



## **POLICY BRIEF | INDIA**

# **Enhancing Nutrition Outcomes through India's Social Safety Net Programs: Opportunities and Way Forward**

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# CONTENTS

<b>ACKNOWLEDGMENT</b>	<b>3</b>
<b>1. INTRODUCTION</b>	<b>4</b>
1.1 Social safety net programs in India	4
1.2 Opportunities for leveraging social safety net platforms for improved nutrition	5
<b>2. RECOMMENDATIONS</b>	<b>7</b>
2.1 Policies: Enhancing nutrition – sensitivity in high burden geographies	7
2.2 Program implementation: Transitioning from food security to nutrition security	8
2.3 Evidence building: Establishing a strong base for social safety net programs	10
2.4 Financing: Securing resources for nutrition integration	11
2.5 Social and behaviour change communication for nutrition action	12
<b>3. WAY FORWARD</b>	<b>14</b>
<b>REFERENCES</b>	<b>15</b>
<b>ABOUT NUTRITION INTERNATIONAL</b>	<b>16</b>
<b>CONTACT US</b>	<b>16</b>



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This brief reflects collaborative efforts, and we hope it serves as a resource for advancing nutrition outcomes through social safety net programs in India.







## INTRODUCTION

Across the globe, social safety net programs (SSNPs) are critical mechanisms to protect at-risk individuals from poverty and food insecurity. They are designed to protect low-income households from economic shocks and provide essential support for basic needs. At its core, SSNPs, as part of the broader social protection agenda, are founded on the principle of equity and fairness and are intended to ensure the welfare of those at the bottom of the pyramid. Over the years, food distribution through SSNPs has emerged as a promising delivery mechanism for providing food to underserved populations.

### Social safety net programs in India

India's SSNPs span many decades and focus on employment, poverty and key social sectors, including health, food and nutrition and education, among others. The government has introduced various schemes and missions, such as the Mahatma Gandhi Rural Employment Guarantee Scheme and the National Rural Livelihoods Mission, to create rural employment and livelihood opportunities to support rural development. Besides these, several social safety nets are food-based and focus on addressing food security and nutritional wellbeing. Distribution of food grains through the government-controlled Public Distribution System (PDS) has been a key government response to addressing hunger and food insecurity in India.

The targeted PDS was launched in 1997 with a focus on the poor. In 2013, the Parliament approved India's National Food Security Act to support food and nutritional security by ensuring access to adequate quantities of quality food at affordable prices, enabling people to live a life with dignity. A key initiative following the act was the distribution of food grains to targeted households at a subsidized rate by revamping the targeted PDS. The National Nutrition Mission, also known as the POSHAN Abhiyaan (Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India), was introduced in 2017 as an initiative to integrate all nutrition programs and interventions and include social protection programs that aim to improve the nutritional status of at-risk groups.



The three large food-based social safety net programs in India include:

- The **Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY)**, previously the **Public Distribution System**, provides free/subsidized food grains to over 800 million identified beneficiaries.<sup>1</sup>
- The **Pradhan Mantri Poshan Shakti Nirman (PM POSHAN) scheme**, previously the **Mid-Day Meal Scheme**, serves hot cooked meals to school-aged children (six to 14 years of age). The scheme covers around 118 million children across 1.12 million schools in the country.<sup>2</sup>
- **Saksham Anganwadi and POSHAN 2.0**, formerly **Integrated Child Development Services**, provide supplementary nutrition to children (six months to six years), adolescent girls and pregnant and lactating women by focusing on the first 1,000 days. These services have reached about 94.9 million beneficiaries.<sup>3</sup>



Although these SSNPs have considerably improved access to food in the country (mainly comprising cereals such as rice and wheat), gaps exist in optimal nutrition provision. Most of these programs were intended to ensure food security for at-risk populations and were not designed with explicit nutrition goals. As India progressed, many well-formulated nutrition policies and/or strategies focusing on multisector collaboration continued to be developed. However, the integration of nutrition in the social protection sector is relatively recent and has yet to be consistently implemented, providing meaningful opportunities for action in policy and program design. Moving forward, there is a need to build more coherent and SSNPs to maximize nutritional outcomes.

## Opportunities for leveraging social safety net platforms for improved nutrition

Given the multiple causes and drivers of malnutrition, investing in a systems approach that integrates responses across sectors is crucial for embedding nutrition in social protection programs. The increase in investments in SSNPs, coupled with a deliberate shift toward greater nutrition sensitivity, creates an expanding array of opportunities. This strategic shift enables more effective linkages between health, nutrition and food systems within programs that assist those at the highest risk of nutritional deficiencies.

Recognizing this opportunity, Nutrition International conducted an extensive scoping review across 12 Asian countries,<sup>4</sup> including India, to evaluate how SSNPs can be better leveraged to improve nutrition outcomes. The findings from this assessment are further supported by a targeted consultation in India, which underscores the need to enhance nutrition security through SSNPs.

This policy brief emerges from the findings of the Asia scoping review study, deliberations from the consultation and Nutrition International's own experience of over three decades in the nutrition ecosystem. The document provides actionable recommendations for optimizing India's SSNPs to safeguard those at the greatest risk and ensure they can achieve nutrition security to lead healthier, more resilient lives.

# ACTIONABLE ROADMAP ACROSS FIVE KEY PILLARS



## Policy: Enhancing nutrition-sensitivity in high-burden geographies

- Target high-burden geographies with tailored approaches
- Converge social safety net programs for maximum impact
- Leverage local governance structures for effective implementation



## Program implementation: Transitioning from food security to nutrition security

- Diversify the food basket in social safety net programs
- Repurpose fair price shops as nutrition hubs
- Strengthen the capacities of frontline workers



## Evidence building: Establishing a strong base for social safety net programs

- Conduct rigorous evaluations of the impact of social safety net programs on nutrition:
- Define measurable nutrition indicators for social safety net programs
- Develop integrated monitoring and data collection systems



## Financing: Securing resources for nutrition integration

- Create dedicated nutrition funds within social safety net programs
- Align budget allocations with nutrition outcomes
- Advocate for timely and adequate fund releases



## Social and behaviour change communication for nutrition action

- Comprehensive campaigns on nutrition
- Make nutritious foods accessible through innovative partnerships
- Leveraging the power of self-help groups to deliver nutrition social and behaviour change communication

# RECOMMENDATIONS

The following sections present a detailed, actionable roadmap across five key pillars — policy, program implementation, evidence generation, nutrition financing and social and behaviour change communication.

## Policy: Enhancing nutrition-sensitivity in high-burden geographies

India's SSNPs currently provide coverage based on either beneficiary income or population groups like pregnant women, etc. but do not have a targeted approach in regions with the highest malnutrition burdens. Evidence<sup>5</sup> shows that geographies with high levels of malnutrition require focused and customized strategies to achieve better nutrition outcomes.

### KEY CONCERNS

- Social safety net programs are designed for universal implementation and do not account for regional variations in malnutrition prevalence.
- Program convergence is limited, with multiple SSNPs operating in silos across different government departments.
- Local governance structures, such as Panchayats, are underutilized in implementing and monitoring SSNPs despite their ability to influence grassroots outreach.

### Panchayati Raj Institutions implementing National Health Mission initiatives

Panchayati Raj Institutions, particularly Gram Panchayats, play an important role in implementing the National Rural Health Mission and its subsequent transformation into the National Health Mission through local health planning initiatives. They work with health departments and district administration to identify community health needs, prioritize interventions and develop health plans tailored to local requirements. Panchayats also facilitate participatory processes such as Village Health Sanitation and Nutrition Committees to engage communities in health planning, monitoring and implementation.

### RECOMMENDATIONS

#### Target high-burden geographies with tailored approaches:

National and state nutrition data should be used to identify regions with high levels of malnutrition. Based on the insights from these datasets, SSNPs should prioritize these regions with tailored nutrition interventions that cater to each area's specific challenges and vulnerabilities. This can be done in addition to providing universal coverage.

#### Converge SSNPs for maximum impact:

Coordinating multiple SSNPs like PDS, ICDS, PM-POSHAN is critical in regions with high malnutrition rates. Convergence should be achieved by ensuring multisectoral collaboration among different government departments, changing the approach to view these programs not from the lens of specific departments but from the lens of the population they serve. For example, beneficiaries in high-burden geographies may receive a nutritionally diverse food basket with pulses, millets and other fortified foods irrespective of the platform they access.

#### Leverage local governance structures for effective implementation:

Local bodies, like Panchayats, should be empowered to implement and monitor SSNPs. By incorporating specific nutrition targets into the responsibilities of local governance, such as tracking child growth or ensuring the distribution of nutritious foods, the reach and impact of these programs can be significantly enhanced.



## Program implementation: Transitioning from food security to nutrition security

India's traditional food systems and policies were a response to emergencies such as droughts and hunger, which were common before the 1970s. These policies focused on enhancing supplies and access to staple grains, especially rice and wheat, and have successfully reduced the incidence of hunger.<sup>6</sup> In 2013, the government introduced the National Food Security Act, which focused on food and nutrition security. However, food security remained the primary objective, with a limited emphasis on nutrition security. Coupled with this is the rising prevalence of obesity and the persistence of micronutrient deficiencies, which now comprise a significant share of the “triple burden of malnutrition.”<sup>7</sup>

### KEY CONCERNS

- While India's SSNPs, particularly the PDS and ICDS, have improved access to food, they focus on caloric sufficiency rather than nutrition security. Recently, there has been a growing recognition of the importance of incorporating dietary diversity into existing food-based programs. However, the lack of established mechanisms and frameworks remains a concern, particularly in the food basket under the PDS, which predominantly focuses on staples.



- Frontline workers — the auxiliary nurse midwife, accredited social health activist and Anganwadi worker, also known as triple As — play a critical role in the effective implementation of SSNPs by addressing multiple underlying drivers of malnutrition. Their services are highly complementary to these programs, particularly in promoting care and feeding practices, enhancing nutrition awareness and knowledge, supporting disease prevention and control and fostering a healthy environment. These are all essential for improving nutrition outcomes alongside the availability and access to healthy foods. However, these workers are often overburdened with multiple responsibilities and under-trained in nutrition services, limiting their ability to deliver effective health and nutrition interventions. While all three types of frontline workers receive pre-service and in-service training related to preventative aspects of maternal, newborn and childcare and some aspects of nutrition, they lack adequate, supportive and continuous training in delivering nutrition services. Therefore, their capacities are limited.
- Fair price shops (FPS) traditionally function as the hub for distributing food grains at subsidized prices. However, they are not fully utilized to provide diverse, nutritious food commodities or nutrition-related services.

Recently, the government has been exploring ways to diversify the services offered by FPS, turning them into multi-service centres, including reimagining them as nutrition hubs.

In March 2024, India's Department of Food and Public Distribution signed a memorandum of understanding with the Ministry of Skill Development and Entrepreneurship and the Small Industries Development Bank of India to transform fair price shops.<sup>8</sup> Among others, the goal is to turn fair price shops into nutrition hubs that leverage technology in their operations and offer a diverse range of nutrient-rich non-Public Distribution System commodities to the public, going beyond the distribution of food grains.





## RECOMMENDATIONS

### **Diversify the food basket in social safety net programs:**

Social safety net programs must include a wider variety of nutritious foods, such as pulses, legumes, millets, eggs, milk, fruits and vegetables, for holistic nutrition. This approach should be tailored to local dietary and cultural preferences and ensure that food security transitions into nutrition security while continuing to incorporate fortified foods in the basket.

### **Repurpose fair price shops as nutrition hubs:**

Around 545,000 fair price shops<sup>10</sup> are operational across the country, making them ideal platforms to offer subsidized nutritious food items like fortified oils, pulses, and dairy products. These shops can also serve as multi-service centres, selling essential non-food products related to health, sanitation and hygiene, such as soaps and menstrual products. Additionally, FPS can promote nutrition education by displaying information, education and communication materials, transforming them into hubs for health and nutrition awareness.

### **Strengthen the capacities of frontline workers:**

Continuous training for frontline workers is essential for effective nutrition service delivery, such as child growth monitoring and promotion and vitamin A supplementation. Building their capacity through ongoing skill development in nutrition counselling, dietary diversity and health education will improve program outcomes. Additionally, an increased workforce of trained triple As, stronger supervisory support and incentivization systems are needed to sustain their engagement.

Nutrition International carried out a series of analyses<sup>9</sup> (public health and nutrition, economic, platform and political) that aimed to recommend diversified food baskets under social safety net programs for the state of Telangana under the project on “Scaling up Fortified and Diversified Food through SSNPs in India.” The analysis under this study concluded that it is feasible to diversify social safety net programs and reduce the gap in nutrition intake for beneficiaries across different population groups. An incremental increase in budgets would be needed to meet the nutrition requirements of the targeted population groups. However, for diet diversification to be successful, it is critical to align it with local preferences and availability. This, combined with awareness raising and nutrition literacy among beneficiaries, can together meet long-term goals of nutrition security.

## Evidence building: Establishing a strong base for social safety net programs

In India, there is a noticeable absence of substantial evidence regarding the impact of social protection programs.<sup>11</sup> SSNPs like Integrated Child Development Services (ICDS) and the Mid-Day Meal (MDM) have been operational in the country for several decades. However, there is limited evidence of their direct impact on nutritional outcomes. Most existing program evaluations focus on food provision and enrollment numbers, with insufficient attention to measurable improvements in health or nutrition.



### KEY CONCERNS

- There are anecdotal reports of improved nutrition among ICDS beneficiaries and positive effects of the MDM program, such as increased school attendance and better cognitive performance. However, there is a lack of rigorous studies that quantitatively measure these changes and attribute them specifically to these programs.
- Clear nutrition indicators, such as stunting reduction, micronutrient uptake, dietary diversity and exclusive breastfeeding rates, are often not integrated into program evaluations.
- The absence of robust, long-term studies makes it difficult to understand the true impact of nutrition interventions within SSNPs and impedes evidence-based policy decisions.

### RECOMMENDATIONS

#### Conduct rigorous evaluations of the impact of social safety net programs on nutrition:

Quantitative evaluations and assessment studies, including randomized control trials and longitudinal studies, should be undertaken to assess the impact of SSNPs on nutritional outcomes. This will enable policymakers to determine the effectiveness of interventions, such as the introduction of fortified foods or diversified meal provision under ICDS and MDM.

#### Define measurable nutrition indicators for social safety net programs:

The monitoring framework of SSNPs should be reviewed and revised to incorporate clear indicators such as nutrient deficiencies, stunting and wasting. In addition, intermediate indicators, such as exclusive breastfeeding rates, knowledge of recommended child feeding and hygiene practices and attendance at maternal and child health services, may also be included to enable a more robust evaluation. This will ensure that programs are evaluated on their ability to improve nutritional outcomes over time.

#### Develop integrated monitoring and data collection systems:

There is a need to establish robust monitoring systems to collect and analyze data across intersectoral programs to understand the various drivers of malnutrition. This system should allow for the assessment of changes in nutritional status, quality of implementation, access to nutritious diversified food, health education and impact of behaviour change communication. Additionally, tools such as community-based social audits can increase accountability and strengthen participatory governance.







## Financing: Securing resources for nutrition integration

Integrating nutrition-sensitive components into SSNPs requires financial prioritization. However, there are limited dedicated financing mechanisms for nutrition within these programs. Aligning budgetary resources with nutrition goals and outcomes is therefore crucial for improving their effectiveness.

### KEY CONCERNS

- In India, current financing models for SSNPs do not prioritize nutrition outcomes, limiting their capacity to deliver comprehensive nutrition interventions.
- There is a lack of dedicated funds or financial instruments specifically aimed at improving nutrition within SSNPs.
- Budgetary misalignments often delay the release of funds,<sup>12</sup> affecting the timely procurement of food and services for beneficiaries. For example, there are variations in the finance and unit costs of nutrition service delivery across different locations and states, and some funds may be underutilized or unspent.

### RECOMMENDATIONS

#### Create dedicated nutrition funds within social safety net programs:

Establish a National Nutrition Fund to ensure that a portion of the overall SSNPs budget is specifically allocated for nutrition-sensitive activities. This fund could pool resources from government budgets, international donors and public-private partnerships, ensuring consistent financing for nutrition goals.

#### Align budget allocations with nutrition outcomes:

Budget allocations for SSNPs should be directly tied to measurable nutrition outcomes, such as reducing anaemia or stunting. This will incentivize ministries to prioritize nutrition-sensitive interventions and ensure that financing is used effectively to meet nutrition goals.

#### Advocate for timely and adequate fund releases:

To improve program delivery, budgetary mechanisms should ensure that funds for SSNPs are released in a timely manner, aligned with the procurement of commodities. Additionally, increasing the unit cost of providing supplementary nutrition will enable programs to offer a more diverse and nutritious food basket.



## Social and behaviour change communication for nutrition action

Effective social and behaviour change communication (SBCC) is crucial for promoting nutrition-sensitive behaviours and practices. In recent years, the Government of India has shifted from awareness generation to a more comprehensive approach centred on sustainable behaviour change through programs like POSHAN Abhiyaan and the Eat Right India campaign.



### KEY CONCERNS

- Programs like POSHAN Abhiyaan use a collaborative approach, building on existing government campaigns such as the Swachh Bharat Abhiyaan; Water, sanitation and hygiene; Mother's Absolute Affection; and Beti Padhao Beti Bachao. However, most of these efforts focus on undernutrition and overlook issues of overnutrition and obesity. This leaves a significant gap in comprehensively addressing malnutrition.
- Locally produced, nutritious foods often lack market visibility compared to branded products, which limits their appeal to the population. Consumers tend to equate high quality with prominent brands and overlook locally manufactured products that lack the resources to invest in a strong marketing strategy.
- While community platforms like self-help groups are active in select pockets, they are not fully utilized for delivering nutrition-related services (including SBCC ) and addressing myths and misconceptions about diets.

### Enabling behaviour change through Food Safety and Standard Authority's Eat Right India program

To promote behaviour change, the Eat Right India program employed theories from behavioural economics and developed a range of behaviour change communication material (such as videos featuring celebrities, toolkits, e-commerce and an online quiz) to reach individuals at various touch points (such as homes, schools, workplaces and institutions). All messages were disseminated countrywide through the Swastha Bharat Yatra, one of the largest cyclothons in the world. During the 104-day cyclothon, 21,629 volunteer cyclists collectively covered 2,156 places and 20,233 km with 1 million participants joining hands to reach 25 million people with Eat Right India messages.<sup>13</sup>

### Women collectives and their role in health and nutrition

The Deendayal Antyodaya Yojana-National Rural Livelihood Mission (DAY-NRLM), India's key poverty alleviation program, recognizes the importance of self-help groups and the role they play in nutrition. Under the DAY-NRLM program, food, nutrition, health and WASH interventions are led by women's collectives and are focused on behaviour change within communities to adopt practices for better health and nutrition outcomes, demand generation and linkages with services and entitlements. Self-help groups and their federations play a key role in engaging communities by discussing these topics in their regular meetings and supporting mobilization for public nutrition and health services.<sup>14</sup>



## RECOMMENDATIONS

### Comprehensive campaigns on nutrition:

Social and behaviour change communication campaigns should cover the full spectrum of malnutrition, addressing both overnutrition and undernutrition. These interventions should be grounded in formative research and testing, with active participation from communities and users to ensure relevance and effectiveness. Intersectoral and interdisciplinary convergence for nutrition education needs to be strengthened through a well-formed, evidence-based communication strategy. For example, integrating nutrition messaging into non-communicable disease programs and promoting dietary diversity can help build healthier eating habits across different demographic groups. Additionally, SBCC initiatives should incorporate evaluations to measure their impact on knowledge and changes in key nutrition-related practices.

### Make nutritious foods accessible through innovative partnerships:

Along with accessibility and affordability, it is imperative to make nutritious food aspirational to the public. This may be done by exploring innovative ways to attract commercial capital into small-scale nutrition ventures or by seeking public-private partnerships. Quality control mechanisms by the government combined with the marketing expertise of the private sector can expand the consumer base of these products and position them as aspirational items, appealing in taste and aesthetics.

**Leveraging the power of self-help groups to deliver nutrition social and behaviour change communication:** Self-help groups should be trained and empowered to disseminate nutrition messages within their communities. These groups have strong local influence and can act as effective conduits for promoting healthy behaviours, addressing myths about nutrition and improving community-wide dietary practices.







## WAY FORWARD

India has demonstrated a high level of political will to reduce poverty and improve nutrition. However, India's fight against malnutrition requires a strategic shift in how SSNPs are designed and implemented. The five pillars of recommendations presented in this brief — policy reform, program implementation, evidence building, financing and social and behaviour change communication — are critical to transforming these programs from food security initiatives into comprehensive platforms for nutrition security. This approach is crucial for addressing both the immediate and long-term determinants of malnutrition.

By embedding nutrition at the heart of SSNPs, India has the opportunity to create lasting change, improving health outcomes for millions of individuals while building a stronger, more resilient population for the future.





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## ABOUT NUTRITION INTERNATIONAL

Founded in 1992, Nutrition International is a global organization dedicated to delivering proven nutrition interventions to those who need them most. Working in partnership with countries, donors and implementers, our experts conduct cutting-edge nutrition research, support critical policy formulation, and integrate nutrition into broader development programs. In more than 60 countries, primarily in Asia and Africa, Nutrition International nourishes people to nourish life.

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