

SUPPLEMENTARY FEEDING FOR VULNERABLE GROUPS

Food supplementation Programmes have a very important role to play to combat malnutrition. The aim of these programmes is to improve the nutritional status of vulnerable groups through distribution of food supplements.

Different types of supplementary feeding programmes have evolved over the years as short term measures to combat malnutrition.

Some of the common programmes are—

■ Integrated Child Development Service (ICDS) ■

The ICDS is the world's most unique welfare programme, which holistically addresses health, nutrition and development needs of young children, adolescent girls and pregnant nursing mothers across the life cycle. It was launched by the Govt. of India in 1975-76 in 3 blocks but today it has expanded to more than 5500 blocks.

ICDS contributes not only to the achievement of women and child goals related to health, nutrition and early child development, but also to other primary health care goals and the goal of universal elementary education as stated in the National Plan of Action for children 1992. Integration of services and consideration of the mother and child as one "biological unit" is the unique feature of this programme.

● **Objectives** : The ICDS scheme aims at the holistic development of children in the age group of 0-6 years, nursing and pregnant mothers belonging to the most deprived sections of the society. The specific objective of ICDS are :

1. Improve the nutritional and health status of children in the age group of 0-6 years and adolescents.
2. Lay the foundation for proper psychological, physical and social development of the children.
3. Reduce the incidence of mortality, morbidity, malnutrition and school drop out.
4. Achieve effective co-ordination of policy and implementation amongst the various department to promote child development.
5. Enhance the capability of the mother to look after the health and nutritional needs of the child through proper nutrition & health education.

● **Target Groups** : The main beneficiaries of the ICDS programme are :

1. Infants
2. Children between 1-6 years of age
3. Pregnant & lactating women
4. Adolescent girls.

5. All women upto 45 years of age.

♦ **Programme Strategy** : ICDS Programme is a package of several services. The services offered by the programme include :

♦ **1. Supplementary Nutrition** : The ICDS scheme has been recognised as the strongest and the most useful vehicle for improving nutritional status. The beneficiaries for supplementary nutrition are children below 6 years, pregnant and lactating women. The feeding is supplemented to meet calorie/protein gap of **300 Kcal, 8-10gms of protein** for grade I and grade II malnourished children and **double** the amount for grade III and grade IV children. In some ICDS projects, "take home ration strategy", is also present. Food for 1-4 weeks is distributed to mothers for feeding at home. For pregnant and nursing mothers, the feeding is supplemented to meet the calorie/protein gap of **500 Kcal, 20-25 gms protein**. A meal similar to that received by pregnant and lactating mother is being provided to adolescent girls providing **500 kcal and 20-25 gms protein** on all 6 working days of the week. A variety of foods are used in the feeding programme like fruits, bread, biscuits, etc.

♦ **2. Immunization** : Immunization plays a crucial role in preventing serious childhood diseases. All infants and children are covered by the ICDS and immunized against infectious diseases such as diphtheria, whooping cough, tetanus, poliomyelitis, tuberculosis, measles, etc. All pregnant women are immunized against tetanus.

♦ **3. Health Check-up and referral services** : As a vital input to provide the essential services of health check-up and referral services, each anganwadi center is provided every year with a medicine kit consisting of easy-to-use and dispensable medicines to remedy common ailments like cough and common cold, skin infections, etc. If the ailments requires special treatment the case is referred to the nearest health system. Children, adolescent, nursing or pregnant women are examined and treated at regular intervals by the local health personnel such as the **Lady Health Visitor (LHV) and Auxiliary Nurse Midwife (ANM)**. They provide a link between the village and the primary health center and sub centers.

♦ **4. Growth monitoring** : Growth monitoring is the tool for preventing malnutrition and for early detecting of growth faltering. Weight is easy to measure and interpret hence, it is used in the anganwadi as a measure to watch the programme of the child's health or nutritional status. Proper record is maintained in the anganwadi in the growth chart known as **weight-for-age charts**. These charts are useful for anganwadi workers or mother to quickly identify the signs of malnutrition and to take prompt action.

♦ **5. Early Childhood and Pre-school education** : The pre-school education component under ICDS is a crucial component of the package of the services included under the scheme. It aims at psychosocial, cognitive (mental) and effective development of the child in a holistic manner. It also aims at school readiness and development of positive attitude towards education. The pre-school activities at the anganwadi center enables the elder siblings to attend school. The pre-school education in anganwadi center is provided through non-formal and play-way method.

Pre-school kits are provided in anganwadi centers, which help in play activities and development of basic concepts.

♦ **6. Health and Nutrition Education** : This is another important aspect of ICDS since it helps to bring about total betterment in the health of the child and the mother. Correct food habits help to develop the future physical and mental growth as a whole.

♦ **7. Adolescent Girl Scheme** : For the first time in India, a special intervention has been devised for adolescent girls using the ICDS infrastructure. The adolescent girls' scheme primarily aims at breaking the inter generational life cycle of nutritional and gender disadvantage and providing a supportive environment for self-development. Adolescent girls who are unmarried and belong to families below the poverty line and school drop outs are selected and attached to the local anganwadi center for learning and training activities.

This scheme is now known as Kishori Shakti Yojana (KSY).

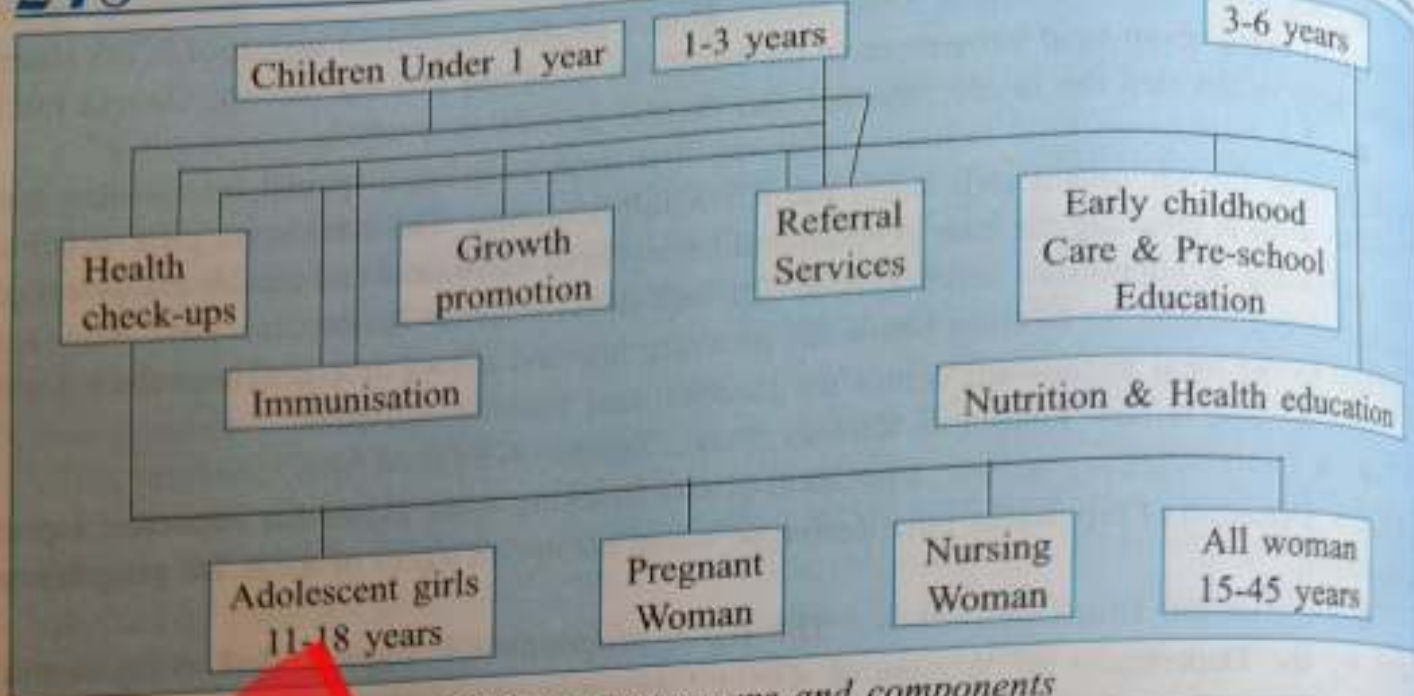
♦ **8. Safe drinking water** : Provision of safe drinking water is another important aspect of ICDS. Donation of tubewells, purification of water, etc are all a part of the ICDS programme component.

● **Programme Implementation** : The ICDS programme is implemented at the central level by the Department of Woman & Child Development, Ministry of Human Resource Development in co-ordination with the Ministry of Health. At the state level, implementation is the responsibility of either Development of Social Welfare or Women & Child Development of Health or a separate branch of ICDS.

The anganwadi worker plays a central role in the ICDS infrastructure due to her close and continuous contact with the community. In the urban and the rural areas about 1000 and in tribal areas about 700 people are taken care of by anganwadi worker (AWW). About 20-25 AWW are co-ordinated by a supervisor or Mukhya Sevika ; about 10-12 supervisors report to the Child Development Project Officer (CDPO).

Level	Department of Women and Child development	Health Department
Block/PHC Population : 100,000 (Urban, Rural) 3500 (Tribal)	Child Development Project officer (CDPO)	Medical officer I/C PHC
Sector/Subcentre Population : 20000-25000 (Urban, Rural) 3500 (Tribal)	Supervisor Mukhya Sevika (MS)	Lady Health Visitor (LHV)
Village Population : 1000 (Urban, Rural) 700 (Tribal)	Anganwadi Worker (AWW)	Auxiliary Nurse Midwife (ANM) Multipurpose Female Worker (MPPW) Village Health Guide (VHG)

ICDS INFRASTRUCTURE



ICDS : target groups and components

■ **National Programme of Nutritional Support to Primary Education/Mid-day Meal Programme** ■

The MDMP was launched in August, 1995, in the country under the Central Govt. consequent to the favourable impact of the scheme on children in some states, as well as the comfortable food stock position in the country and to relate primary education with nutrition, health & ICDS. It was started in many states before this period.

The MDMP is one of the most important on going feeding programme organized by the Department of Education not only to improve nutritional status of school children but also to attract poor children to school. Further school age children are in a phase of rapid growth and development. Their nutritional needs are considerable. Children, particularly from poor families do not get enough food to eat. Their home diets are often inadequate. Many, especially in rural areas, come to school partly hungry and some even on empty stomach, walking long distances. Under such circumstances, they are unable to concentrate on studies and benefit from the education. Hence, providing a supplement in school would complement the home-diet and sustain the interest of children in learning so that the drop out rates are lowered and school attendance improves.

● **Objectives** : The programme is intended to give a boost to universalization of primary education by increasing enrolment, retention and attendance and simultaneously impacting upon the nutritional status of student in primary classes.

● **Target Group** : All students of primary classes (Classes 1-5) in the govt., local body and govt. aided schools in the country in all states/union territories are covered under this programme. From October, 2002, the programme has been extended to children studying in unaided schools are not covered under this programme. The many beneficiaries of this programme are, therefore, school children between 6-11 years of age attending elementary or primary schools.

● **Programme Component** : The major component of MDM programme is food supplementation. The central support consists of :

(1) 100 gms food grains (wheat or rice)/child/school day where cooked meal are served ;
 (2) Transport subsidy upto a maximum of Rs. 50/ quintal for movement of food grains from where they are distributed to the schools.

Food grains (wheat or rice) is usually from the nearest depot of the Food Corporation of India (FCI) to the schools.

Food grains (wheat or rice) is supplied through the FCI, the cost of which is reimbursed at below poverty line rate.

As per provision mentioned in the programme, the meal is to be provided for 200 working days in a year and the rate of mid-day meal is Rs. 2/child/day.

The meal/food supplement distributed as part of the programme provides roughly 300-450 kcal and 20-30 gms protein/child/day, which is expected to meet 1/3rd of the energy and 1/2 of the protein recommended dietary intakes of the children.

The food supplements provided through the programme varying from ready-to-eat-foods like fruit, bread, etc to cooked food like 'upma' or 'Khichdi' or others, which are convenient to eat.

In states like Delhi, 6-day-cyclic menu of cooked food is being used for the MDMP. The raw materials supplied by the international agencies include corn soya meal (CSM), Wheat soya blend, Soya fortified bulgar wheat (SFB) & Salad oil.

The programme was conceived for inculcating the qualities of discipline, leadership, good food and healthy habits and knowledge about nutrition through the provision of nutritious meal daily.

● **Programme Implementation** : The programme is operated by the Department of Education. The programme is being implemented through the Panchayats & Nagar Palikas. The feeding is usually carried out within the school premises. The school teacher is responsible for the preparation and distribution of food and maintainance of record such as food stock resister, health cards and attendance resister relevant to the programme. A helper is appointed to assist the teacher is organising the feeding. Special budgetary provisions are made to meet the cost of fuel, condiments and other incidentals. Salaries of cooks, helpers, etc as well as expenditure on construction of kichen sheds needed under the programme are eligible for coverage under this scheme.

There is a wide variation in the implementation of the programme from state to state.

■ **Social Nutrition Programme (SNP)** ■

The SNP was launched by the Central Social Welfare Board (CSWB) in 1970-71.

● **Objective** : The objective of the programe was to provide supplementary nutrition to children, pregnant woman and nursing mothers belonging to the weaker sections of the society.

● **Target group** : The programme was first started for supplying nutritious food to children in the age group of 0-3 years and then extended to children in the age group of 0-6 years, as well as pregnant or nursing mothers. By 1986, the programme covered nearly 70 lakh beneficiaries in the urban slums, tribal and backward rural areas. In 1975, the ICDS was launched and the coverage of SNP decreased.

At the local level, the programme is implemented through the 'Balsevika' with the assistance of the Dept. of Health.

● **Beneficiaries** : The main beneficiaries include pre-school children attending the

Malawadi.

- Services :
1. Supplementary feeding
 2. Regular health check-up
 3. Immunization
 4. Habit formation and socialization through games and recreation
 5. Providing education in a non-formal way.

Here supplementary feed consists of 300kcal of energy and 10gm protein/day/child, for about 280 days in a year.

(ii) **Composite Nutrition Programme** : This was a feeding programme launched by the Dept. of community Development, with the main objective of providing nutrition education to the masses. The core of the programme was nutrition education and its particular application through demonstration feeding.

● **Components** :

1. Nutrition education through Mahila Mandals
2. Encouragement of economic activities of Mahila Mandals
3. Strengthening the supervisory machinery for women's programme.
4. Training of associate women workers
5. Demonstration feeding

■ ROLE OF INTERNATIONAL AGENCIES IN COMBATING MALNUTRITION ■

There are several agencies and organizations which work for the betterment of the community. Some of the most famous ones are—

● **World Health Organization (WHO)** : The WHO originated in April 1945, during the conference held at San Francisco to set up the United Nations. It is a specialized, non-political, health agency of the United Nations, with headquarters at Geneva. The constitution of WHO came into force on 7th April, 1948. So 7th April is celebrated every year as "World Health Day".

♦ **Objective** : The objective of WHO is "the attainment by all people of the highest level of health".

♦ **Works and Activities** : WHO has specific responsibility for establishing and promoting international standards in the field of health, which comprise the following broad areas—

♦ (a) Prevention and Control of Specific Diseases :

- ♦ Controlling communicable diseases
- ♦ Epidemiological surveillance of communicable diseases.
- ♦ Collection and dissemination of information on diseases
- ♦ Ensuring maximum security against international spread of diseases.
- ♦ Controlling and creating awareness regarding non-communicable diseases.
- ♦ Works in areas of immunology, vector biology and control, quality control of drugs, etc.

◆ **(b) Development of Comprehensive Health Services :**

- ◆ Promote and support national health policy development.
- ◆ Development of comprehensive national health programmes
- ◆ Organizing health systems based on primary health care, development of health manpower and utilization, etc.
- ◆ Launched new programme called Appropriate Technology for Health (ATH)

◆ **(c) Family Health :**

- ◆ Maternal and child health care
- ◆ Human reproduction
- ◆ Human nutrition
- ◆ Health education
- ◆ Improvement in the quality of life and family as a unit.

◆ **(d) Environmental Health :**

- ◆ Promotion of environmental health
- ◆ Provision of basic sanitary services
- ◆ Protection of the quality of air, water and food.
- ◆ Protection against radiation.
- ◆ Early identification of new hazards originating from new technologies.
- ◆ New programmes like WHO Environmental Health Criteria Programme and WHO Environmental Health Monitoring Programme development.

◆ **(e) Health Statistics :**

- ◆ Publishes several health statistics
- ◆ Publishes International Classification of Diseases

◆ **(f) Bio-Medical Research :**

- ◆ Stimulates and coordinates research work
- ◆ Awards research grants
- ◆ Special target on six tropical diseases presently

◆ **(g) Health Literature and Information :**

- ◆ Gives informations on health problems
- ◆ Publishes hundreds of titles on wide variety of health subjects.
- ◆ Gives public information service.

◆ **(h) Cooperation with other organizations :**

- ◆ It collaborates with the UN and other specialized agencies.
- ◆ Maintains relations with several international governmental organizations.

Special highlights :

1. Fighting against AIDS
2. Family Health Programmes
3. Participation in the World Food Programme (WFP)
4. Formation of Protein Calorie Advisory Group (PAG)

The WHO consists of three principal organs : The World Health Assembly, the Executive Board and the Secretariat.

United Nations International Children's Emergency Fund (UNICEF) :

It is one of the specialized agencies of the UN and was established in 1946 by the United Nations General Assembly to deal with the rehabilitation of children affected by war. After the emergency functions were over, the name was changed to U.N. Children's Fund.

Services : UNICEF plays significant role in the following areas—

(a) Child Health :

- Has provided substantial aid for the production of vaccines.
- Has supported India's BCG vaccination programme.
- Donated various vaccine manufacturing plants and factories
- Assisted environmental sanitation programme emphasizing safe and sufficient water for drinking and other purposes.
- Helps in all areas that can reduce child illness and death and improves the quality of life.
- Imparting primary health care to mothers and children.
- Emphasis is given on immunization and family planning aspects of family health as well as infant and young child care.

(b) Child Nutrition :

- High priority given to improve child nutrition.
- Supporting supplementary child feeding programmes.
- Development of low-cost, protein-rich food mixtures.
- Along with FAO, it has aided the "applied nutrition" programmes through community development, agricultural extension, schools and health services.
- Supplies equipments for modern dairy plant.
- Gives specific aids for intervention against nutritional deficiency diseases.
- Together with FAO and WHO, UNICEF has encouraged the development of national food and nutrition policies that make provision for child nutrition.

(c) Family and child welfare :

- Improve child care both within and outside homes.
- Imparting parent education
- Opening day-care centres, youth agencies and women's clubs.
- Carrying out home economics extension programmes.

(d) Education :

- UNICEF promotes both formal and non-formal education in collaboration with UNESCO.
- Assisting India in the expansion and improvement of teaching science.
- Donates science laboratory equipments, workshop tools, library books, audio-visual aids, etc.

Special highlights :

1. UNICEF promotes a campaign known as GOBI to encourage 4 strategies for a child with revolution.
 - G—for growth charts to monitor child development better.
 - O—for oral rehydration to treat all mild and moderate dehydration.
 - B—for breast feeding
 - I—for immunization against measles, polio, diphtheria, pertussis, tetanus and tuberculosis.

2. UNICEF has been participating in Urban Basic Services (UBS) for upgrading basic services for children and women.

3. **Food and Agriculture Organization (FAO) :** The FAO was formed in 1945 with headquarters in Rome. It was the first UNO specialized agency created to look after several areas of world cooperation.

Aims and Activities : The main aims of FAO are—

- ◆ to help nations to raise living standards
- ◆ to improve nutrition of the people of all countries.
- ◆ to increase the efficiency of farming, forestry and fisheries.
- ◆ to bring about a betterment in the condition of the rural people.
- ◆ to widen the opportunity of all people for productive work.
- ◆ to increase production of food to keep pace with the ever-growing world population.
- ◆ to ensure that food is consumed by the people who need it, in sufficient quantities and in right proportions, to develop and maintain a better state of nutrition throughout the world.

Special Highlights :

1. The FAO has organized a World Freedom from Hunger Campaign (WFHC) in 1960.
2. Also collaborating with other international agencies in the Applied Nutrition Programme.

4. **Cooperative for Assistance and Relief Everywhere (CARE) :** CARE was founded in North America during the Second World War in 1945. It is one of the world's largest independent, non-profit, non-secretarian international relief and development organization.

Services : CARE began its operation in 1950 and offers the following services—

- ◆ CARE provides emergency aid and long term development assistance.
- ◆ Provides food for children in the age group of 6-11 years.
- ◆ It provides food support in the ICDS programme and development programmes in the areas of health and income supplementation.

Special Highlights :

1. Integrated Nutrition and Health Project
2. Better Health and Nutrition Project
3. Anaemia Control Project
4. Improving Women's Health Project
5. Improved Health Care for Adolescent Girl's Project
6. Child Survival Project
7. Improving Women's Reproductive Health and Family Spacing Project.

5. **Red Cross :** Red Cross is a non-political, non-official, international humanitarian organization devoted to the service of mankind in peace and war. It was founded by Henry Dunant.

Services : At the beginning the role of Red Cross was largely confined to humanitarian services but later on it was involved in the following activities :—

- ◆ Extending help to programmes which would prevent human suffering.

- ♦ Providing Services for armed forces, war veterans, disaster services etc.
- ♦ Giving first aid, nursing, health education and maternity and child welfare services.

6. **Other International Agencies :**

Name	Founder	Year of Establishment
1. Rockefeller Foundation	Mr. John D. Rockefeller	1913
2. USAID (United States Agency for International Development)	US Govt.	1961
3. SIDA (Swedish International Development Agency)	Swedish Govt.	1979
4. ILO (International Labour Organization)	League of Nations	1919
5. UNDP (United Nations Development Programme)	United Nations	1966

■ **Role of National Agencies in Combating Malnutrition** ■

Several national agencies play very important roles in combating malnutrition. Some of the important ones are—

1. **Indian Council of Medical Research (ICMR) :** The ICMR, New Delhi, is the apex body in India for the formulation, coordination and promotion of biomedical research. In 1911, the Govt. of India had set up Indian Research Fund Association (IRFA) for medical research which was designated as ICMR. It is under the Ministry of Health and Family Welfare.

♦ **Activities :** The ICMR has several activities which include—

- ♦ Intra mural research and extra mural research.
- ♦ Research on areas like tuberculosis, leprosy, cholera, diarrhoeal diseases, viral diseases including AIDS, etc.
- ♦ Research on malaria, nutrition, food and drug toxicology, reproduction, oncology, medical statistics, etc.
- ♦ Research on major metabolic diseases occupational health and non-communicable diseases.
- ♦ Encourages human resource development in bio medical research.
- ♦ Conducts training programmes and workshops.
- ♦ Formulates RDA for Indian citizens.

2. **National Institute of Nutrition (NIN) :**

NIN is located in Hyderabad and is one of the permanent research institutes of the ICMR under the Ministry of Health and Family Welfare, the Govt. of India. It was founded in 1918 as a part of the Coonoor Pasteur Institute.

◆ **Objectives :**

- ◆ to identify various dietary and nutrition problems prevalent among different segments of the population and continuously monitor diet and nutrition situation of the country.
- ◆ to evolve suitable methods of prevention and control of nutrition problems through research, keeping the existing economic, social and administrative set up in view.
- ◆ to conduct operational research, to pave the way for planning and implementation of national nutrition programmes.
- ◆ to investigate nutritional deficiencies, nutrient interactions and food toxicities at basic level for understanding the biochemical mechanism involved.
- ◆ to provide training and orientation in nutrition to key health professionals.
- ◆ to disseminate authentic health and nutrition information through appropriate extension activities.
- ◆ to integrate the institute's research programmes with other health, agricultural and economic programmes as envisaged by the government.
- ◆ to advise governments and other organisations on problems of nutrition.

◆ **Activities:**

➤ **(a) Clinical studies :**

- ◆ Studies on intrauterine infections and vitamin nutritional status and their effect on pregnancy outcome.
- ◆ Research on nutrition immunity and infectious diseases of childhood.
- ◆ Studies on pellagra, degenerative diseases like diabetes, cancer and cardiovascular diseases.
- ◆ Studies on absorption, metabolism and toxicity of commonly used drugs in various deficiency states.

➤ **(b) Laboratory studies :**

- ◆ Excellent facilities for undertaking some of the most sophisticated laboratory investigations covering a wide range of specialities like biochemistry, food chemistry, pathology, immunology, physiology, microbiology, etc.
- ◆ Facilities for laboratory animal breeding and experimentation.

➤ **(c) Community Studies :**

- ◆ Investigations in community nutrition and operational research carried out in rural areas.
- ◆ Collaboration with the state and Central Govts and international agencies in planning and conducting diet and nutrition surveys.
- ◆ Microbiological assessment of street foods with special reference to poultry products.

➤ **(d) Teaching Programmes :**

- ◆ Institute offers several degrees like Masters of science, certificate courses in nutrition, orientation courses, etc.

◆ Several publications are brought out on specific topics of nutrition.

◆ **Nutrition Foundation of India (NFI) :**

NFI was founded by C Gopalan in 1980 with the active cooperation and support of a large body of scientists and leading citizens. NFI is a non-governmental, non-profit, voluntary institution dedicated to the cause of eradication of

undernutrition in the country. It is recognized by the Govt. of India as the "scientific Research Body."

♦ **Objectives and Activities :**

- ♦ Highlight and focus public and government attention on national problems related to malnutrition ; offer short and long term action plans for their control.
- ♦ Initiate, conduct and support action-oriented studies and research on these problems through existing institutes, university centres and other suitable bodies.
- ♦ Investigate means to offset existing deficiencies in the pattern of production and distribution of foods to ensure wholesomeness and nutritive value of foods sold for public consumption.
- ♦ Disseminate information on diet and nutrition, promote nutrition education in schools and through mass media, publish periodically a Bulletin in order to disseminate information on important facts of nutrition.
- ♦ Interact with the planning commission and governmental agencies to facilitate the formation, implementation and evaluation of nutrition programmes.
- ♦ Maintains an up-to-date library, organizes study circles, publishes bulletins and arranges seminars.

□ **4. Food and Nutrition Board (FNB) :** The FNB is under the Department of Women and Child Development. The technical wing is at the centre with 4 regional offices at the 4 metro cities of Delhi, Mumbai, Kolkata and Chennai.

♦ **Activities :** FNB is mainly engaged in conventional activities as well as in new initiatives undertaken as a follow up of National Nutrition Policy. Some of the activities are—

- ♦ Nutrition education and Orientation.
- ♦ Training in home-scale preservation of fruits and vegetables
- ♦ Monitoring of supplementary feeding under ICDS.
- ♦ Development and distribution of educational/training material.
- ♦ Mass awareness campaigns.
- ♦ Mass media communications.
- ♦ Advocacy and sensitization of policy makers and programme managers.
- ♦ Follow-up action on national nutrition policy.

□ **5. Indian Council of Agricultural Research (ICAR) :** The ICAR is an autonomous apex national agricultural research organization which has been striving for the development of agriculture at the national level through planning, promoting, conducting and coordinating research and education in agriculture.

♦ **Activities :** The ICAR performs various functions in the following areas—

- ♦ Natural resource management
- ♦ Crop Science
- ♦ Horticulture
- ♦ Animal Science
- ♦ Fisheries

- ◆ Agricultural Engineering
- ◆ Education
- ◆ Agricultural Extension

The ICAR is running a project called National Agricultural Technology Project (NATP), aided by World Bank and has also signed a Work Plan with International Water Management Institute, Colombo in 2002.

6. **National Nutrition Monitoring Bureau (NNMB)** : This was set up by ICMR in 1972 in 10 States with the Central References Laboratory (CRL) at NIN, Hyderabad.

◆ **Objectives** :

- ◆ To collect data on dietary intakes and nutritional status of the population on a continuous basis
- ◆ To evaluate the ongoing national nutrition programmes.
- ◆ It is responsible for sampling, training, supervision and analysis of data.

◆ **Activities** : The NNMB has participated in the following programmes—

1. Vitamin A prophylaxis programme
2. ANP
3. Indian population project, Karnataka
4. SNP
5. World food-assisted feeding programme
6. National Anaemia Prophylaxis Programme

7. **Child Survival and Safe Motherhood (CSSM)** : The CSSM was implemented in 1992 with financial assistance from World Bank and UNICEF.

◆ **Objectives** :

- ◆ Sustaining and strengthening the ongoing Universal Immunization Programmes.
- ◆ ORT programme for children below the age of 5 years and supplying ORS packets.
- ◆ Introducing and expanding the programme for control of acute respiratory infection for children below 5 years of age.
- ◆ Universalising the existing prophylaxis scheme for control of blindness due to deficiency of vitamin A for children up to the age of 3 years and prophylaxis scheme against nutritional-anaemia among pregnant and lactating women as well as children up to 5 years of age through administration of iron and folic acid tablets.
- ◆ Improving new born care and maternal care at the community level.
- ◆ Supplying vaccines cold chain equipment, needles and syringes.

8. **Other National Agencies** :

Name	Founder	Year of Establishment
1. Central Social Welfare Board (CSWB)	Govt. of India, Ministry of Education	1953
2. Nutrition Society of India	NIN, under, ICMR	1965
3. Defence Food Research Laboratory, Mysore (DFRL)	Ministry of Defence, Govt. of India.	1961