National Framework for Take-Home Rations

Veena S Rao
Adviser, Karnataka Nutrition Mission

Nutrition and health experts universally agree that Take-Home Ration (THR) is a proven and cost-effective intervention for addressing dietary deficit, with quick impact. THR is the most direct intervention of Integrated Child Development Services (ICDS) to bridge the calorie-protein-micronutrient gap among children and pregnant and lactating women (PLW) in India. The term THR entered the ICDS lexicon after a succession of Supreme Court orders (2004-2009), which eliminated contractors as suppliers of Ready to Eat Food under ICDS, decentralized supply sources to Self-Help Groups (SHGs) and other community organizations, and laid down nutritional norms for supplementary nutrition for malnourished children, and PLW. In August 2011, the Supreme Court ordered that fully automated plants would be preferable for producing THR for reasons of safety and hygiene, after which Ministry of Women and Child Development added 'bonafide manufacturers' to the list of approved potential THR suppliers.

"Only 8.7% breastfed children and 14.3% non-breastfed children between 6 to 23 months received an adequate diet."

However, even after these reforms, National Family Health Survey (NFHS) - 4 (2015-16) gives us some very disturbing data regarding the extent of dietary deficit among children. Only 8.7% breastfed children and 14.3% non-breastfed children between 6 to 23 months received an adequate diet. In Karnataka, 25% of children below 6 months are stunted, 28% are underweight and 33% are wasted. This clearly indicates poor maternal nutritional status, inadequate pregnancy weight gain and inadequate dietary intake during pregnancy, indicating, *inter alia*, an unacceptably high dietary deficit. More disturbing is that the percentage of children aged 6-8 months receiving solid/semisolid food and breast milk in India has decreased from 52.6% in NFHS-3 (2005-06) to 42.7% in NFHS-4 (2015-16). High dietary deficit among adolescent girls and boys is also confirmed by the National Sample Survey Office 68th Round, UNICEF's State of the World Children's Report 2011, National Nutrition Monitoring Bureau's Technical Report 26, 2012, and Technical Report 27, 2017.

Clearly, a consolidation and translation of the Supreme Court directives into a National Framework for THR would have served as a definitive blueprint to map the sourcing and production of THR; for setting safety and quality control standards; for monitoring the composition, taste and acceptability of THR and ensuring its distribution and consumption by the undernourished ICDS target groups.

However, that has not happened, and today, we have no method of finding out why in spite of the extremely clear and detailed directives from the Supreme Court regarding THR, the dietary gap and nutritional status of children, adolescents and expectant mothers remains so alarming.

"In many villages, even now, there is no milk or any other food available for children."

THR assumes even greater importance during the COVID-19 pandemic – both during lockdown and post lockdown. Reports from the field categorically inform that poor rural families are on a survival diet of rice and wheat given under Public Distribution System, and sometimes some dal. In many villages, even now, there is no milk or any other food available for children. A study done by Azim Premji University confirms this.[1] In these circumstances, it is logical to expect a surge in underweight, stunting and wasting among children, low birth weight babies, anemia, and lower adolescent

Body Mass Index during and post lockdown. Sadly, the Indian market is completely inequitable when it comes to THR. While there is abundance of high-cost ready to eat nutritious food available for all age groups for the affluent, there is a complete absence in the market of affordable low-cost THR that the poor can access for the additional nutrition that they require, and for building immunity.

A Feasibility Study conducted by Karnataka Nutrition Mission in 2018 through KPMG confirms that there is a wide protein-calorie-micronutrient deficit in the diet of all age groups, particularly among families earning below Rs 30,000/- per month, and that there is a direct correlation between the absence of low-cost energy foods in the market and malnutrition among children, adolescents and adults.[2] The Global Nutrition Report 2020[3] in its Spotlight Section 4.2 also emphasizes that the high cost of nutritious foods for populations most at risk of undernutrition is a major barrier to resolving undernutrition and warrants urgent policy attention.

A National Framework and policy paper for THR is therefore urgently required in accordance with the Supreme Court Orders pertaining to ICDS, and for the open market in the context of the nutritional crisis that is looming over the COVID-19 emergency and thereafter.

The author has been a persistent advocate of THR as the most efficacious intervention to address the vast dietary deficit among India's undernourished population.

Her views are articulated in her first publication, 'Malnutrition, an Emergency: What it costs the Nation' (2008) and in her article on Complementary Foods in the British Medical Journal, 2012. They can be read at the links below.

http://karnutmission.org/documents/Contents%201-131.pdf
http://karnutmission.org/documents/Capart_Book_Final.pdf
Pages 67-69
https://www.bmj.com/content/345/bmj.e8131 2012

Reference

1. Rahul Lahoti, Rosa Abraham, Surbhi Kesar, Paaritosh Nath and Amit Basole. COVID-19 Livelihoods Survey - Compilation of findings. Internet: https://cse.azimpremjiuniversity.edu.in/wp-content/uploads/2020/06/Compilation-of-findings-APU-COVID-19-Livelihoods-Survey_Final.pdf (Accessed 29 June 2020)

2. Karnataka Comprehensive Nutrition Mission. Feasibility Study of Introducing Low Cost Fortified Energy Food in India through Private Sector Participation. Internet: http://karnutmission.org/documents/New_Feasibility_Study.pdf (Accessed 29 June 2020)

3. The 2020 Global Nutrition Report. Internet: https://globalnutritionreport.org/reports/2020-global-nutrition-report/ (Accessed 29 June 2020)