

NATIONAL FOOD AND NUTRITION POLICY

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1.0. PREAMBLE

- 1.1. It is enshrined in the constitution in article 18 (1) that the state shall regard the raising level of nutrition and improvement of public health as among its primary duties.
- 1.2. Food is a basic need to keep the population healthy and active. Food must be available for the entire population. The population must have sufficient economic status to be able to buy food and sufficient socio-cultural awareness to recognize the food that it requires, must preserve it, prepare it well and distribute it according to the biological need of the **members** of the family.
- 1.3. Nutrition is a critical factor in any individuals' growth and capacity to function in a society. Food, nutrition and health produce an economically productive and socially active nation.
- 1.4. Bangladesh is a poverty stricken malnourished nation with a population of 112 million denser than in any other country. Malnutrition is endemic in the country, with high infant, under five and maternal morbidity and mortality. About 94% of the children are malnourished and 30000 are becoming blind from Vitamin A deficiency every year. Almost the whole population suffer from micro-nutrient deficiencies such as iodine, iron, zinc, vitamin A and riboflavin. The nutrition situation in Bangladesh is given in the Appendix-I.
- 1.5. Besides, chronic dietary deficiencies, non-food factors such as personal and environmental hygiene, sanitation, quality of water that is used for drinking and washing, the ways of waste disposal, all contribute to the present state of malnutrition. Both food and non-food factors assume special importance in case of expectant and nursing mothers, adolescent girls and children who constitute the vulnerable groups of the population.
- 1.6. The Fourth Five Year Plan document, for the first time, included a macro chapter on nutrition. Two national documents on nutritional assessment, analyses and plan of action have been prepared as "The nutrition program and action plan in the 1990s" in the light of the "World Summit Declaration" and the other as "The Bangladesh Country Paper for the International Conference on Nutrition" (1992). The National Plan of Action for Nutrition (NPAN) has also been prepared (1997).
- 1.7. Three documents were prepared on food and nutrition policy in 1982, 1989 and 1993. The present one is an attempt to revise and update the documents according to the need of the country.
- 1.8. The national goals in 1990s in the light of the global goals is shown in Appendix-II.

2.0. BASIC CONCEPT

- 2.1. Nutrition is a multifaceted subject. Improvement in nutrition cannot be achieved in isolation. There is a need to strengthen the linkage between the three important sectors concerned with the improvement of nutritional status of the people, namely agriculture, food and health.
- 2.2. **Desirable Dietary Pattern (DDP)** should be taken as a planning goal attainable through successive development plan. It should also serve as an important component of the national food and nutrition policy.
- 2.3. The national food and nutrition policy should incorporate all the components in various sectors to achieve the common goal of the improvement of nutrition at the national level.
- 2.4. The national food and nutrition policy should be formulated in such a way that it should define the role of concerned sectors in improvement of nutrition in an integrated manner.
- 2.5. There should also be effective coordination of food and nutrition components from various sectors to control efficiently the problems of malnutrition.
- 2.6. The present national food and nutrition policy (1997) is intended to compliment existing Government policies in Food, Agriculture, Fisheries, Livestock, Forestry, Primary Health Care, Environment, Education, Information, Industries, Commerce, and other development areas.

3.0. GOAL

The main purpose of the food and nutrition policy is an attempt to significantly improve the nutritional status of the people, particularly vulnerable groups including the elderly and thereby contribute to the improvement in the quality of life in the socio-economic development.

4.0. OBJECTIVES

The objectives of the national food and nutrition policy are :

- 4.1. To increase production and availability of both staple and non-staple nutritious food, minimize post harvest losses, develop food preservation and distribution technologies at home and industrial level. To maximize availability of food for national consumption in normal times, in times of disaster and also for export, when possible.
- 4.2. To improve the health and nutritional status of the people especially of children, women (adolescent girls, expectant and nursing mothers), and elderly.
- 4.3. To consider the importance of the family unit to provide adequate physical, mental, emotional and social needs of children and other vulnerable groups including the elderly; and strengthen family unit as a basic unit of the society.
- 4.4. To ensure safe drinking water, arrange for proper disposal of waste, improve sanitation and environmental hygiene at personal and community level.

- 4.5. To provide formal and non-formal nutrition education to people especially women and children.
- 4.6. To undertake all possible measures to increase income generating activities for poverty alleviation particularly for women in rural households.
- 4.7. To develop action plan with time-frame to implement the policy.

5.0. FOOD AND NUTRITION POLICY

- 5.1. Nutritional requirement of the people at different levels should be determined by using standard methodologies recommended by FAO/WHO/UNU.
- 5.2. To develop our own Desirable Dietary Pattern (DDP) based on availability of various food groups. The quantum of these food groups required in the desired dietary pattern should be worked out to satisfy requirement at production, supply and consumption levels.
- 5.3. Every increase in population demand a simultaneous increase in food availability. The country must make efforts to produce food domestically within the limitation of its ecology and natural productive areas to provide food security.
- 5.4. The marketing system must also be improved to prevent wastage, ensure proper distribution, stabilize price and thereby contribute to improve the purchasing power of the people.
- 5.5. There should be a food control system to ensure nutritious, safe and wholesome food for consumers and in promoting national economics for the well-being of the population.
- 5.6. To provide a national food package based on desirable dietary pattern to be recommended by nutritionists to ensure minimum nutrition for the malnourished people.
- 5.7. Coordinated efforts should be made to monitor the quality of diet of different sections of the society. A module should be developed for such studies.
- 5.8. Each sector should make allocation of fund and resources for undertaking action program for improvement of nutrition.
- 5.9. All agencies in public and private sector should intensify efforts and make the best possible use of available resources for the improvement of nutrition.
- 5.10. In case of emergencies all responsible parties should cooperate to ensure safe and timely supply and distribution of water, appropriate food and medical supplies to those in need in accordance with the Charter of the United Nations.

6.0. STRATEGY

- 6.1. The country should make a firm social, economical, and political commitment to achieve the objective of promoting the nutritional well-being of all its people as an integral part of its short and long term development policies, plans and programs.
- 6.2. The strategy for effective implementation of the policy is divided in the following four sectors:
 - A. **Food, Agriculture, Fisheries, Livestock and Forestry:** For increased production, proper distribution and food security.
 - B. **Health, Family Welfare and Environment:** For primary health care, caring practices, care of elderly, disease control, sanitation and hygiene.
 - C. **Nutrition Education and Communication:** For creation of awareness at different levels with formal and non-formal education.
 - D. **Community Development and Social Welfare:** For poverty alleviation, income generation and economic growth.

The implementation of this policy will be done through the concerned ministries and their divisions as shown in Appendix-III.

A : FOOD, AGRICULTURE, FISHERIES, LIVESTOCK AND FORESTRY

The Government food policy is based on 16 oz. of rice per person per day; to keep 8 lakh tons of food in stock, 4.5 lakh tons for food security. If stock is less than 7 lakh tons, food will have to be imported.

- A.1. Out of 23.60 million acres of agricultural land, 80% are used for cereal production. There is a need to increase cropping intensity and productivity to provide 2700 Kcal.
- A.2. There is also need to **intensify the process of crop diversification** to make available more energy and protein foods at low cost e.g. maize, sorghum, millets etc. About 30% of the arable land has been brought under irrigation and the production in this sector has not been able to keep pace with the demand of the increased population.
- A.3. The production in this sector should be intensified stressing on the use of **organic fertilizer**. Organic agriculture covers all agricultural systems that promote environmentally, socially and economically sound production of food.
- A.4. Increase the production base for self-sustaining growth of staple foods - rice, wheat, potato and sweet potato and non-staple foods - pulses, oilseeds (mustard, sesame, soybean, rape, groundnut, and cottonseed), fruits, vegetables, fish, meat and poultry products.
- A.5. Increase efforts to develop staple and non-staple crop varieties which are early maturing and resistant to drought and flood.
- A.6. Give special emphasis to the production of colored fruits and vegetables which will provide carotene and vitamin C. Encourage such gardening in homesteads and in all levels of educational institutions.

- A.7. Earmark marginal lands, khas lands, road side areas, river banks and other such cultivable lands for raising animal fodder and nutrient rich multipurpose trees (pigeon pea, ipilpil, etc.) along with the increase of production of animal feed.
- A.8. Discourage indiscriminate use of chemical fertilizers, insecticides and pesticides, so that residual effects in the harvested crop remain within permissible limit. This should include preharvest prophylaxis to metabolize insecticides / pesticides and to develop processes to destroy/inactivate residual insecticide/ pesticide after harvest and during food processing.
- A.9. Maintain sufficient stocks of food through local procurement and import to meet emergency requirements particularly after drought, flood and cyclone when considerable crop damage occurs so that people can be provided with adequate nutrition. Ensure proper rotation of emergency food stocks so that they remain safe.
- A.10. Encourage intercropping in order to produce more non-staple food crops.
- A.11. Increase production and domestic consumption of fish by developing capture fisheries, fish seed multiplication farms to supply more fish fry and marine fish production from the Bay of Bengal. Steps should also be taken to increase production of fish feed for fish fry and pisciculture.
- A.12. Improve breeds of cattle, goats and other domestic animals through selective breeding and artificial insemination, in vitro fertilization and embryo transfer to increase production of meat, milk and fertilizer and to supply more draught power for agriculture from cattle. Similarly, improved breeds of ducks and poultry should be developed for increase in production for eggs and meat.
- A.13. Encourage development of appropriate biotechnology in animal and plant breeding and facilitate exchanges of new advances in biotechnology related to nutrition.
- A.14. Improve post harvest handling, storage, transport, marketing, pricing, and distribution of foodstuffs at all levels to minimize post-harvest losses and also to make more food available for domestic consumption.
- A.15. Reclaim land used for tobacco cultivation for the production of non-cereal crops. Discourage loan for tobacco production and provide alternative incentives to farmers for food production.
- A.16. Prepare National Food Balance Sheet.

B. HEALTH, FAMILY WELFARE AND ENVIRONMENT

To improve the health and nutritional status of the people especially young children, women (adolescent girls, pregnant and nursing mothers) and the elderly the following policy guidelines are given.

- B.1. Improvement in health and nutrition situation will demand strengthening the present health service delivery system with respect to organizational structure, deployment, training and management. The country needs a health system and health infrastructure which can effectively respond to the

formidable challenges in the health field. The nutrition component in the Primary Health Care (PHC) system should be handled at the grass root level.

- B.2. Increase efforts should be made to meet the special needs of vulnerable groups (infants, young children, women, especially during pregnancy and lactation) and to reduce maternal, neonatal, child mortality and morbidity. Give pregnant and lactating women special attention for their increased requirement for protein, calcium, iron and vitamins A and D in their daily diets. Also improve caring practices for children under 3, adolescent girls, pregnant and lactating women, and medical care for the elderly.
- B.3. Establish a child nutrition unit with a qualified nutritionist in every Thana Health Complex to give advice and training to women about diet during pregnancy and lactation, about feeding infants and young children and about appropriate diets for sick people, as well as to treat children who have 3rd degree malnutrition. It should also be a focal point for developing nutrition components as required in primary health care delivery system.
- B.4. Emphasize the importance of exclusive breastfeeding (including colostrum) for all infants for the first 5 months, giving home made weaning foods and continue breastfeeding to all children from 6 to 24 months and stress on child-spacing effects of lactation for 24 months. The Breast Milk Substitute Act (No. 16) as amended in 1990 should be strictly enforced. Ensure breast feeding practices for working women during working hours through establishment of creches.
- B.5. Advice women to feed sick infants, children, and adults extra food and fluids, especially those who have infectious diseases such as diarrhoea, measles, etc.
- B.6. Strengthen existing specialized services aimed at the prevention and treatment of nutrition-related non-communicable diseases such as cardiovascular diseases, diabetes, cirrhosis, and gastric and duodenal ulcers.
- B.7. Ensure adequate supply of vitamin A capsules for high risk groups, especially children under 6 years throughout the country during lean seasons and natural calamities when production and consumption of colored vegetables and fruits are insufficient.
- B.8. Ensure universal iodisation of edible salt for the control of Iodine Deficiency Disorders (IDD) according to the Control of IDD Act (No. 10) of 1989.
- B.9. Encourage research and promote the use of herbal medicines in ailments and restrict indiscriminate use of drugs. Discourage smoking and declare all relevant public places as smoke-free zones.
- B.10. Take appropriate preventive and curative measures to reduce nutritional anemia among women and children.
- B.11. Include cereals, pulses, oils, vegetables and fruits in all kinds of feeding programs to ensure that recipients have a balanced diet.
- B.12. Up-date food laws to prevent adulteration and to ensure the availability of safe nutritious foods for consumers. An independent and efficient mechanism to enforce food laws effectively should be developed.

- B.13. Provide industrial workers with balanced meals at the workplace to increase their productivity.
- B.14. Support periodic deworming of children under 6 years of age to prevent increased malnutrition because of infestations of intestinal parasites.
- B.15. Create awareness about the importance of sanitation and hygienic practices at household and community level. Ensure adequate supply of safe water and develop infrastructure for improvement of sanitation and hygiene.

C. NUTRITION EDUCATION AND COMMUNICATION

This is to provide formal and non-formal nutrition education to people at all levels about effective nutrition especially for vulnerable groups i.e., adolescent girls, women and young children, and the elderly.

- C.1. Educate family decision-makers to change the method of food distribution in the family to meet the specific requirements of vulnerable members more effectively. Women, especially during pregnancy and lactation, adolescent girls, young children and the elderly should receive more nutritious food according to their need.
- C.2. Teach all people about the proper preparation and feeding of weaning foods made from locally available foodstuffs.
- C.3. Motivate the people to modify their food habits to increase their intake of non-staple foods.
- C.4. Create opportunities to disseminate nutrition information to rural men and women including sample menus using low cost locally available foods and instructions on their proper preparation and storage.
- C.5. Introduce formal and non-formal nutrition education at all levels (The curriculum shown in Appendix-IV). Nutrition components should be included in the curricula of primary, secondary and tertiary levels.
- C.6. Increase emphasis on preventive and therapeutic nutrition in medical, nursing and paramedical curricula and syllabi.
- C.7. Strengthening nutrition education in appropriate academic institutions and in the training of agricultural extension workers..
- C.8. Ensure well planned and efficient training in nutrition for all rural workers, local leaders, school teachers, imams, boy scouts and girl guides.
- C.9. Provide training on family nutrition to women participating in mothers club, non-monitised food distribution programs and other women's development activities.
- C.10. Include regular columns in all newspapers, magazines and other periodicals, regular programs and public service announcements on Bangladesh Betar and Bangladesh Television devoted to nutrition education and display of nutritional foods at the entrances of all conferences, workshops, seminars,

symposia, exhibitions and other places of public gatherings to create public interest and awareness of nutritional problems and their solutions.

- C.11. Develop effective audio-visual materials and manuals on nutrition for use in education and training.
- C.12. Observe annual "National Nutrition Week" to create awareness among the people about good nutrition as well as existing problems of malnutrition and their potential remedies.

D. COMMUNITY DEVELOPMENT AND SOCIAL WELFARE

This is to support diversification of rural economy, promote investment in human resources development and make appropriate technology available to provide integrated production and employment.

- D.1. Increase rural poor people's participation in the development process and their enjoyment of a share of development for physical, social and economic benefits.
- D.2. Encourage simple and appropriate technologies for home food processing and preservation such as sundrying of fruits, vegetables and fish, preparation of pickles, achar, jam, jelly, and making of puffed rice (chira, muri, etc.) and all types of pan-cakes (pithas) by rural people.
- D.3. Encourage duck and poultry farming and backyard poultry raising for the production of meat, eggs, fish feed and fertilizer for income generation.
- D.4. Encourage development of appropriate technologies for agricultural production to increase output and to open new employment opportunities for casual and landless labourers.
- D.5. Give farmers appropriate economic incentives to increase agricultural production of non-staple food products at a profitable level.
- D.6. Increase income generating activities through programs tailored to make the home the basic unit of production for household and cottage based industries such as knitting, stitching, embroidery, handicraft making, pottery, carpentry, pisciculture in ponds and ditches, bee keeping, mushroom growing, goat and poultry raising etc. Marketing of the products should also be ensured.
- D.7. Increase women group activities to promote overall upliftment of women and for rehabilitation of landless and distressed women and their children. Necessary economic and logistic support should be given to women's associations.
- D.8. Continue and expand non-monitised public food distribution programs to provide employment to economically depressed and ill-fed people.
- D.9. Explore a system of crop insurance for the protection of farmers.

7.0. THE ROLE OF BANGLADESH NATIONAL NUTRITION COUNCIL (BNNC)

There is a need for a coordinated approach at the national level to solve the country's various nutritional problems. Bangladesh National Nutrition Council (BNNC) is the apex body to undertake such a coordinated approach. It is, therefore, necessary to increase the functional capabilities of BNNC by strengthening its Secretariat with personnel and resources for performing the following activities :

- 7.1. Periodically review and recommend revisions of the national food and nutrition policy according to the needs of the country.
- 7.2. Establish and maintain a "Nutrition Information and Documentation Center" for collecting, processing and analyzing data and information on nutrition from different sectors, collating and disseminating them to all sectors.
- 7.3. Identify national nutrition problems in the four major sectors, decide upon priorities and initiate actions on thrust areas in appropriate sectors.
- 7.4. Formulate a National Food Balance Sheet.
- 7.5. Coordinate various nutrition programs at the time of implementation, undertake monitoring and evaluation of overall nutrition activities using nutritional indicators.
- 7.6. Form District Coordination Committees on nutrition and Thana Nutrition Implementation Committees for successful implementation of nutrition policy and programs in rural areas.
- 7.7. Overview all nutrition activities in the country and assess the potential of projected solutions, given available resources and operational capabilities of the concerned ministries/agencies.
- 7.8. Advise the Government about appropriate nutrition intervention programs following disasters (droughts, floods, cyclones, etc.) which should be undertaken to reduce mortality and morbidity of women, infants, young children and other vulnerable groups.
- 7.9. Conduct nutrition surveillance in distressed areas at regular intervals and evaluate the impending situation for possible intervention programs.
- 7.10. Ensure that nutrition is recognized as a major component in planning of all development programs.
- 7.11. BNNC should see that all the institutions engaged in nutrition activity are strengthened. In order to make available the required personpower for implementing various nutrition programs, the Bangladesh National Nutrition Council may be entrusted with the responsibility to coordinate personpower development programs in nutrition for different sectors.

8.0 CONCLUSION

The BNNC should take all possible measures to prepare National Plan of Action for Nutrition (NPAN) and also a Master Plan for twenty years in its total perspective in the light of the national food and nutrition policy guidelines, identifying thrust areas for immediate intervention and priority areas for short and long term development activities. This policy may be considered as the

milestone in the history of nutrition in Bangladesh. It may be up-dated according to the need of the country, as and when necessary.

Appendix -1
NUTRITION SITUATION IN BANGLADESH

01. Background data :

| | | |
|------------------------------------|---|--------------------------|
| Population | : | 112.0 Million |
| Population density | : | 778 per Square Kilometer |
| Rural population | : | 80 % |
| Population below poverty line | : | 47.61 % |
| Landless peasants (below 0.5 acre) | : | 56.5 % |
| Per capita income | : | US \$ 255 |
| Unemployment | : | 56.5 % |
| Literacy rate | : | 32.4 % |
| Male literacy | : | 38.9 % |
| Female literacy | : | 25.5 % |
| Life expectancy - Male | : | 58.2 years |
| Female | : | 57.9 years |

02. Mortality data :

| | | |
|---------------------------|---|--------------------------|
| Infant mortality rate | : | 71 per 1000 live births |
| Under five mortality rate | : | 117 per 1000 live births |
| Maternal mortality rate | : | 5 per 1000 live births |

03. PEM in young children :

| | | |
|------------------|---|-----------|
| Low birth weight | : | 30 - 50 % |
| Stunting | : | 66.5 % |
| Wasting | : | 14.7 % |
| Mild, moderate & | : | 94.4 % |

| | | |
|----------------|---|--------------|
| severe PEM | : | |
| Severe PEM | : | 35 % |
| Vulnerable age | : | 12-23 months |
| Under weight | : | 79 % |
| Stunted | : | 70 % |

04. Maternal malnutrition :

| | | |
|-------------------------------------|---|--------------|
| Mean weight of non-pregnant mothers | : | 39-41 kg. |
| Mean height of non-pregnant mothers | : | 147-148 cms. |
| Pregnancy weight gain | : | 4-6 kg. |

05. **Micro-nutrient malnutrition :**

| | | |
|---|---|---|
| Vitamin A deficiency | : | 1.7 % |
| Prevalence of Night blindness | : | 100 per day |
| Children becoming blind | : | 30000-40000 per year |
| Nutritional anemia | : | 70 % of pregnant mothers |
| Iodine deficiency disorders (goiter) | : | 47.1 % |
| Vitamin C and B ₂ deficiency | : | 60 % at risk |
| Zinc deficiency disorders | : | 50 % of Third degree malnourished children. |

06. **Immediate Causes of Malnutrition Disease :**

| | | |
|-------------------------------|---|--|
| Diarrhoea | : | 30 % |
| Acute respiratory infection | : | 30 % |
| Measles | : | 8 % |
| Inadequate food intake | : | 80 % of FAO recommendations at per capita household level. |
| | : | 64 % of requirements for under five. |
| | : | 74 % for pregnant and lactating women. |
| Low pulse and legume intake | : | 7 % of Bangladesh recommendation. |
| Low intake of micro-nutrients | : | Riboflavin - 50 % of requirement |
| | : | Vitamin C - 26% of requirement |

**NATIONAL NUTRITION GOALS FOR 1999s
IN THE LIGHT OF GLOBAL GOALS**

| <u>1992 - 1995</u> | <u>1995 - 2000</u> |
|---|---|
| 01. To provide average per capita energy intake from 1850 Kcal in 1989-90 to 2100 Kcal in 1994-95. | 01. To provide average per capita energy intake of 2279 Kcal by the year 2000. |
| 02. To create awareness by dissemination of knowledge and provide supporting services to increase food production and thus ensure household food security. | 02. Creating awareness by dissemination of knowledge and provide supporting services to increase household food security. |
| 03. To reduce moderate and severe malnutrition by 50% in 1995 i.e. reduction of severe malnutrition from 20% to 10% and moderate malnutrition from 47% to 25%. All acute malnutrition should be identified and treated. | 03. To reduce moderate and severe malnutrition by 50% in 2000 i.e. reduction of severe malnutrition to 5% and moderate malnutrition to 10-15%. All acute malnutrition should be identified and treated. |
| 04. To control iodine deficiency disorder - Lipiodol Injection will be given in 50 hyperendemic Thana. | 04. The universal salt iodization program will be sustained for the continuous availability of iodized salt. |
| 05. To prevent night blindness (06-72 months). The vitamin-A capsules coverage will be increased from 30- | 05. To prevent night blindness (06-72 months). The vitamin A capsule coverage will be increased to 100% by 2000. |

75% in 1990-1991 to 90% by 1994-95.

06. Reduction of low-birth weight rate (< 2.5 Kg) from 50% to 25% in 1994-95.

06. Reduction of low-birth weight rates to 10% in 2000.

07. To significantly lower morbidity and mortality of children and women in Bangladesh through successful breastfeeding.

07. The program for promotion of breastfeeding will be sustained to achieve the child morbidity and mortality target.

* To achieve and sustain universal exclusive breastfeeding ensuring colostrum for the first 5 months for all babies by 1995.

* To improve weaning practices and encourage the continuation of breastfeeding for 2 years or more.

* To improve the nutritional status of pregnant and lactating women.

08. Growth promotion and its regular monitoring to be institutionalized in 100 Thana by 1995.

08. Growth promotion and its regular monitoring to be institutionalized in all the Thana by 2000.

09. Reduction of deficiency anemia in Women and Children by one third of the 1990 levels.

09. Reduction of deficiency anemia in Women and Children by two-thirds of the 1990 levels.

CONCERNED MINISTRIES AND THE DIVISIONS OF THE GOVERNMENT

| <u>Ministry</u> | <u>Name of Division</u> |
|---|--|
| 01. Prime Minister' Office | Prime Minister's Office |
| 02. Ministry of Planning | Planning Division |
| 03. Ministry of Finance | Finance ERD |
| 04. Ministry of Agriculture | Agriculture |
| 05. Ministry of Irrigation, Water Development and Flood Control | Irrigation, Water Development and Flood Control |
| 06. Ministry of Local Government, Rural Development and Cooperatives | Local Government, Rural Development and Cooperatives |
| 07. Ministry of Health and Family Welfare | Health and Family Welfare |
| 08. Ministry of Industry | Industry |
| 09. Ministry of Commerce | Commerce |
| 10. Ministry of Social Welfare | Social Welfare |
| 11. Ministry of Women Affairs | Women's Affair |
| 12. Ministry of Food | Food |
| 13. Ministry of Information | Information |
| 14. Ministry of Education | Education, Science and Technology; Primary and Mass Education |
| 15. Ministry of Environment and Forestry | Environment and Forest |
| 16. Ministry of Fisheries and Livestock | Fishery and Livestock |
| 17. Ministry of Religious Affairs | Religious Affair |
| 18. Ministry of Youth and Sports | Youth and Sports |
| 19. Ministry of Cultural Affairs | Cultural Affair |

CONTENTS FOR NUTRITION CURRICULA APPROPRIATE FOR ANY COURSE

| | | |
|---|---|---|
| Concept of nutrition | : | Food, Health and Care : |
| Determinants of nutrition | : | Their relationships. |
| FOOD | : | Nutrients / proximate composition of food, Balanced diet. Importance of nutrients in health, daily requirements - qualitative and quantitative. |
| | : | Energy, protein, Carbohydrate, Fat, Vitamins, Minerals and Water. |
| Breastfeeding (Colostrum & Milk) | : | Importance, protection, promotion and management. |
| Weaning food, supplementary food and complementary food | : | Special need for Growing children, Pregnant and Lactating mothers, old age. |
| Growth and Development | : | Growth Monitoring |
| Household food security | : | Home gardening, poultry, fish, bee raising. Food preparation and processing, food storage, food hygiene, vendor food, better food with lower price. |
| Healthy food habits | : | Dietary fiber, fruits multimix, water, balanced diet. |
| Nutrition and health | : | Diarrhea, ARI, EPI targeted diseases, Fever. Hypertension, Heart diseases, Diabetes. |
| Diet in diseases | : | Diarrhea, ARI, others deficiency disorders, obesity. |
| Care | : | Concept of caring practices. |

Importance of safe water, sanitation, personal hygiene on nutrition, immunization against childhood diseases, oral rehydration, etc.
Agroforestry, poultry raising and pisciculture.
Planning of family budget for better nutrition.

Method of teaching : Active learning Discussion, participation, Audio visual aid Jatra, Jari, Folk, Drama as appropriate.

BNNC/F-Policy