

अमिताभ कांत
Amitabh Kant
मुख्य कार्यकारी अधिकारी
Chief Executive Officer



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नीति आयोग, संसद मार्ग,
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D.O No. NA/SW/1-3(10)/2019-WCD

8th June, 2018

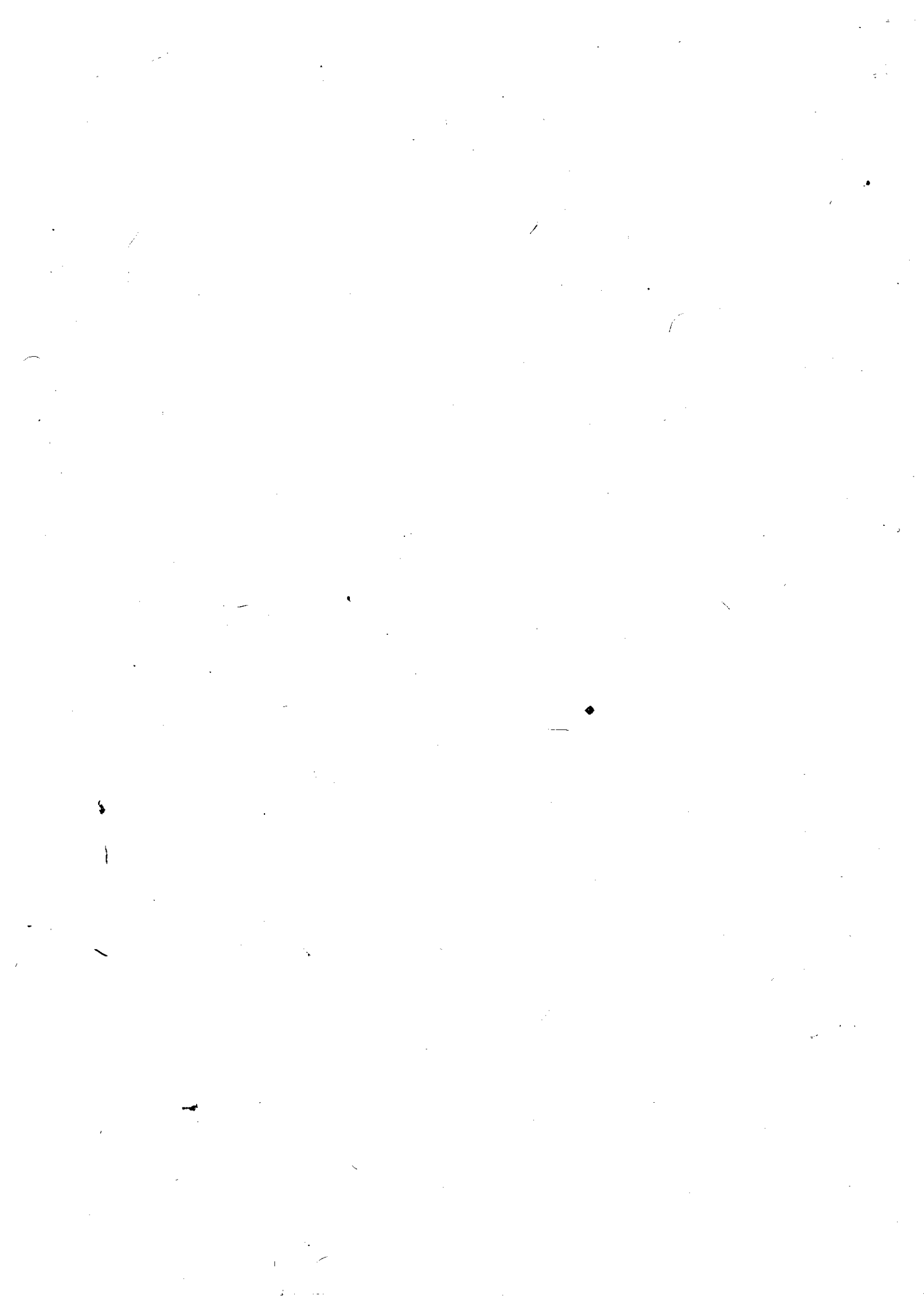
Dear Shri Singh,

You are aware of the launch of the National Nutrition Mission (christened POSHAN Abhiyaan) by the Hon'ble Prime Minister on 8th March, 2018. POSHAN Abhiyaan is an overarching Mission that brings together a comprehensive package of intervention and services targeted on the first 1000 days of a child's life delivered by multiple Ministries through an appropriate governance structure that fosters sectoral convergence. It also focuses on creating a *Jan Andolan* through involvement of local communities to push for a Social Behaviour Change (SBCC), since focussing on supply side without convincing families of the need to avail of the required services is yielding diminishing returns to Government investments. It is expected to benefit more than 100 million targeted beneficiaries and will be implemented in a phased manner, i.e. 315 districts in 2017-18, 235 districts in 2018-19 and the remaining in 2019-20. A key distinguishing feature of the Abhiyaan is leveraging Information Communication Technology (ICT) by providing a smart phone and other growth and health monitoring instruments to our frontline workers such as Anganwadi Workers (AWWs) and Lady Supervisor (LS). This would enable the AWWs to track every mother and child's nutritional and health status on a near real time basis and prioritize their work accordingly whereas the LS can extend effective supportive supervision.

2. Addressing maternal and child undernutrition requires us to address both macronutrient as well as micronutrient deficiency (namely, deficiency relating to Vitamin A, Vitamin D, Vitamin B 12, Iron, Iodine, and Folic Acid). While the former has been on the radar of most State Governments with schemes providing subsidized food grains through the Public Distribution System, Mid-day Meal Scheme in the Schools and the Supplementary Nutrition Programme through the ICDS network, the implementation of the latter has received much less attention even though it is equally critical. Over 70% people in India are still consuming less than half of their Recommended Dietary Allowance (RDA) of micronutrients which is adversely impacting health and nutritional outcomes.

3. One way to address this could be through promoting locally available millets and diversified diets including fruits and vegetables, but may be out of reach for many of the poorest families. A low cost intervention which has been successfully implemented in many countries is mandating fortification of food staples. FSSAI has recently notified the norms for safe fortification of wheat flour, rice, edible oil, milk and salt.

4. In India, fortification of edible oil, double fortified salt, wheat flour, rice and milk has been attempted in some States, though on a pilot basis. This includes Rajasthan which has implemented fortification of edible oil in Integrated Child Development Service (ICDS), Mid-Day Meal (MDM) and Public Distribution System (PDS); Madhya Pradesh has recently introduced Double Fortified Salt (DFS) through the PDS in 89 tribal blocks; West Bengal and Andaman and Nicobar taking the lead in wheat flour fortification in PDS; and Chandigarh in rice fortification in ICDS. The results of these experimentation, as documented by reputed third party institutions, have been positive. As an illustration, a World Food Program (WFP) study showed that rice fortification helped in 20% reduction in the prevalence of Anaemia in 6-14 year old age group in Gajapati District, Odisha in 2012-15, out of which a third was found to be attributable to the consumption of fortified rice in the Mid-Day Meals. Another study showed that that regular intake of fortified milk resulted in 18%



lower incidence of diarrhoea, 26% lower incidence of pneumonia. Research Details of further evidence of impact of fortification is appended herewith in Annex I.

5. Encouraged by these results, Ministry of Women & Child Development and Ministry of Human Resource Development, Government of India have issued Advisories vide D.O.No. 25/16/2015-Nutrition Desk dated 10.07.2017 and D.O. No. 14-10/2016 MDM 1-2 (EE.5) dated 02.08.2017 respectively directing the States for mandatory supply of Fortified Wheat Flour (Iron, Folic Acid and Vitamin B-12), Fortified Edible Oil (Vitamin A and D) and Double Fortified Salt (Iron and Iodine) in ICDS and MDM Programmes in 2017. However, the progress of the same has so far been slow and uneven, confined to few Districts in some select States.

5. While analyzing NHFS4 data, we see a considerable scope for improvement in the micronutrient status of the population in your State.

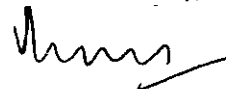
S.No.	Coverage in Nutrition & Health indicators	Bihar %	Best State %	India %
1	Iodised Salt consumption	93.6	99.6 (Assam, Sikkim)	93.1
2	Consumed 100+ IFA during pregnancy	9.7	81.72 (Lakshadweep)	30.3
3	Received vitamin A in the last 6 months	54.66	81.94 (Goa)	60.2
4	Zinc during Diarrhoea	20.39	72.42 (Pondicherry)	20.3
5	Anaemia among 06-59 months children	63.5	19.1 (Mizoram)	58.5
6	Anaemia among pregnant women	58.3	22.6 (Kerala)	50.3
7	children age 6-23 months receiving an adequate diet	7.5	31.1 (Puducherry)	9.6

May I take this opportunity to urge your notice to initiate the process of fortification of these staples in ICDS Supplementary Nutrition Programme and MDM Programme. Given the wide spread prevalence of micronutrient deficiency based on the evidence cited above, we believe that food fortification provides a simple, cost effective, and scalable solution to address the micronutrient deficiency at the population level.

6. In view of the above, I request your kind attention and intervention to initiate early action with respect to the fortification programme. NITI Aayog and Food Fortification Resource Centre (FFRC), a dedicated Centre on Food Fortification in FSSAI, would be happy to provide any technical and capacity building or any other support that may be needed by the Government of Bihar. For your benefit, comprehensive information on fortification in India is appended herewith in Annex II.

With Regards,

Yours sincerely,



(Amitabh Kant)

Shri Anjani Kumar Singh
Chief Secretary
Govt. of Bihar

Impact of Food Fortification: Evidence

Global Experience

Across the globe, food fortification has been used safely and effectively to prevent vitamin and mineral deficiencies for more than a century. At the global level, in 2008, the Copenhagen Consensus, a panel of Nobel laureates determined that providing micronutrients on the form of Iodized Salt, Vitamin A capsules and iron fortified flour for 80 percent of the world's malnourished would cost USD 347 million a year. This investment would yield USD 5 billion from avoided deaths, improved earnings and reduced health care spending. Subsequent rounds of the Copenhagen Consensus have continued to re-iterate the importance of fortification as an effective intervention that positively contributes to human development¹.

Food Fortification: In practice

Milk

Mandatory milk fortification legislation was first introduced in 1935. Currently, there are fourteen countries that have mandated milk fortification. Eleven of the fourteen countries fortify milk with both Vitamin A and D. Costa Rica is additionally fortifying with iron and folic acid. China and Canada are adding calcium, in addition to Vitamin A and D.

A recent research studied the effects of fortified milk on morbidity in young children in north India. The results showed that regular intake of fortified milk resulted in 18 percent lower incidence of diarrhea, 26 percent lower incidence of pneumonia, 7 percent fewer days with high fever and 15 percent fewer days sick with severe illness².

Edible Oil

Mandatory oil fortification legislation was first introduced in 1965. Twenty-seven countries have mandated oil fortification, since then. All twenty-seven countries fortify with Vitamin A (range 6-55 mg/kg) and/or (range .075-1 mg/kg).

Vitamin A is readily absorbed in the presence of oils and fats. After the introduction of vitamin A fortified margarine in Denmark at the end of 1917, the number of cases of xerophthalmia reported at a Copenhagen Hospital fell by more than 90% and by 1918 the condition had disappeared. Xerophthalmia is abnormal dryness of the conjunctiva and cornea of the eye, with inflammation and ridge formation, typically associated with vitamin A deficiency. Studies before and after the fortification of margarine in

¹ S Horton, Alderman, Rivera. (2008)Copenhagen Consensus Challenge Paper- Hunger and Malnutrition. In Copenhagen Consensus Paper

² Sunil Sazawal et. al. Effects of fortified milk on morbidity in young children in north India: community based, randomised, double masked placebo controlled trial, BMJ. 2007 Jan 20; 334(7585): 140. Source <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1779825/>

Newfoundland in 1944 report that the percent of subjects with serum vitamin A below 20 ug/dl declined from 48% to 2% over 4 years. More recently, a shelf stable margarine in the Philippines was fortified with vitamin A. After consuming the margarine for six months, the baseline prevalence of children with serum retinol levels below 20 ug/dl fell from 25.6% to 10.1%³.

Within India, research evidences showed reduction in mortality among children in Southern India receiving a small weekly dose of Vitamin A.

Rice

Mandatory rice fortification legislation was first introduced in 1952. Legislation has the effect of requiring fortification of rice with at least iron or folic acid. Since, then six countries have mandated fortification of rice.

A study conducted on school children (36-66 months) participating in ICDS services showed that khichdi locally fortified with an encapsulated ferrous fumarate and vitamin A premix was efficacious in improving iron status and reducing the prevalence of anemia, iron deficiency, and iron deficiency anemia in West Bengal preschool children⁴. Additionally, the World Food Programme conducted a study in the Gajapati district in Odisha, which demonstrated a 20% reduction in the prevalence of anaemia in the 6-14 year old age group in Gajapati, bringing anaemia prevalence down from 65% to 45%. Of this 20% decrease in prevalence during the project time period (2012- 2015), 6% of the reduction was found to be attributable to the consumption of fortified rice in the midday meals⁵. Abdul Latif Jameel Poverty Action Lab (J-PAL) has an ongoing study in Tamil Nadu to measure the impact of rice fortification on nutrition outcomes.

Salt

Salt iodization was introduced in the early 1920s in both Switzerland and the United States of America and has since expanded progressively all over the world to the extent that iodized salt is now used in most countries. Mandatory salt fortification legislation was first introduced in 1949. Since then, 130 countries have mandated salt fortification. One hundred and thirty countries fortify salt with iodine and four fortify salt with both iodine and fluoride.

Double Fortified Salt (DFS) resulted in significant improvements in indicators of iron deficiency anemia such as hemoglobin, ferritin, soluble transferrin receptor and body iron after nine months in a randomized controlled double-blind study of women tea pickers⁶. In another randomized double blind controlled trial of school children in Southern India⁷. Both these studies provide evidence that DFS is efficacious in improving iron status. A single blind controlled efficacy trial in tribal areas of East Godavari

³ A Case Report on the Fortification of Margarine with Vitamin A, Florentino Solon, in *Food Fortification to End Micronutrient Malnutrition*, MI, 1998

⁴ Varma JL et al, Community-level micronutrient fortification of a food supplement in India: a controlled trial in preschool children aged 36-66 months. *Am J Clin Nutr* 2007;85:1127-33

⁵ World Food Programme, (2016), *WFP Experience on Rice Fortification in the Gajapati District of Odisha*

⁶ Haas, J. D., Rahn, M., Venkatramanan, S., Marquis, G. S., Wenger, M. J., Murray-Kolb, L. E., Wesley, A.S. & Reinhart, G. A. (2014). Double-Fortified Salt is Efficacious in Improving Indicators of Iron Deficiency in Female Indian Tea Pickers. *The Journal of Nutrition*, 144(6), 957–964.

⁷ Andersson M, Thankachan P, Muthayya S, Goud RB, Kurpad AV, Hurrell RF, Zimmermann MB. (2008). Dual fortification of salt with iodine and iron: a randomized, double-blind, controlled trial of micronized ferric pyrophosphate and encapsulated ferrous fumarate in southern India. *American Journal of Clinical Nutrition*, 88(5):1378–1387.

district, Andhra Pradesh and a double blind controlled trial in residential schools in Hyderabad, carried out by NIN have also demonstrated a significant reduction in anaemia in the population that was provided with DFS⁸. International evidence also shows DFS reduces anaemia^{9,10}

A proposal has been submitted by AIIMS to conduct a consumer acceptability study on DFS in India.

Wheat Flour

Mandatory wheat flour fortification was first introduced in 1942. Eighty-five countries have since mandated fortification of wheat flour.

India's first wheat flour fortification programme started in Darjeeling district of West Bengal in 2000 as pilot project and, later on, PDS expanded almost in all districts of the state in different phases, except Kolkata city. The West Bengal flour fortification programme was sustained for 16 years, initially supported by Micronutrient Initiative (MI) and, later on, financed by the West Bengal State Government. A research studied the impact of fortified wheat flour on anaemia prevalence in the Darjeeling district. The study found a decrease in anaemia levels in three key groups: adolescent girls, pregnant and lactating women and school-age children¹¹.

In another study, a randomized, double-blind, controlled, school feeding trial was set up for 6- to 15-year-old Fe-depleted children in Bangalore and Pune. The study tested the hypothesis that NaFeEDTA-fortified, whole-wheat flour reduces Fe deficiency (ID) and improves body Fe stores (BIS) and cognitive performance in Indian children. The study found that in sensory tests, NaFeEDTA-fortified flour could not be differentiated from unfortified flour. NaFeEDTA-fortified wheat flour markedly improved BIS and reduced ID in Fe-depleted children. It was recommended for wider use in national school feeding programs¹².

World Health Organization and Centers for Disease Control have an ongoing study in Ambala district of Haryana to test the impact of fortified wheat flour on anaemia levels.

⁸ *Double Fortified Common Salt (DFS) as a tool to control Iodine Deficiency Disorders and Iron Deficiency Anaemia. Report (2005). National Institute of Nutrition.*

⁹ Zimmermann, M. B., Zeder, C., Chaouki, N., Saad, A., Torresani, T., & Hurrell, R. F. (2003). Dual fortification of salt with iodine and microencapsulated iron: a randomized, double-blind, controlled trial in Moroccan schoolchildren. *The American journal of clinical nutrition*, 77(2), 425-432.

¹⁰ Zimmermann, M. B., Zeder, C., Chaouki, N., Torresani, T., Saad, A., & Hurrell, R. F. (2002). Addition of microencapsulated iron to iodized salt improves the efficacy of iodine in goitrous, iron-deficient children: a randomized, double-blind, controlled trial. *European Journal of Endocrinology*, 147(6), 747-753.

¹¹ Vir, SC, 2015, *Public Health and Nutrition in Developing Countries (Part I and II)*

¹² Zimmermann MB, Muthayya S, Moretti D, Kurpad A, Hurrell RF: Iron fortification reduces blood lead levels in children in Bangalore, India. *Pediatr*. 2006, 117 (6): 2014-2021.

Why Fortify Foods?

3 Major Public Health Concerns:

1. Iron Deficiency Anaemia (IDA)
2. Iodine Deficiency Disorder (IDD)
3. Vitamin A Deficiency (VAD)

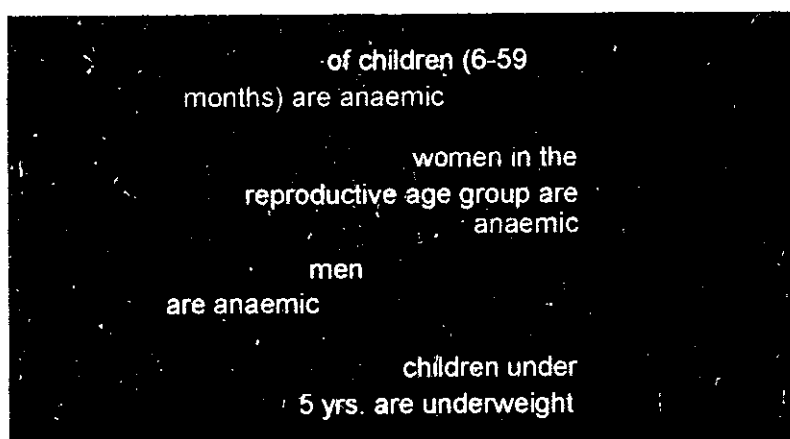
Growing Vitamin D Deficiency (VDD)

Solutions:

Three important strategies that can address the high burden of micronutrient malnutrition

1. Dietary Diversification
2. Micronutrient Supplementation
3. Food Fortification

According to the National Family Health Survey (NFHS) – 4



Food Fortification is a Cost-Effective, Sustainable and Scalable Solution.

Micronutrient Profile and Health Claims

	Nutrients	Claim
Fortified Milk Fortified Edible Oil	Vitamin A	Helps against night blindness
	Vitamin D	Supports strong bones
Fortified Wheat Flour Fortified Rice	Iron	Fights anaemia
	Vitamin B12	Important for maintaining the normal functioning of the nervous system and blood formation
	Folic Acid	Important for foetal development and blood formation
Double Fortified Salt	Iron	Fights anaemia
	Iodine	Required for normal growth, thyroid and brain function

Standards on Food Fortification

1. Standards for Fortification of Salt with Iodine

Salt shall be fortified with Iodine and may also be fortified with iron in combination with iodine, at the level given in the table below:

S.No.	Component	Level of nutrients
1.	Iodine content (a) Manufacture level (b) Distribution channel including retail level	Not less than 30 parts per million on dry weight basis Not less than 15 part per million on dry weight basis.
2.	Iron content (as Fe)	850-1100 parts per million

2. Standards for Fortification of Vegetable Oil with Vitamin A or Vitamin D

Vegetable Oil may be fortified with the following micronutrients, singly or in combination, at the level given in the table below:

S. No.	Nutrient	Minimum level of nutrient	Source of nutrient
1.	Vitamin A	25 IU per gm of oil	Retinyl Acetate, Retinyl Palmitate and Retinyl Propionate
2.	Vitamin D	4.5 IU per gm of oil	Cholecalciferol, Ergocalciferol

3. Standards for Fortification of Milk with Vitamin A or Vitamin D

Standardized, Toned, Double Toned or Skimmed Milk may be fortified with the following micronutrients, singly or in combination, at the level given in the table below:

S. No.	Nutrients	Level of nutrient	Source of nutrient
1.	Vitamin A	770 IU per litre of milk	Retinyl Acetate, Retinyl Palmitate and Retinyl Propionate
2.	Vitamin D	550 IU per litre of milk	Cholecalciferol, Ergocalciferol

4. Standards for Fortification of Atta

Atta, when fortified, shall contain added Iron, Folic Acid and Vitamin B12 at the level given in the table below:

S. No.	Nutrient	Level of Fortification
1.	Iron- Sodium Iron (III) Ethylene Diamine Tetra Acetate, Trihydrate (Sodium Federate-Na Fe EDTA);	20 mg per Kg
2.	Folic Acid	1300 µg per Kg
3.	Vitamin B12 Cyanocobalamine, Hydroxycobalamine;	10 µg per Kg

5. Standards for fortification of Rice

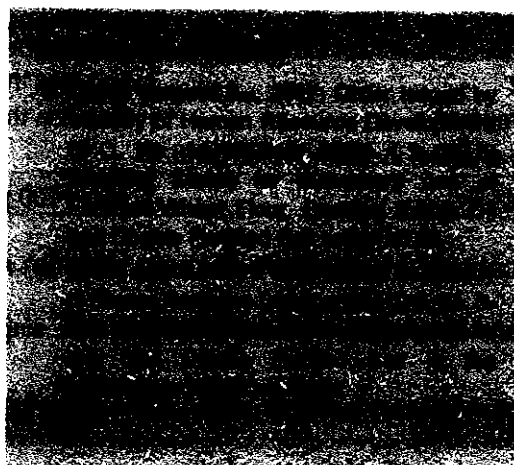
Rice, when fortified, shall contain added Iron, Folic Acid and Vitamin B12 at the level given in the table below:

S.No.	Nutrient	Level of Fortification
1.	Iron - (a) Ferric Pyrophosphate (b) Sodium Iron (III) Ethylene Diamine Tetra Acetate, Trihydrate (Sodium Federate-Na Fe EDTA);	20 mg per Kg
2.	Folic Acid - Folic Acid;	1300 µg per Kg
3.	Vitamin B12 - Cyanocobalamine, Hydroxycobalamine;	10 µg per Kg

Directives Issued by Government

Integrated Child Development Services (ICDS)

- Dated July 10th, 2017: Order issued by Ministry of Women & Child Development (D.O. No. 25/16/2015 - Nutrition Desk) directing States for mandatory Fortified Wheat Flour, Fortified Edible Oil and Double Fortified Salt under ICDS.
- Dated June 21st, 2011: Order issued by Ministry of Women and Child Development (DO. No. 5-4/ 2011 ND/ Tech) directing States for mandatory use of Double Fortified Salt in ICDS.



Public Distribution System (PDS)

- Dated December 22nd, 2016: Circular issued by Ministry of Consumer Affairs, Food & Public Distribution (Circular No. 13-4/2016-bp-II) directing States to only use Fortified Atta for distribution under PDS.

Open Market Availability of Fortified Products

Every Food Business Operator (FBOs) manufacturing fortified commodities is required to register for the +F logo. Visit - www.ffrc.fssai.gov.in/ffrc/licence_registration.

	S. No	Company Name	Brands	States/UTs
Fortified Wheat Flour	1	General Mills Pvt. Ltd.	Pillsbury	Gujarat
	2	Harmony Foods Pvt. Ltd.	Harmony Chakki Fresh Atta	Andhra Pradesh and Tamil Nadu
	3	Hindustan Unilever Limited	Annapurna Atta	Hyderabad
	4	ITC Limited	Aashirwad Atta	Delhi - NCR
	5	Jagganath Rice Mill	Rishta Atta	Odisha
	6	Kumar Chakki	Kumar Chakki Atta	Haryana
	7	Mishkat Agro Industries	Energetic	Gujarat, Madhya Pradesh and Maharashtra
	8	NavBharat Flour Mills	Vitamin Plus	Jammu and Kashmir
Fortified Rice	1	DCP Foods Pvt Ltd	Asbah Power Rice, Asbah Silver Rice	PAN India
	2	LT Foods Pvt Ltd.	Daawat Rozaana	Maharashtra



	No	Company Name	Brands	States/UTs
Fortified Edible Oil	1	AAK Kamani	Jawan, Komal, Classic	PAN India
	2	Adani Wilmar	Fortune, King, Aadhar, Bullet, Raag, Gold, Alpha	PAN India
	3	ADM	Parampara, HealthFit	Maharashtra, Karnataka, Rajasthan, Uttar Pradesh
	4	B. L. Agro Oils Ltd.	Bali Kolhu, Krishan, K. Jyoti, Khiladi, Garib Rath, Vatika, Nourish	North East, Uttar Pradesh (East), Uttarakhand, Delhi - NCR
	5	Bunge India Pvt Ltd.	Dalda, Gagan, Ginni, Chambal, Lotus, Lily, Rica Primor, Coco Rica, Golden Fry	PAN India
	6	Cargill India Pvt Ltd.	Sweetar, Nature Fresh, Gemini, Shubh	PAN India
	7	Emami Agrotech Ltd.	Healthy & Tasty, Himani Best Choice	West Bengal, Bihar, Uttar Pradesh, Madhya Pradesh, Chattisgarh, Maharashtra, Delhi
	8	Jugal Kishore Vanaspati Products Pvt. Ltd.	Chandi Sikta & Swagat	Rajasthan
	9	Kaleshwari Refinery Private Limited	Gold Winner	Tamil Nadu, Kerala, Karnataka, Andhra Pradesh, Maharashtra, Odisha
	10	Keshav Industries Pvt. Ltd.	Kash	Madhya Pradesh
	11	Merico Limited	Saffola Active, Saffola Gold, Saffola Total, Saffola Tasty	PAN India
	12	Mother Dairy	Dhara, Lokdhara	PAN India
	13	Nirmal Industries Private Limited	Anupam Gold, Shyam	Assam, Rajasthan
	14	Patanjali Ayurved Ltd	Patanjali	PAN India
	15	Prestige Feed Mills Limited	Prestige	Madhya Pradesh
	16	Shri Ashoka Oil Industries	Shyam, Songiri	Rajasthan
	17	Sri Venkateswara Food Processing Industries	Balaji Gold	Tamil Nadu
	18	Tirupati Udyog	Pawan and Priya	Rajasthan
Fortified Milk	Co-operative Dairies			
	1	Jharkhand Milk Federation	Medha	Jharkhand
	2	Mother Dairy Fruit & Vegetable Pvt. Ltd.	Mother Dairy, Dailycious (brand name in Kolkata)	PAN India
	3	Punjab State Cooperative Milk Producers' Federation Ltd.	Verka	Punjab
	4	Rajasthan Cooperative Dairy Federation Ltd.	Saras	Rajasthan
	5	Tamil Nadu Co-operative Milk Producers Federation Ltd.	Aarvin	Tamil Nadu
6	West Assam Milk Producer's Cooperative Union Ltd.	Purabi	Assam	
Private Dairies	1	Creamline Dairy Products Ltd.	Creamline Dairy	Tamil Nadu
	2	Nestle India Pvt. Ltd.	Nestle e+ Nourish	Pan India
Double Fortified Salt	1	Ankur Chem Food Limited	Ankur Salt Plus, UP Sarkar	PAN India
	2	Bajaj Salt Pvt. Ltd.	RS Bajaj Iron Salt Plus	Jharkhand
	3	Chirai Salt India Pvt. Ltd.	Sun Gold Plus	Bihar, Jharkhand, Karnataka, Chhattisgarh
	4	Goyal Salt Pvt. Ltd.	Medi +	Rajasthan
	5	Jagannath Chemfood Pvt. Ltd.	JAGANANTH	Delhi, Madhya Pradesh, Rajasthan, Uttar Pradesh
	6	Prince International Health Care Pvt. Ltd.	Health salt, Odi Food	PAN India, Odi Food-Orissa
	7	Rasi Nutri Foods Tamil Nadu	Rasi Nutri Foods	Tamil Nadu
	8	Sahayamatha Salt Refinery Private Limited	Sahayamatha	Tamil Nadu, Kerala, Karnataka, Andhra Pradesh
	9	Shree Chem Food Pvt. Ltd.	Shree IDN	Bihar, Maharashtra, Madhya Pradesh, Karnataka and Jharkhand
	10	Super Salts Pvt. Ltd.	Top Line	Gujarat
	11	Tamil Nadu Salt Corporation Ltd.	Amna (open market), Shakti (SNP)	Tamil Nadu, Karnataka, Andhra Pradesh
	12	Tata Chemicals (P) Ltd.	Tata Salt Plus	PAN India
	13	Vibrant Global Salt Pvt. Ltd.	VIBRANT	Delhi and Uttar Pradesh

Advisory from MoHRD mandating fortification of Wheat Flour, Double Fortified Salt, Edible Oil in MDM.

अनिल स्वरूप

सचिव

Anil Swarup

Secretary

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सत्यमेव जयते

D.O.No. 14-10/2016 MDM 1-2 (EE.6)

भारत सरकार

Government of India

मानव संसाधन विकास मंत्रालय

Ministry of Human Resource Development

स्कूल शिक्षा और साक्षरता विभाग

Department of School Education & Literacy

124 'सी' विंग, शास्त्री भवन, नई दिल्ली-110 001

124 'C' Wing, Shastr Bhawan, New Delhi-110 001

2nd August, 2017

As you are aware deficiency of micronutrients affects the health and development of children. The main contributor to health problems is iron deficiency which can reduce children's cognitive ability. Children in India are found to be deficient in Iron as well as Iodine which may cause anaemia and goitre. A child suffering from micronutrient deficiencies finds it difficult to concentrate and work on a sustainable basis.

2. The problem of anaemia can be addressed by promoting consumption of iron rich foods and iron supplements. One of the easiest and cost effective method of increasing iron intake is by way of fortification of salt with iron and iodine. Ministry of Women and Child Development, Ministry of Consumer Affairs, Food and public Distribution and Ministry of Health and Family Welfare have already taken a joint initiative to address the issue by fortification of food items. Following this, the standards of food fortification namely "Food Safety and Standards (Fortification of foods) Regulation 2016" were operationalized by Food Safety and Standards Authority of India (FSSAI). After consulting various stakeholders, in-depth examination was done and it was decided by Govt of India that initially three food articles i.e. Double fortified salt (Iron and Iodine), wheat flour (Iron, Folic acid and Vitamin B-12) and edible oil (Vitamin-A&D) should be considered for mandatory fortification through Mid-Day Meal Scheme along with ICDS and PDS.

3. In the aforementioned context, it is reiterated that MDM Guidelines, 2006 and Food Safety Guidelines for school level kitchens under MDM in 2015 provide that only DFS should be used for cooking mid-day meal.

4. You are requested to ensure that all States/UTs to ensure mandatory fortification of the aforesaid food articles used in mid-day meal scheme with immediate effect. In addition you may encourage the use of green leafy vegetables like Spinach, drumsticks, and other locally available and culturally acceptable iron-rich vegetables in your respective State/UTs under MDMS.

5. I shall appreciate if you could kindly provide information on the current position as well as the action taken to promote the mandatory use of DFS, fortified wheat flour used in MDM and fortified edible oil.

Yours sincerely,

Sd/

(Anil Swarup)

To

Chief Secretaries of all States/UTs

Copy for information to:

1. Shri Nripendra Mishra, Principal Secretary to the Prime Minister, South Block, New Delhi.
2. Shri Avinash K Srivastava, Secretary, Department of Consumer Affairs, Ministry of Consumer Affairs, Food & Public Distribution, Krishi Bhawan, ND
3. Smt. Preeti Sudan, Secretary, Department of Food and Public Distribution, Ministry of Consumer Affairs, Food & Public Distribution, Krishi Bhawan, ND
4. Shri C.K. Mishra, Secretary, Department of Health & Family Welfare, Ministry of Health and Family Welfare, Nirman Bhawan, ND
5. Shri Rakesh Srivastava, Secretary, Ministry of Women & Child Development, Shastri Bhawan, New Delhi.
6. Shri Ashish Bahuguna, Chairperson, Food Safety and Standards Authority of India, FDA Bhawan, Kotle Road, ND-02

Anil Swarup
(Anil Swarup)

Advisory from MoWCD mandating fortification of Wheat Flour, Double Fortified Salt, and Edible Oil in ICDS

केश श्रीवास्तव
सचिव
Kesh Srivastava
Secretary

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भारत सरकार
महिला एवं बाल विकास विभाग
शास्त्री भवन, नई दिल्ली - 110001
Government of India
Ministry of Women & Child Development
Shastri Bhawan, New Delhi-110001
Website: <http://www.wcd.nic.in>

2/CP/2014
17-14

D.O. No. 25/16/2015-Nutrition Desk

10th July, 2017

Dear Chief Secretary,

As you are aware, improving the nutritional status of the population is imperative for National development. Under-nutrition in young children continues to be a major public health problem in India. The latest NFHS-4 survey has not shown an encouraging improvement in the nutritional status, especially among women and children. While the level of underweight has decreased by 6.8% and stunting by 9.6% and anaemia by 11%, the level of wasting has increased from 19.8% to 21% as compared to NFHS-3 figures.

2. Further, the situation is compounded by the prevalence of micronutrient deficiencies in the country. According to National Survey data, about 70% preschool children suffer from iron deficiency anaemia and 57% preschool children have sub-clinical Vitamin A deficiency. Iodine deficiency is endemic in 85 percent of districts. Moreover, Neural Tube Defects (NTDs) are the most common congenital malformation in the Indian context with an incidence that varies between 0.5-8/1000 births. It is estimated that 50-70% of these birth defects are preventable.

3. Considering this situation, a joint initiative was taken by the Ministry of Women and Child Development, Ministry of Consumer Affairs, Food and Public Distribution and Ministry of Health and Family welfare to address the issue by fortification of food items. Following this, the standards for fortification of foods, namely "Food Safety and Standards (Fortification of Foods) Regulations, 2016 were operationalized by FSSAI (copy enclosed).

After Multi-Stakeholder Consultations, in-depth examination and detailed deliberations, it was decided that initially three food items, viz., Double Fortified Salt (Iodine and Iron), Wheat Flour (Iron, Folic acid & Vitamin-B12) and Edible Oil (Vitamin-A and D) should be considered for mandatory fortification through the public funded programmes, i.e., ICDS, MDM and PDS. Further, it has also been decided that for mandatory fortification of edible oil, Vitamin-D2 should be proposed since it is sourced from plants.

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5. In view of the above, the States/UTs are advised to ensure mandatory fortification of the relevant food articles used in the administration of Supplementary Nutrition Programme of the ICDS Scheme with immediate effect.

6. States/UTs are advised to draw up a detailed action plan for implementation of the decision of mandatory fortification of above food articles and ensure to send detailed action taken reports on the same to the Ministry from time to time.

With regards,

Yours sincerely,

Sd/-

(Rakesh Srivastava)

Chief Secretaries of all States / UTs.

Copy to:

Principal Secretaries / Secretaries in-charge of ICDS of all States / UTs.

Copy for information to:

1. Principal Secretary to Hon'ble Prime Minister
2. Secretary, Ministry of Consumer Affairs, Food and Public Distribution
3. Secretary, Ministry of Health and Family welfare
4. Secretary, Department of Elementary Education, MHRD
5. Chairperson, FSSAI


(Rakesh Srivastava)