children.

Gujarat does not have a stand-alone policy for the agriculture sector, but it has integrated inter-sectoral policies that aim to promote industries, organic farming and modernisation of agriculture. It does not include nutrition as a goal within agricultural policies; however it has recently created an organic agriculture policy, in an attempt to make agriculture more environmentally friendly and move towards better quality produce.

5.2.2 Karnataka

The Karnataka State Comprehensive Nutrition Mission was launched with a corpus of Rs 50 million in 2010. The government recognised the need for such a policy because of the prevalent malnutrition that was causing stunting and wasting as well as micronutrient deficiencies among children and adolescents. The inter-departmental coordination mechanism was established by the Ministry of Women and Child Development in the state. The Nutrition Mission particularly focuses on girls and pregnant and lactating mothers in households living below the poverty line. It was piloted in Tumkur and Shimoga districts and later implemented in two more districts, Raichur and Gulbarga with additional financing from the Japan Social Development Fund and the World Bank.

Karnataka introduced two new schemes in 2014 — Ahara Adalat and Paditara Khatri. While the first one addresses anomalies in delivery through feedback from beneficiaries, Paditara Khatri ensures timely delivery of foodgrains within the first ten days of every month.

The Anna Bhagya Yojana, launched in 2017, supplies up to 30 kg of foodgrains at Rs 1 per kg. Implemented by the Department of Food, Civil Supplies & Consumer Affairs, Government of Karnataka, the programme is slated to benefit 9.84 million people through fair price shops across the state. The Department also enforces and administers the Essential Commodities Act 1955 and the Targeted Public Distribution System, respectively.

In terms of policies related to underlying factors of nutrition, the Karnataka State Integrated Health Policy incorporates the multi-sectoral approach adopted by Government of India's the National Nutrition Plan (1993) and National Plan of Action for Nutrition (1995).

In 2012, the Karnataka cabinet passed a bill that called for the creation of a state Health Systems Commission that will play a diagnostic and advisory role in improving healthcare education and research. The long-term goals of the health policy include enhanced food security, production of nutrient-dense foods, purchasing power, status of women, community participation and PDS. It also aims to combat food adulteration practices. The short-term goals include reducing undernutrition

³⁴ <http://timesofindia.indiatimes.com/life-style/health-fitness/health-news/Milk-in-mid-day-meal-can-fight-malnutrition-Amul/articleshow/51164329.cms>

and anaemia among women and children, meet vitamin A and iodine deficiency as well as promote balanced, low-cost, locally-sourced diets.

Karnataka has been reeling under drought, with both the *kharif* and the *rabi* seasons³⁵ failing in 2015. In light of drought in several states, the Supreme Court ordered drought-affected states to continue to provide food to children during the summer vacation through the midday meal schemes.³⁶ Karnataka is one of the states that is following this order.³⁷ Mechanisms to manage the drought-affected households and communities are one of the key features of the Karnataka budget.³⁸

Karnataka has its own policies for the agriculture sector, agri-business development and the livestock sector. From 2011-12, the Government of Karnataka started a separate budget for agriculture. In 2016, the state government launched a scheme to develop 105 model agricultural villages under the Suvarna Krishi Grama Yojane (Golden Agriculture Village Scheme): a programme transforming agriculture and livelihoods in rural Karnataka with a consortium of partners including ICRISAT.³⁹

6. Discussion

6.1 Change in policy context

Key changes in policy focus after a new government came to power at the centre in 2014 include increased targeting of support to those that need it the most through subsidy schemes (such as the LPG scheme), as well as through direct cash transfers. To enable this, the government has also focused on improving governance and making administration more efficient, as well as going digital. One example is the expansion of the Aadhaar card to ensure better targeting and improved transparency of schemes. There is an emphasis on technology-driven development — whether technology in agriculture, going digital for welfare and business schemes, or the roll-out of Aadhaar cards and monitoring and evaluation programmes. Likewise, there is a shift towards a market-driven economy, enabling entrepreneurship and creating a more business-friendly environment. Lastly, a key policy area is cleanliness: improved sanitation, clean public spaces and cleaning the Ganga.

6.2 The environment for food and nutrition policies today

This section discusses the policy environment for nutrition in light of the framework in Chapter two.

³⁵ *Kharif* season is the monsoon crop season from about June to October, and *rabi* season is the dry season from about October to March.

³⁶ <http://scroll.in/article/808236/why-the-supreme-courts-orders-on-school-meals-in-drought-hit-areas-remain-on-paper>

³⁷ The grains for providing midday meals during the summer vacation is procured free of cost from the Food Corporation of India, with the Centre and the State sharing the cooking and salary expenses. Source:

- http://articles.economictimes.indiatimes.com/2016-05-12/news/73039851_1_severe-drought-agriculture-sector-national-disaster-management-authority

³⁸ For instance, the Government allocated Rs 3 crores in the budget to improve weather forecast systems and abolished agricultural income tax Source: <http://www.livemint.com/Politics/PR5GrLohrFcfu9wtnmRN6L/Karnataka-budget-agriculture-not-doing-well-after-last-year.html>

³⁹ <http://www.icrisat.org/golden-agriculture-village-scheme-for-karnataka-farmers/>

6.2.1 Policies

Nutrition-specific policies, such as those preventing malnutrition among pregnant and lactating women as well as children up to the age of six, are widely implemented in India. However, there are few programmes that create awareness of nutritional best practices, such as good eating, water, sanitation and hygiene habits, among women and girls (who are particularly affected by malnutrition). Therefore, a broader remit of nutrition policies is missing — especially one that emphasises healthy nutritious eating as a preventive measure to malnutrition. Likewise, the schemes that exist are primarily giving access to nutritious foods and micronutrients, rather than attempting behavioural change. Furthermore, there are no current policies that emphasise awareness of habits beyond eating well, such as a clean environment, hygienic practices, or access to sanitation facilities.

A further notable aspect is that nutrition policies do not put a focus on women other than pregnant and lactating women (or mothers of children up to the age of six), though malnutrition affects women across the range. Women are the main caregivers in the family, and therefore the main persons that can affect changes in the household that positively influence nutritious outcomes. However, the importance of female agency and empowerment is not built into nutrition programmes as of now.

Nutrition-sensitive policies do not exist today. While agriculture focuses on production and recognises food security as particularly important and a key goal, nutrition does not feature in the thinking. Likewise, there are no nutrition goals in sanitation or broader health policies. Since underlying factors of nutrition have a major role to play in improving nutritional outcomes, this is a big gap. Again, it is important to stress that policies primarily focus on access, while behavioural change is important too. It is noteworthy that there is little scope to tailor policy implementation at the district level to local needs and eating habits — for example by adjusting the ingredients in the midday meal or the foods provided through the public distribution system.

However, at the same time it should be noted that the states have been slow at setting up and operating Nutrition Missions. For example, while Karnataka has created its own nutrition policy, Gujarat is yet to do so. Gujarat has nevertheless recently implemented a number of programmes focused on malnutrition. One challenge in relation to the increased devolution of funds and authority to state governments with respect to welfare policies is that states should follow through and set up structures, such as State Nutrition Missions, and systems of governance, including committees, to ensure that programmes and funds are well run and well spent.

6.2.2 Enabling policy environment

The current NDA government has put in place several initiatives to enable the overall policy environment, since 2014. For example, systems for paying taxes are improving; the expansion of Aadhaar cards is ensuring greater targeting and better transparency. Likewise, there have been attempts to ease bureaucracy and improve administration, one example being the ability to access schemes online.

6.2.3 Monitoring governance and data

There is limited data on nutrition in the country at the district levels, and better mechanisms need to be set up to monitor programmes that treat malnutrition. Likewise, there needs to be better mechanisms in place for working across Ministries and sectors — the high-level committee that was meant to be set up on nutrition has been ineffective.

6.2.4 State and non-state actors

The government at the national level is primarily responsible for creating policies for nutrition. These are either implemented through the states or directly through districts. However, to date there is limited coordination between different Ministries, resulting in a narrow approach to nutrition, primarily focused on malnutrition. Additionally, many states have not implemented State Nutrition Missions either, leaving a gap between policies and actual implementation.

The role of non-state actors varies. Large NGOs as well as foundations and international agencies have been involved in consultation for nutrition policy formulation. They are again involved in the implementation of some of the malnutrition programmes. Likewise, many NGOs run their own nutrition programmes. Milk federations have been active in providing milk, or lobbying for the provision of milk as part of MDM. However, there is no mechanism to enable collaboration between the state and non-state actors.

7. Conclusion: Summary of Main Findings

This paper discusses recent changes in, and the current state of, the intersection of food, agriculture and nutrition policies in India at the national and state levels. It provides an overview of the current policy framework, together with recommendations for the future, based on best practices in nutrition policy and the dynamics of the Indian economy and policy environment. We found that while India has a malnutrition-focused policy strategy, there are no broad nutrition policies and there is only limited overlap with other sector policies.

Underlying factors of nutrition are important but those are not considered within nutrition policies, nor are nutritional goals included in those that pertain to sanitation or agriculture, for instance. However, food security and agricultural produce ought to include considerations of quality of food produced or provided. Agriculture policy could play an important role in creating an enabling environment for nutrition in terms of the incentives provided for crops and farming practices. This is something that does not currently exist.

The importance of multiple sectors as underlying factors of nutrition suggests that there needs to be increased collaboration and coordination between departments and Ministries. This requires an inter-sectoral committee. That in turn is likely to require high-level commitment and accountability from the government — as has been seen in the Swachh Bharat Mission. Policies currently focus on access, while a lot of nutrition challenges are related to behavioural change. Therefore, policies need to consider how to affect change.

The policy environment needs to allow for local level adaptation to suit local contexts — such as food and eating habits. That requires devolution to empower states and districts. Likewise, linking locally-grown produce to food security and nutrition programmes could be an efficient use of resources.

Working with non-state actors through partnerships could improve both outreach and the range of services provided, such as awareness raising. Likewise, social enterprises could potentially be included as part of the value chain.

Lastly, improved policies also require better data and monitoring. There needs to be more effective mechanisms to monitor programmes, as also improved governance across the policy-implementation process.

Further avenues for research include considering how states and districts can better work in a cross-departmental manner at the local level. Additionally, more work is required to consider how to best produce data on nutritional programmes, and improve the monitoring and evaluation of programmes, ensuring two-way knowledge loops.

References

- Barnett, I. & Srivastava, S. (2016). Learning From the Past: Framing of Undernutrition in India Since Independence and Its Links to Agriculture. LANSAs Working Paper Series Vol. 2016, Series 5.
- Chopra, D. (2015). Investing in the Future: Reforming Public Policy to End Undernutrition in India. *IDS Policy Briefing*, Issue 85.
- CLGF, (2015). Local Economic Development in South Asia: A Review of Policy and Practice. London: CLGF.
- Desai, S. & Thorat, A. (2013). Beyond the Great Indian Nutrition Debate, *Economic & Political Weekly*, Vol. 48, No 45-46.
- Desai, S. & Vanneman, R. (2015). Enhancing Nutrition Security via India's National Food Security Act: Using an Axe instead of a Scalpel? *India Policy Forum*, No. 11, pp. 67-113.
- Dev, Mahendra S., 2012. Agriculture-nutrition linkages and policies in India.
- Ecker, O. and Nene, M. (2012). Nutrition Policies in Developing Countries: Challenges and Highlights. IFPRI Policy Note.
- Horton, S., Shekar, M., McDonald, C., Mahal, A., & Brooks, J.K. (2010). *Scaling Up Nutrition: What Will It Cost?* Washington, DC: World Bank.
- IFPRI, 2016. Global Nutrition Report 2016: From Promise to Impact: Ending Malnutrition by 2030. Washington, DC.: IFPRI.
- Kadiyala, S., Harris, J., Headey, D., Yosef, S. and Gillespie, S., 2014. Agriculture and nutrition in India: mapping evidence to pathways. *Annals of the New York Academy of Sciences*, 1331(1), pp.43-56.
- Lancet, 2013. Maternal and Child Nutrition Executive Summary of the Lancet Maternal and Child Nutrition Series.
- LANSA (2014). A brief review of the agriculture/nutrition policy landscape in India. *LANSA Country Policy Landscape Analysis*.
- Monteiro, C., Benicio, M., Conde, W., Konno, S., Lovadi-no, A., Barros, A., & Victora, C. (2010). Narrowing Socioeconomic Inequality in Child Stunting: the Brazilian Experience, 1974-2007. *Bulletin of the World Health Organization*, 88, 305-311.
- Pande, A. & Haqqani, H. (2016). Modi Two Years On. Washinton DC: Hudson Institute.
- Pritchett, Lant. 2009. Is India a Flailing State?: Detours on the Four Lane Highway to Modernization. *HKS Faculty Research Working Paper Series RWP09-013*, John F. Kennedy School of Government, Harvard University
- Ruel, MT., Alderman, H. (2013). Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? *The Lancet*.

Saxena, N.C. (2005). Improving Delivery of Programmes Through Administrative Reforms in India. Retrieved from: <http://nac.nic.in/concept%20papers/ncsimprovingdelivery.pdf>.

SPRING, 2014. Understanding the Women's Empowerment Pathway. Brief #4. *Improving Nutrition through Agriculture Technical Brief Series*.

Thow, AM. Et al. (2016). Toward Food Policy for the Dual Burden of Malnutrition: An Exploratory Policy Space Analysis in India. *Food and Nutrition Bulletin*, 1-14.

United Nations Children's Fund, 1990. *Strategy for improved nutrition of children and women in developing countries*. New York: UNICEF.

Verhart, N., van den Wijngaart, A., Dhamankar, M. and Danielsen, K., (2016). Bringing agriculture and nutrition together using a gender lens. KIT & SNV Gender Sensitive Agriculture Toolkit.

World Health Organisation (2013). *Global nutrition policy review: what does it take to scale up nutrition action?* Geneva: WHO.