

The basic strategy to combat malnutrition would have to be initiated afresh with greater stress on scientific approaches. Elaborate.

Nutrition deficiency is an emergency situation in India. Growing prosperity has hardly made any significant dent in chronic malnutrition. The same has been reported in 'National Food Security Analysis Report 2019' by FAO's Food for world programme. Continuing effects of such instances undermining quality of life, pushing people into vicious cycle of poverty.

Malnutrition continues despite government intervention

- 1) SDG goal 2 of ending perpetual poverty goal aims to provide food for all. Food substance has been achieved through green revolution, which in itself has morphed into malnutrient crisis
- 2) Government's PDS system, buffer stock for accumable affordable food has resulted in overproduction of foodgrains. Neglect of pulses, fruits, vegetables has increased instances of hunger.
- 3) National Family Health Survey 2016 indicates stunting, wasting prevalence above the normal average. As a result, disease burden have increased despite Anganwadi services, ICDS programme
- 4) While starvation related deaths have increased due to digital diets Poor food diversity intake reduced the natural antibacterial resistance among Sahaniya PVTG's of Madhya Pradesh.
- 5) This is further compounded by religion based diet system to children of Akshaya Patra foundation, which restricts nutritious, micronutrients.

Thus, a series of structural, management, behavioural changes must be colluded with scientific intervention in policy to change the conundrum of 'excess food - malnutrient' into equitable healthy services.

Scientific approaches - Solving ~~malnutrition~~ malnutrition

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- 1) Food fortification, biofortification of meals supplied to school children can be undertaken. eg: 'Golden rice' - enriched with vitamin A.
- 2) PDS system must be computerized, food grain consumption tracked to allow transparency in accessibility.
- 3) Climate resilient agricultural practices must be encouraged. This increases the growth of indigenous pulses, cereals variety. Further PDS Programme can be incorporate these diverse food crops, which inherently has balanced nutrition.
- 4) Women and children are the most vulnerable groups. Sensitizing women about dietary practices can induce behavioural changes. Regular sessions ^{can} ~~must~~ be conducted by anganwadi workers.
- 5) Regular deworming, vaccination programmes to impart herd immunity.
- 6) Healthy eating habits must be followed by activities like sports, exercise, yoga. Incorporating them in part of school curriculum helps to incorporate the habits.
- 7) Developing a separate branch of paediatrician in medical field to advise on status of medical emergency.

Healthy child grows up to be a healthy, productive adult. steel frame of country. Holistic approach is required to downgrade the status of 'severe' to 'normal' in Global Hunger Index.