

Status note in the W.P. (C) 8568/2010 titled as Uday Foundation for Congenital Defects and Rare Blood Groups vs. Union of India and Others

In line with the directions of Hon'ble High Court of Delhi, Food Safety and Standards Authority of India set up an Expert Group on 16th September 2013 to assist the Central Advisory Committee (CAC) of FSSAI to develop guidelines for "Making available Quality and Safe Food in Schools". The Expert Group held six meetings since then and finalized the same guidelines titled "Guidelines for Making Available Wholesome, Nutritious, Safe and Hygienic Food to School Children in India".

The draft guidelines were finalized by the expert group in its meeting held on 28.2.2014 and submitted to the CAC in its 11th meeting held on 7th March 2014 as Agenda no. 2 for consideration. In the meantime, one member of the Expert Group suggested some changes in the draft guidelines, which were also circulated in the CAC meeting.

After the general comments, the CAC agreed that the draft guidelines as contained in agenda papers 2 were acceptable and could be submitted to the Hon'ble High Court of Delhi. It was also decided that the members of the CAC could send their comments, in writing to FSSAI by 10th March 2014, on the draft guidelines as well as the paper circulated in the CAC.

The following documents are being submitted for the consideration of the Hon'ble High Court of Delhi:

- (a) The draft guidelines on "Making Available Wholesome, Nutritious, Safe and Hygienic Food to School Children in India" placed as **Annexure-I**.
- (b) Paper containing changes proposed by one member of the Expert Group, which was circulated in the CAC meeting placed at **Annexure-II**.
- (c) Copy of e-mail sent by FSSAI to the members of the CAC requesting them to send their comments by 10.03.2014 placed as **Annexure-III**.
- (d) Comments received from some members of the CAC viz., Government of, Arunachal Pradesh, Assam, Delhi, Goa, J&K, Kerala, Meghalaya, U.P., Consumer Association of India, and Vimta Labs Ltd are placed at **Annexure-IV**.

DRAFT

GUIDELINES FOR MAKING AVAILABLE
WHOLESOME, NUTRITIOUS, SAFE AND HYGIENIC FOOD
TO SCHOOL CHILDREN IN INDIA

prepared by

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DRAFT GUIDELINES FOR MAKING AVAILABLE WHOLESOME, NUTRITIOUS, SAFE AND HYGIENIC FOOD TO SCHOOL CHILDREN IN INDIA

Background

As per the Economic Survey of India 2012-13, there are more than 14 Lakh¹ schools throughout India. These schools are of widely varying type - from fully air-conditioned school equipped with all facilities - to those even without a *pucca* roof; from residential boarding school - to those where children need to walk/travel long distance every day to school; from schools with only selling food counter - to those schools which serve meals in schools. There are varying degrees of wholesome, nutritious, safe and hygienic foods available to school children in the country. Lack of availability of balanced diet and safe food coupled with lack of awareness about physical activity are, in most school children, believed to have led to various health related concerns.

The objective of this document is to make available Wholesome, Nutritious, Hygienic and Safe Food to School Children in India. It has been prepared by an Expert Group constituted by the Food Safety and Standards Authority of India under the directions of Hon'ble High Court of Delhi. The composition of the Expert Group is given on page 34 of the document. For the sake of better understanding and implementation, these guidelines have been prepared in two parts, namely,

Part-I: Guidelines for making available Wholesome and Nutritious Food to school children

Part-II: Guidelines on Food Safety, Hygiene and Sanitation for Food available in school canteens

PART I - Guidelines for making available Wholesome and Nutritious Food to School Children

Section 1: Context of The Proposals

1.1 Healthy Lifestyle:

A healthy lifestyle is cornerstone of good health, physical fitness, energy and reduced risk for disease. It is based on the choices one makes about his or her daily habits. Good nutrition, daily exercise and adequate sleep are the foundations for continuing health lifestyle. A healthy lifestyle includes diet based on balance, variety and moderation coupled with regular physical activity commensurate with one's age, gender and body constitution.

¹ Economic Survey 2012-13, Source : Statistics of School Education - 2010-11 (Provisional)

1.2 WHO Global Strategy on Diet, Physical Activity and Health urges:

- ² “to develop, implement and evaluate actions recommended in the Strategy, as appropriate to national circumstances and as part of their overall policies and programmes, that promote individual and community health through healthy diet and physical activity and reduce the risks and incidence of non-communicable diseases;
- ³ to promote lifestyles that include a healthy diet and physical activity and foster energy balance;
- ⁴ to encourage and foster a favourable environment for the exercise of individual responsibility for health through the adoption of lifestyles that include a healthy diet and physical activity”

Section 2: Balanced Diet, HFSS food and Non-Communicable Diseases (NCDs)

2.1 Balanced diet and dietary needs of children⁵

As per "Dietary Guidelines for Indians, 2011" by National Institute of Nutrition (NIN), a balanced diet is one which provides all nutrients in required amounts and proper proportions. It should provide around 50-60% of total calories from carbohydrates, preferably from complex carbohydrates, about 10-15% from proteins and 20-30% from both visible and invisible fat. In addition, it should provide other non-nutrients such as dietary fibre, antioxidants, which bestow positive health benefits.

The guidelines depict the importance of foods through a "Food Pyramid" (Figure 1). Balanced diet is recommended through a blend of four basic food groups such as cereals, millets and pulses; vegetables and fruits; oils, fats and nuts; milk and animal foods. Notably, food items such as burgers, pizzas, fries, chocolates, ice creams, jams etc. are not considered the right choice to meet nutrient needs and must be eaten sparingly.

NIN (2011) guidelines recommend preferring traditional and home-made foods; avoiding replacing meals with snack foods; and limit consumption of sugar and processed foods which provide only (empty) calories. It further states that "processed foods being rich in fats, salt, sugar and preservatives may pose a health risk if consumed regularly".

It also recognizes children's special needs of growth, fighting infections, maturation, bone development and bodybuilding. Nutritionally adequate and balanced diet has an important role in appropriate body composition, body mass index and reduced risk of diet-related chronic diseases in later life.

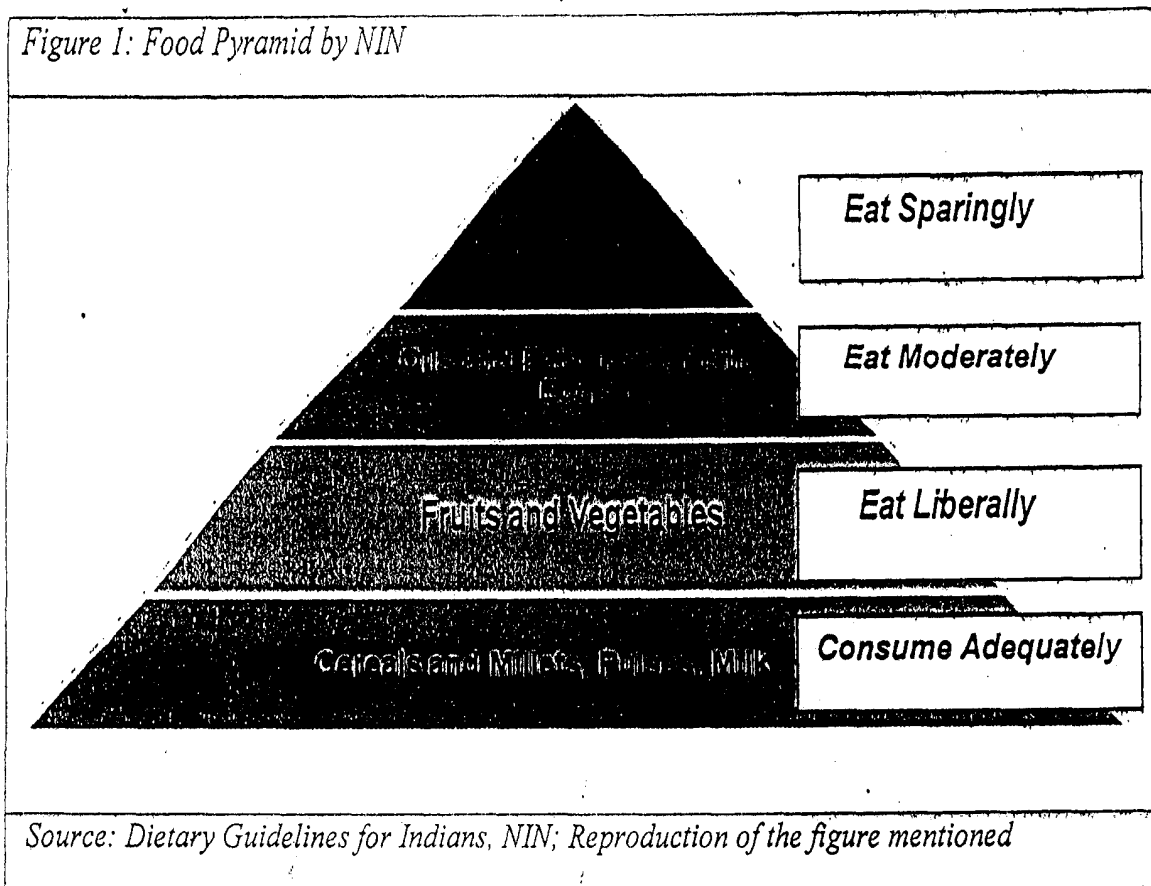
² Fifty Seventh World Health Assembly WHA 57.17 (22nd May 2004) - Clause 2(1)

³ Fifty Seventh World Health Assembly WHA 57.17 (22nd May 2004) - Clause 2(2)

⁴ Fifty Seventh World Health Assembly WHA 57.17 (22nd May 2004) - Clause 2(6)

⁵ Dietary guidelines for Indians: A Manual; NIN 2011

Figure 1: Food Pyramid by NIN



Source: Dietary Guidelines for Indians, NIN; Reproduction of the figure mentioned

2.2 'HFSS Foods' and ingredients of concern

As per WHO Document titled "Marketing of Foods High in Fat, Salt and Sugar to Children – Update 2012-2013", foods that are high in fat, salt and sugar are commonly termed as HFSS Foods.

Sugar: Sugar is empty calories with no beneficial effect and there is no safe level of its intake. High use of sugar, particularly fructose, is harmful. Studies have established direct relationship of sugar with obesity, diabetes and metabolic syndrome⁶.

Salt: Salt is added for preservation and enhancing the taste of food. High salt content in diet is strongly associated with high blood pressure and related cardiovascular diseases⁷. Evidence suggests that high salt intake increases mass of left ventricle, stiffens and narrows arteries, including coronary and renal arteries. It increases the probability of stroke, severity of cardiac failure and tendency for platelets to aggregate⁸. As per WHO, cutting down on dietary salt intake to recommended 5 g per day has a major impact on reducing blood pressure and cardiovascular diseases.

⁶ Malik, V.S Sugar sweetened beverages and the risk of metabolic syndrome and type 2 diabetes: A meta-analysis <http://care.diabetesjournals.org/content/33/11/2477.full>

⁷ Salt Intake and Hypertension: Walking the Tight Rope; Can J Cardiol 1997;17:272B

⁸ Harmful effects of dietary salt in addition to hypertension; Journal of Human Hypertension (2002) 16, 213–223

Saturated Fatty Acid (SFA): SFAs are widely used in packaged foods including cookies, crackers, and snack chips. When consumed in excess of the recommended (limit less than 10% of total calorie intake), SFAs are known to clog arteries and increase risk of heart attack and stroke.

Trans Fatty Acid (TFA): TFAs are formed during the process of hydrogenation of vegetable oils (PHVOs) to make it semi solid that enables longer shelf life, better form and texture. Typically they are found to be high in bakery products and snacks that are deep-fried in PHVOs. TFAs are well known to have an adverse impact on blood lipid levels as they reduce the amount of good cholesterol (HDL) and increase bad cholesterol (LDL). Their consumption increases insulin resistance and promotes obesity. WHO recommends less than 1% of calories from TFAs.

Besides the above key ingredients of concern, caffeine used in carbonated beverages and energy drinks is an addictive stimulant, which, if consumed in excess, can lead to impaired muscle and nerve functions, dehydration and a host of other disorders⁹. Consumption of caffeine, particularly among school children, is a matter of concern and needs to be strictly regulated in compliance with the Food Safety and Standards Act, 2006 and Regulations made thereunder.

2.3 HFSS Foods and burden of NCDs

WHO reports that Non-Communicable Diseases are the leading cause of death world-wide:

- Unhealthy diets, especially the excessive consumption of calories, salt, saturated fat and sugar cause at least 40% of all deaths from NCDs, and approximately one-quarter of all deaths globally.
- Over 80% of global deaths due to cardiovascular diseases and diabetes occur in low- and middle-income countries. NCDs also kill at a younger age in these countries, where 29% of NCD deaths occur among people under the age of 60, compared to 13% in high-income countries.
- In India, as of 2008, about 53% of all deaths were due to NCDs. The disease burden of NCDs is expected to reach to 57% by 2020 as compared to 29% in 1990¹⁰.

WHO says unhealthy diet is associated with three out of four major NCDs. It is known to be one of the modifiable risk factors (Table 1):

⁹ Seifert *et al*, Health effects of energy drinks on children, adolescents and Young adults. *Pediatrics*, Feb 14, 2011

¹⁰ World Health Organization - NCD Country Profiles, 2011; http://www.who.int/nmh/countries/ind_en.pdf

Table 1: Modifiable risk factors - Unhealthy diet associated with three out of four major NCDs

	Tobacco Use	Unhealthy diet	Physical inactivity	Harmful use of alcohol
Cardiovascular diseases	√	√	√	√
Diabetes (Type 2)	√	√	√	√
Cancers	√	√	√	√
Chronic Respiratory Diseases	√			

Unhealthy diet leads to metabolic changes and conditions such as overweight, high blood pressure, raised blood glucose and cholesterol, which are among the leading causes of NCD deaths in India¹¹

Childhood obesity

Childhood obesity is one of the most serious public health challenges of the 21st century. Overweight children are likely to become obese adults. As per WHO, about 44% of the diabetes burden and 23% of the CVD burden is attributable to overweight and obesity. Overweight children are more likely than non-overweight children to develop insulin resistance, hyperinsulinemia, diabetes and cardiovascular diseases at a younger age, which in turn are associated with a higher chance of premature death and disability¹².

Studies have established the link between consumption of HFSS food and obesity. Numerous studies done among school children of Delhi, Amritsar, and Southern India show that the prevalence of overweight/obesity is high and on the rise. In urban post-pubertal children of Delhi it increased from 16% in 2002 to about 24% in 2006. It is high among the affluent class and children of private schools compared to low and middle-income groups¹³.

Hypertension

In India, hypertension is the leading NCD risk and estimated to be attributable for over 10 per cent of all deaths¹⁴. Hypertension is strongly associated with high Body Mass Index (BMI) and salt intake. A cross sectional study¹⁵, published in *Epidemiology* in 2013, among 400 school

¹¹ Global status report on non-communicable diseases 2010. World Health Organization; http://whqlibdoc.who.int/publications/2011/9789240686458_eng.pdf

¹² Childhood obesity and adult morbidities; *Am J Clin Nutr* 2010;91(suppl.):1499S-1505S, <http://ajcn.nutrition.org/content/91/5/1499S.full.pdf>

¹³ Prevalence of overweight and obesity amongst school-children in Delhi, India; *Asia Pac J Clin Nutr* 2008;17 (4): 592-596; <http://apjcn.nhri.org.tw/server/APJCN/17/4/592.pdf>

¹⁴ Time to effectively address hypertension in India: *Indian J Med Res* 137, April 2013, pp 627-631

¹⁵ Prevalence and determinants of hypertension among urban school children in the age group of 13- 17 years in, Chennai, Tamil Nadu; *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)* e-ISSN: 2279-0853, p-ISSN: 2279-0861. Volume 8, Issue 3

children in Chennai found that the total prevalence of hypertension was 21.5%. Several other studies done in India suggest high prevalence of hypertension in overweight and obese children compared to normal weight children¹⁶.

As per WHO, the amount of dietary salt consumed is an important determinant of blood pressure levels and overall cardiovascular risk. World Heart Federation says that a universal reduction in dietary intake of about 3 gm. of salt, would lead to a 50% reduction in the number of people needing treatment for hypertension. The same decrease would lead to a 22% drop in the number of deaths resulting from strokes and a 16% fall in the number of deaths from coronary heart disease¹⁷.

Diabetes and pediatric metabolic syndrome

Type 2 diabetes which is very common in adults is now increasingly being reported in children. The leading risk factor for kids is being overweight, often connected with an unhealthy diet and lack of physical activity. According to a study done by Dr Anoop Mishra et al on post pubertal Indian children, 67% males with high BMI were found to have insulin resistance while overall prevalence was about 22% in males and 36% in females¹⁸. As per the Diabetes Atlas 2006 published by the International Diabetes Federation, the number of people with diabetes in India is around 40.9 million and is expected to rise to 69.9 million by 2025 unless urgent preventive steps are taken¹⁹.

Metabolic syndrome is a cluster of the risk factors for type-2 diabetes and cardiovascular disease characterized by abdominal obesity and others such as high blood pressure and increased plasma glucose. The prevalence of metabolic syndrome in overweight children was found to be about 18 times higher than their normal weight counterparts in Delhi²⁰.

Coronary Heart Disease (CHD)

CHD is expected to be the single most important cause of death in India by the year 2015. According to the World Heart Federation, 35% of all CHD deaths in India occur in those aged 35-64 years. CHD affects Indians with greater frequency and at a younger age than counterparts

¹⁶ Prevalence and Determinants of Hypertension among Urban School children in the Age Group of 13- 17 Years in, Chennai, Tamil Nadu ; <http://www.omicsonline.org/prevalence-and-determinants-of-hypertension-among-urban-school-children-in-the-age-group-of-years-in-chennai-tamilnadu-2161-1165.1000130.pdf>

¹⁷ <http://www.world-heart-federation.org>

¹⁸ High prevalence of insulin resistance in post-pubertal Asian Indian children is associated with adverse truncal body fat patterning, abdominal adiposity and excess body fat; <http://www.nature.com/ijo/journal/v28/n10/full/0802704a.html>

¹⁹ <http://www.idf.org/diabetesatlas>

²⁰ Prevalence of Pediatrics Metabolic Syndrome (PMS) amongst Children in the Age Group of 6-18 Years belonging to High Income Group Residing in National Capital Territory (NCT) of Delhi; *Indian J Pediatr* (2010) 77:1041; <http://medind.nic.in/icb/t10/i9/icbt10i9p1041.pdf>

in developed countries, as well as many other developing countries.²¹ The age group 20-29 has seen the highest rise with double the number of cases since 2000 as per a study in Indian Journal of Medical Research²².

2.4 HFSS food consumption in India

Consumption of 'HFSS Food' is steeply increasing both in urban and rural areas. The ease of availability, taste, low cost, aggressive marketing and advertisements and peer pressure make them popular with children.

A study on the HFSS Food eating habits of school children in Delhi found that 60-70% of children in different age groups consumed chips at least 2-3 times a week²³. In another study among overweight adolescent girls (16-18 years) in Kurukshetra in 2013, the mean daily energy intake was found to be about 110 per cent of the Recommended Daily Allowance (RDA) and fat intake was almost double of the RDA. The most common (60.4%) effect of skipping meal was consumption of foods such as potato chips, chocolate and carbonated drinks²⁴.

HFSS food replacing balanced diet is a key issue: As per NIN dietary guidelines "the shift from traditional to 'modern' foods, changing cooking practices, increased intake intensive promotion of HFSS foods and beverages have affected people's perception of foods as well as their dietary behavior. Irrational preference for energy-dense foods and those with high sugar and salt content pose a serious health risk to the people, especially children. The increasing number of overweight and obese people in the community and the resulting burden of chronic non-communicable diseases necessitate systematic nutrition educational interventions on a massive scale."

Additionally, a lot is at stake if balanced diet is replaced: A diverse range of macronutrients and micronutrients in its most natural form; Original flavors, colors and aroma that continue to keep the appetite alive for a lifetime; A wide range of time tested spices and herbs that continue to act at a prophylactic level (preventive) at sub-therapeutic levels.

²¹ Mark D Huffman, Coronary heart disease in India; Centre for Chronic Disease Control, New Delhi, India

²² <http://online.wsj.com/news/articles/SB30001424052702304644104579191682155932364>

²³ Consumption of lifestyle foods among children, Anoop Mishra and Seema Gulati 2010; Unpublished data, presented at CSE's South Asian media briefing on food safety and environmental toxins, March 29-30, 2012

²⁴ Increasing Proclivity for Junk Food among Overweight adolescent Girls in District Kurukshetra, India; <http://www.isca.in/IJBS/Archive/v2i3/14.ISCA-IRJBS-2013-026.pdf>

Section 3: Guidelines for Promoting Wholesome and Nutritious Food and Restricting/ Limiting the Availability of Foods High in Fat, Sugar and Salt (HFSS Foods) among School Children

3.1 The Underlying Principles: Several countries have taken steps to enhance availability of wholesome and nutritious food to school children and to restrict/limit availability of HFSS Foods among them. With respect to India, the proposed guidelines are based on following principles:

- (i) Children are not the best judge of their food choice. They have limited understanding on the impact of food on their health. Broadly, they are not aware about the concept of balanced diet and what kind of food is to be consumed and avoided to achieve it. They also lack required know-how on diseases and its relation to diet. While on one hand, they lack awareness and necessary discretion, such products are being promoted by manufacturers. They are one of the biggest viewer groups of television and food advertisements constitute a major share of overall TV, radio and print advertisements across the world.
- (ii) Schools are not the right place for promoting HFSS foods. Schools are a place to learn right values and constructive behaviors for a lifetime. Since food consumption at school is significant part of the overall daily diet, schools should not allow the canteens to promote food habits that negatively impact the health of children.
- (iii) Benefits of balanced, fresh and traditional food cannot be replaced. Frequent consumption of foods high in salt, sugar and fats and low in other essential macro and micronutrients is detrimental and should best be avoided. Such eating behaviors may extend beyond schools and become a dietary habit.
- (iv) It is necessary to improve the dietary habits of school children by providing and appropriate mix of foods that enhances the wholesomeness and nutrition and also encourages them avoid consumption of unhealthy diet.
- (v) Physical activity is another important element of promoting growth and help in reducing the risks and incidence of non-communicable diseases.

3.2 Guidelines

- 1. Restrict / Limit the Availability of most common HFSS Foods in Schools and area within 50 meters²⁵(*)

The objective is to restrict/limit the consumption/availability of most common HFSS food (as per indicative list in Table 2 below) in the school premises, where the child is without parental supervision.

²⁵ (*) Some members representing industry are of the view that the mandate, under the Order of Hon'ble High Court, does not include areas outside schools

In schools and nearby areas of 50 meters, restrict/limit the availability/consumption of most common HFSS foods (Table 2 below) that are widely promoted and advertised, easily accessible to children, and are standardized processed foods.^{26(**)}

Table 2: Most Common HFSS Foods

S. No.	Most Common HFSS Foods (Indicative List)
1.	Chips, fried foods [*]
2.	Sugar sweetened carbonated beverages
3.	Sugar sweetened non-carbonated beverages [*]
4.	Ready-to-eat noodles, pizzas, burgers [*]
5.	Potato fries
6.	Confectionery items

The identified foods are based on an evaluation done out of available similar foods in India. They are considered unhealthy due to imbalance in nutrients, i.e., high in fat, sugar, salt and/or low in proteins, fibers and nuts. The criteria followed to explain the identification of the above mentioned most common HFSS Foods (Table 2) are given on page 16 of this document.

Steps should be initiated to develop a nationwide programme for identification of further foods based on the above criterion and inform schools accordingly. This would lead to a framework to categorize such foods and propose criterion based on nutrition and wholesomeness.

Besides the listed foods, another food category of concern is the non-standardised deep fried foods such as samosa, chana bhatura, etc. that are available in the school canteens and nearby areas. More data is required on nutrient composition of such foods. Moreover, such foods are non-standardised and therefore their nutrient composition cannot be same, as it will depend on the ingredients used in different institutions/households. The school management must ensure regulation of such foods through canteen policies that promote healthy, wholesome and nutritious foods. The school canteen policy would provide guidance on this matter to management.

2. Develop a Canteen Policy to provide Nutritious, Wholesome and Healthy Food in Schools

Canteens in the schools should not be treated as commercial outlets. They carry a social responsibility towards inculcating healthy eating behaviours. They can be used to motivate children to consume healthy and hygienic food. Canteen policies based on nutrition criteria has

²⁶ (***) Some members – Pediatricians and Nutritionists - are of the view that there should be a ban on most common HFSS Foods in Schools and area within 50 meters

been developed in many other countries. A suitable canteen policy that enables nutritious, wholesome and healthy foods to children should be developed in consultation with health ministry and education ministry. It should be based on the following:

- The school canteen policy should consider, for the sake of easy understanding, introducing the concept of colour coding (Table 3) to categorize the foods, for instance,
 - foods that should be eaten most as of Green category,
 - foods that should be eaten sparingly as of Yellow category, and
 - most common HFSS Foods as of Red category,
 - It is recommended that at least 80% of the food available in schools should be of Green category.
- It is clarified that this concept is not meant for labeling of foods. ✱
- The policy should be applicable for all types of schools such as primary, secondary, day care, boarding etc. Depending upon the place and region, the policy should include foods that are to be promoted as well as discouraged for consumption by children.
- The policy should also take into consideration non-standardized foods that are sold in canteens and may extend to foods that are brought by children from home. Regarding foods that are to be discouraged, suitable measures such as decreasing the frequency and portion size could be suggested.
- A 'School Health Team' or similar unit could be set up in each school comprising teachers, parents, students and school canteen operators, who will coordinate, implement and monitor the canteen policy to make available quality and nutritious food to students in schools.
- A well-structured curriculum on balanced diet and its health impacts should be introduced. The curriculum needs to take into account the level of students and detail out as the children migrate from one class to another. NIN should be involved in developing this curriculum.
- Schools should also promote nutrition education and awareness among children through various tools such as posters. If required a provision for funds from Department of School Education and Literacy should be made.

Table 3: Concept of Colour Coding of Foods

Colour Code	Availability	Examples
Yellow	Select carefully Approach should be greening, small portion size and reduced frequency	Baked vegetable based snacks, ice creams, milk-based ices and dairy desserts etc.
Red	Restrict / Limit Availability in Schools ²⁷ (*)	HFSS Foods as per Table 2

Sample Menu Options for Healthy Food

Based on the above suggestions, an indicative list of healthier sample menu options that could be categorised as green is provided in Table 4 given below:

Table 4: Sample menu options with Kcal

Food Items	Kcal	Food Items	Kcal
Vegetable sandwiches (brown or multigrain bread) {no mayonnaise, low fat cheese can be used}	150-200	Paneer / chicken / egg / salami sandwiches (brown or multigrain bread) {no mayonnaise}{low fat cheese}	200-250
Fruit salad: 1 big katori	100	Fruit chat	100
Single fruits (seasonal)	80-100	Fruit yoghurts	100
Chick pea vegetable chat 1 medium katori	100	Paneer/ vegetable cutlets 2 pc	200
Fruit custard 1 big katori	200	Khandvi 2 pcs	80
Veg. poha 1 medium katori	150	Sprout salad 1 medium katori (sprouts 30g rest salad)	100
Veg. uttapam 1 medium	150	Veg. upma 1 medium katori	200
Vegetable pulao with veg raita; 1 medium katori	200	Vegetable idlis with chutney: 2 pc	120
Vegetable (whole wheat flour/multigrain flour) kathi rolls: 1	150	Paneer/chicken/egg (whole wheat flour/multigrain flour) kathi rolls: 1	200

²⁷ (*) Some members – Pediatricians and Nutritionists - are of the view that there should be a ban on most common HFSS Foods in Schools and areas within 50 meters

Table 5: Sample beverage options (200 ml) with Kcal

Low fat milk shakes with seasonal fruits (banana ,mango, strawberry, chiku, black current) no added sugar	180	Fresh lime soda / shikanjee (with 10g sugar)	40
Fresh fruit juice	120	Badam milk	180
Smoothies with fruits	180	Salted / plain lassi	120
		Jaljeera	60

3. Regulate Promotion of 'HFSS Food' among School Children

There is a substantial increase in advertising of foods high in fat, sugar and salt across the world. Children are especially vulnerable to advertising because they cannot fully understand the disguised persuasive techniques of the advertisements and judge critically. The impact is exponential as proved by several studies. The objective is to regulate the 'exposure' and 'power' of advertisements and promotional activities that are targeted to children.

- It is recommended that Government should consider developing a framework to regulate promotion of HFSS Foods among School Children taking into account WHO Document titled – “A Framework For Implementing The Set of Recommendations on Marketing of Foods and Non-Alcoholic Beverages to Children – 2012”.
- It is further recommended that Government may advise Advertising Standards Council of India (ASCI) or any other relevant body to consider developing such framework to address the following issues:
 - (i) Regulating advertisements of HFSS foods to school children. This should include age group, print / electronic media timing.
 - (ii) Limiting reach of such advertisements in electronic media where School Children are the key audience.
 - (iii) Restricting celebrity endorsements for HFSS Foods
 - (iv) Regulating promotional activities of 'HFSS Foods' targeted at children.

4. Food Safety and Standards Authority of India should consider reviewing the Labeling Regulations to enable disclosure of all Relevant Information

The objective is to better educate the consumer to facilitate an informed decision, as it is critical to a healthy and balanced diet. In the current context, it is more about creating awareness among parents at home that gets reflected into eating behaviors of the entire family including children. As per WHO, providing accurate, standardised and comprehensible information on the content of food items is conducive to consumers making healthy choices.

In India, the labeling regulations mandate packaged food manufacturers to declare nutritional information on product labels indicating the energy value in Kcal followed by the amount of nutrients present. However, it needs to be made more informative. While reviewing the labeling requirement following may be taken into consideration.

Nutrition Facts labeling including the quantity of nutrients on the pack: The labels should inform (suggested format in Figure 2) on how much the quantity of nutrients in a food packet and serving size contribute to the total daily requirement. Desired information may include:

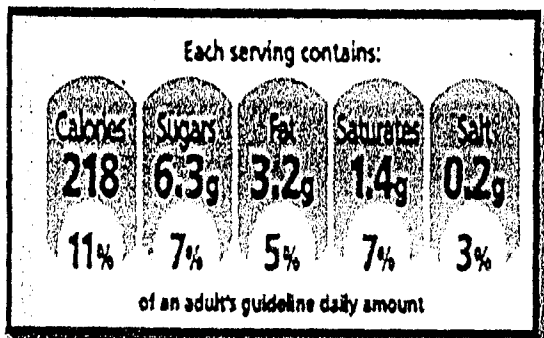
- Serving size and number of serving size per packet/container
- Per serving information and its contribution to RDA (in%) as per NIN
 - o Calories
 - o Key ingredients (in grams) such as total fat, saturated fat, trans-fat, sugar, carbohydrates, proteins, salt/sodium etc.
- Total calorie count based on which RDA is calculated

Figure 2: Nutrition Facts Labelling

Nutrition Facts	
Serving Size 1 cup (228g)	
Servings Per Container 2	
Amount Per Serving	
Calories 250	Calories from Fat 120
% Daily Value*	
Total Fat 13g	30%
Saturated Fat 5g	25%
Trans Fat 2g	
Cholesterol 30mg	10%
Sodium 60mg	2%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protein 5g	
Vitamin A 4%	Vitamin C 2%
Calcium 15%	Iron 4%

- Front of the Pack' labeling that provides the Nutrition Facts in a simpler, easy to understand manner. Refer to an illustration below (Figure 3):

Figure 3: 'Front of the pack' Labeling



- Review of labeling provisions for non-packaged HFSS Food items.

5. Establish Stringent Limits for Unhealthy Ingredients

From the perspective of controlling the intake of TFAs that are extensively used in bakery, confectionery and deep fried cooking, a limit of 10% of trans fats in the cooking medium, i.e., vanaspati, etc. should be revised to 5% at the earliest.

6. Encourage Physical Activity by School Children

Consumption of food and physical activity by school children should be promoted in line with the WHO Global Strategy on Diet, Physical Activity and Health and the Government of India Policy of making Physical Activity compulsory in Schools. Physical activity complements maintaining good health if it is accompanied by a well-balanced and nutritious diet. Government and schools should take initiatives to encourage physical activity by children such as supporting infrastructure within and outside the school, creating awareness among children and their parents about the importance of outdoor games and sports, increasing time devoted to such activity and introducing allocation of marks/grades to sports.

For children and young people, physical activity includes play, games, sports, transportation, chores, recreation, physical education, or planned exercise, in the context of family, school, and community activities. The recommendations to improve cardio-respiratory and muscular fitness, bone health, and cardiovascular and metabolic health biomarkers are:

- a) Children aged 5-17 should accumulate at least 60 minutes of moderate - to vigorous-intensity physical activity daily, e.g., Team sports like Football, Cricket, Basketball, Tennis, Badminton, *KhoKho*, *Kabaddi*.
- b) Amounts of physical activity greater than 60 minutes provide additional health benefits.
- c) Most of the daily physical activity should be aerobic. Vigorous-intensity activities should be incorporated, including those that strengthen muscle and bone, at least 3 times per week, e.g., Cycling, Running, Swimming, Roller skating

The term "physical activity" should not be mistaken with only "exercise". Exercise, is a subcategory of physical activity that is planned, structured, repetitive, and purposeful in the sense that the improvement or maintenance of one or more components of physical fitness is the objective. Physical activity includes exercise as well as other activities like walking, strolling in garden, walking the dog, taking the stairs, house chores and recreational activities which involve bodily movement and are done as part of playing, working and active transportation.

Physical inactivity due to insufficient participation in physical activity during leisure time and an increase in sedentary behavior during occupational and domestic activities, e.g., Watching TV, Play Video Games, Indoor Card Games, Console Gaming etc. should be reduced as far as possible.

Scientific Criteria followed to explain identification of HFSS Foods

A "cut-off" criterion based on RDA of nutrients by NIN²⁸, India

The criterion is based on RDA of nutrients provided by NIN, India. Most of these are in line with those recommended by WHO. NIN guidelines have adapted to suit the Indian population.

Methodology for setting "cut-off" limit: RDA of calories and individual nutrients (refer 1 below) is apportioned across meals and snacks throughout the day (refer 2 below). It is then compared with actual amount of calories and respective nutrients that are present in foods. Foods with higher than the set 'cut-off' limit of one or more parameters are considered unhealthy. Breakfast and/or mid-morning snack is considered for school children.

1. RDA of nutrients considered for children (based on 2100 Kcal for 10-12 years)

Salt/sodium: Total RDA for salt is 5 g /day, sodium 2 g/day as per NIN dietary guidelines

Total fats: Total fat intake should not be >30% E per day (WHO recommendation adopted by NIN)

Trans fatty acids (TFAs): Total RDA is <1% E per day (WHO recommendation adopted by NIN)

Added sugar: Total RDA 30 g sugar /day as per NIN dietary guidelines

Saturated fatty acid (SFAs): Total RDA is up to 8% E (WHO recommendation adopted by NIN)

2. Meal break-up considered (% total calories)

Breakfast	25%
Mid-morning snack	10%
Lunch	25%
Evening snack	10%
Dinner	25%
Bedtime	5%

²⁸ Dietary guidelines for Indians, A manual, NIN, 2011.

Table 6: Cut-off values for calories & nutrients that should not be exceeded in a snack or meal

Cut-off values of calories and nutrients (RDA for calories 2100) 10-12 years							
	% RDA allocated	Kcal limit	Total fat[g/% of total]	SFAs [g/% of total]	TFAs [g/% of total]	Sugar[g]	Salt/sodium[g]
Snack	10	210	7/30	1.86/8	0.23/1	3	0.5/0.2
Meal	25	525	17.5/30	4.65/8	0.57/1	6.25	1.25/0.5

** Calculation illustration:*

- Kcal: 10% of 2100=210 Kcal; 25% of 2100=525 Kcal
- Total fat: 30% E of 210 for snack = 63 Kcal and 63/9 (Kcal/gm of fat) = 7 g; similarly its 17.5 g for meal
- SFAs: 8% E of 210 snack = 16.8 Kcal and 16.8/9 (Kcal/gm of fat) = 1.86; similarly its 4.65 g for meal
- TFAs: 1% E of 210 snack = 21 Kcal and 21/9 (Kcal/gm of fat) = 0.23 g; similarly its 0.57 g for meal
- Sugar: 10% of 30 g (RDA) for a snack = 3g; similarly its 6.25 g for meal
- Salt/Sodium: 10% of 5 g of salt (RDA) and 2 g of sodium (RDA) for a snack = 0.5 g of salt and 0.2 g of sodium; similarly its 1.25 g of salt and 0.5 g of sodium per meal

Based on the cut-off values, various snack foods available in the India are evaluated. A red/bold figure in the tables below highlights that the cut-off is exceeded vis-à-vis respective nutrient or calories.

Table 7: Examples of identified HFSS food items:

Food item	Serving size	Calories [Kcal]	Total fat [gm]	Sodium [gm]	Added sugar [gm]	Saturated fat [gm]
Potato Chips	50 g	272	17	0.39	1	5.35
Aloo Bhujia	50 g	315	25	0.34	0	5
Cola Drink	300 ml	132	0	0	33	0
Instant Noodles	80 g	360	14	0.95	3.2	6.8
Milk Chocolates	40 g	220	12	0.45	21	8
Non-carbonated Fruit Beverage	200 ml	146	0	0	34.6	0
Aloo Burger	155 g	352	14	0.84	8	NA

Source: Company websites primarily.

PART II - Guidelines on Food Safety, Hygiene and Sanitation for Food available in school canteens

1. Food Safety, Hygiene and Sanitation:

Food Safety, Hygiene and Sanitation are fundamental to ensure human health and safety. Several instances have come to notice, whereby, issues relating hygiene, sanitation and safety have raised concerns about the safety of the health of school children. The following requirements are important to ensure safety of food made available to them. These requirements should be read in conjunction with Schedule IV of Food Safety and Standards (Licensing and Registration) Regulation, 2011.

1.1 Building design of school canteens:

a) Location

- Food preparation and serving area should be located in such a way that there is no food safety risk from objectionable odors, smoke, dust or other such contaminants.
- It should not be located near toilets.

b) Roads and areas used by wheeled traffic

- Areas for wheeled traffic, in and around food preparation and serving areas, should be constructed in such a manner that it doesn't pose a risk to food safety.

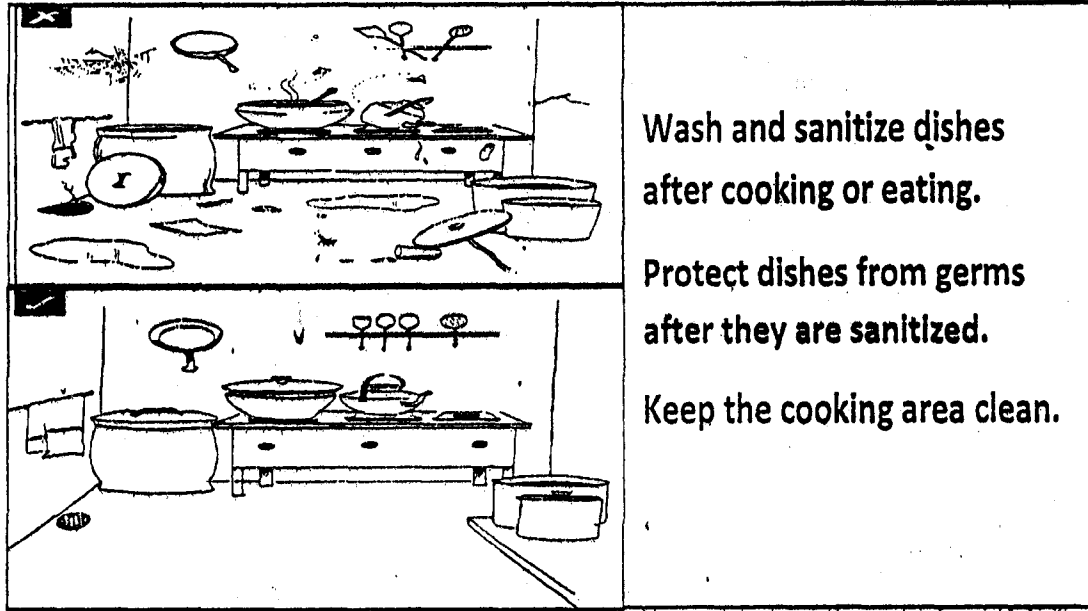
c) School Canteen Building and Facilities

- They should be:
 - of sound construction and well maintained,
 - designed to permit easy and adequate cleaning.
 - prevent the entrance and harboring of pests and
 - prevent entry of environmental contaminants such as smoke, dust, etc.
- Floors, walls and ceilings, where appropriate, should be easy to clean and disinfect, without crevices and prevent accumulation of dust.
- Windows and other openings should be fitted with insect-proof screens.
- Doors should have smooth, non-absorbent surfaces and, be self-closing.
- Adequate provisions for drainage and cleaning shall be made in school canteens.

1.2 Hygienic Requirement: Utensils / Equipment

a) Equipment and Utensils

- All equipment and utensils which may come in contact with food should be made of material which is resistant to corrosion and is capable of withstanding repeated cleaning, and disinfection.
- All equipment and utensils should be designed and constructed to prevent hygienic hazards and permit easy and thorough cleaning and disinfection.

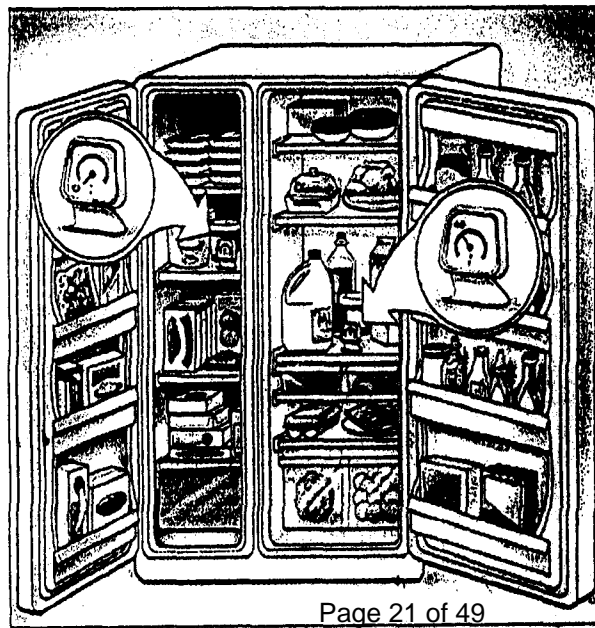


b) Equipment and utensil storage

- Portable equipment such as spoons, beaters, pots and pans, etc., should be protected from contamination.

c) Refrigeration

- In case canteens use raw materials or serve foods which require low temperature storage, canteen should have adequate facilities for the same.
- All refrigerated spaces should be equipped with temperature measurement devices.



1.3 Hygienic Requirement: Preparation Steps

a) Raw Material Requirements

- Raw materials or ingredients should be inspected prior to use in canteens. No raw material or ingredient should be accepted if it is decomposed or contains insects or extraneous substances

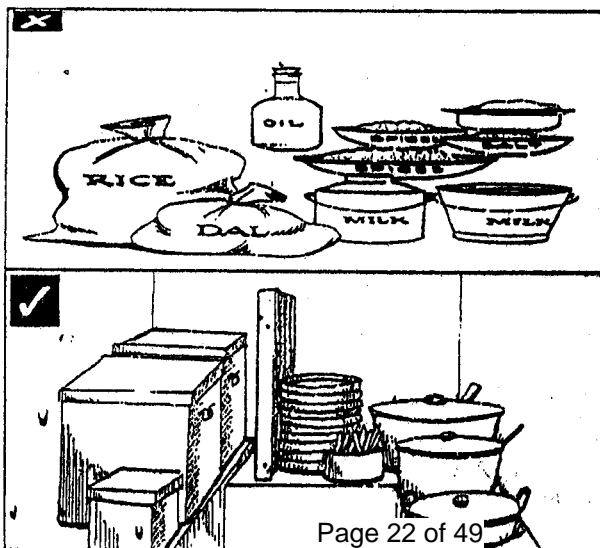


**Do Not Buy Foods
like Fruits,
Vegetables from
Unhygienic Places**

- Raw materials and ingredients stored on the premises of the establishment should be maintained under conditions that will prevent spoilage, protect against contamination and minimize damage. Meat, poultry, fish and other non-veg products should be sourced only from licensed / authorized vendors.
- Frozen products should be received at temperature below -18°C and fresh / chilled products to should be received at temperature below 5°C and must be refrigerated after reception till usage. Refrigerators should not be overstuffed to ensure proper circulation of the air inside.

b) Storage

- Raw and cooked food must be separated during storage and preparation.



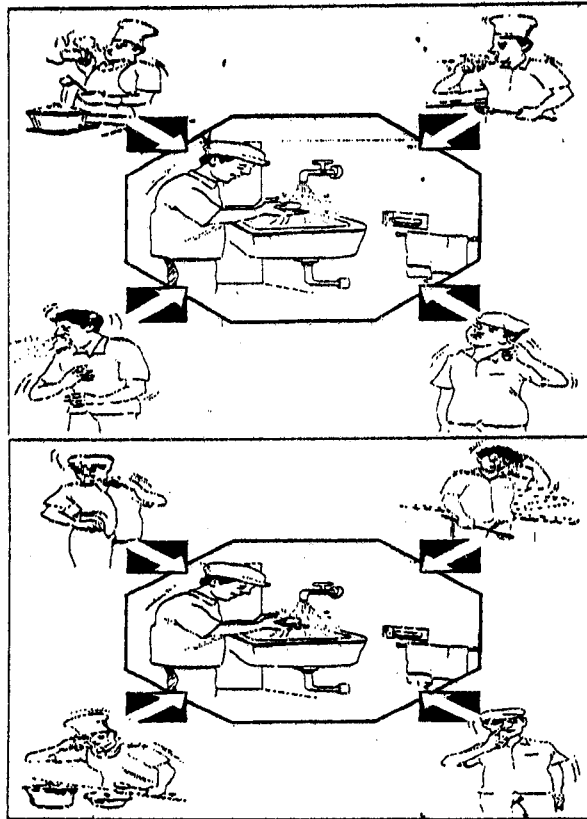
- All raw foods which require refrigeration, such as meat, chicken, fish, certain vegetables etc., should be stored under appropriate refrigerated conditions.
 - Appropriate stock rotation mechanisms must be used.
 - Food must be kept hot at $>60^{\circ}\text{C}$ or cold at $<10^{\circ}\text{C}$, during prolonged periods of service and where food is presented as a buffet/self-service.
-) **Water Supply**
- An ample supply of clean drinking water, in compliance with the IS-10500 quality standard, under adequate pressure and of suitable temperature should be available with adequate facilities for its storage, where necessary.
 - If required, a system to ensure supply of hot potable water should be available.
 - Ice shall be made from potable water and should be handled and stored so as to protect it from contamination.
-) **Cooking process**
- The time and temperature of cooking should be sufficient to ensure the destruction of non-spore forming pathogenic micro-organisms.
 - The quality of oil or fat should regularly be checked for odor, taste and smoking color, and if necessary, changed. Repeated use of oil for frying is not desirable.
-) **Salad preparation**
- Step: 1 for all salad items, sorting is to be done. Remove any bruise, rotten items.
 - Step: 2 thoroughly wash the salad items (except onion where peeling off is done).
 - Step: 3 Wash and sanitize the salad cutting area, cutting pad, knives /cutter and hands with disinfectant.
 - Step 4: Cut and remove both ends of the salad item and rinse with water.
 - Step 5: Peel off the outer skin of the salad items (where applicable) and dip in 25ppm – 50ppm chlorine solution for few minutes, before chopping into smaller pieces as desired. The chopped salad should be kept at refrigerator if stored longer than normal lunch hour.

Precaution: Do not handle the salad with BARE HANDS after sanitation.



1.4 Safe Handling of Cooked Food:

- Canteen Staff must be trained in the good hygiene practices, before hiring.
- Good practices of personal hygiene must be followed e.g. daily bath, hand sanitation and the protective uniform (including hair cover, gloves, shoes) etc.



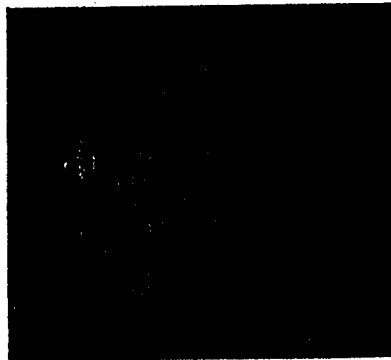
Wash hands after any of this

- Ensure that the serving plates, bowls, glasses and spoons are clean and dry.
- Periodical assessment/audit of the cooked food handling practices must be performed and shared with School Health Team.
- Regular microbiological analysis should be carried out for the cooked food, salad and drinking water in a FSSAI approved laboratory.
- Typical indicative values for different microbiological parameters are:

Item description	TPC	Coliforms	Norm: E. coli/g
Cooked Food	10,000 cfu/g	Max. 10 cfu/g	Absent/g
Salad	10,00,00 cfu/g	Max. 10 cfu/g	Absent/g
Utensils	100cfu/100 cm ²	Max. 10 cfu/100 cm ²	Absent/g
Hand swab from food handlers	100 cfu/ swab from both the hands	Max. 10 cfu/swab from both the hands	Absent / swab from both the hands

1.5 Personal Cleanliness

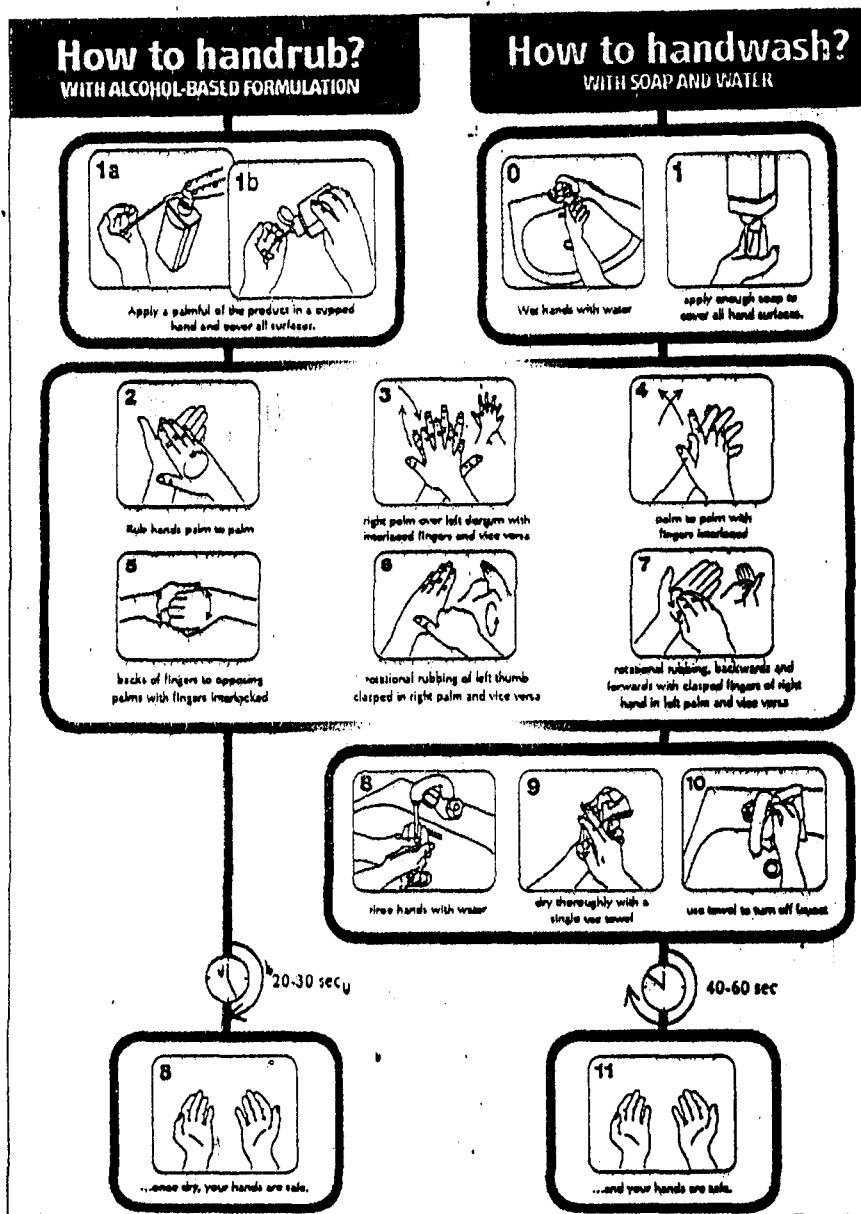
- a) Canteen staff must maintain a high degree of personal cleanliness, trimmed nails, (where appropriate) wear suitable protective clothing, head covering.



- b) In-case of cuts and wounds, canteen staff may be permitted to continue working, with suitable cover / waterproof dressings.



- c) Canteen staff must wash their hands with soap where personal cleanliness may affect food safety, for example:
- At the start of food handling activities
 - Immediately after using the toilet.
 - After handling raw food or any contaminated material (used utensils, waste materials).

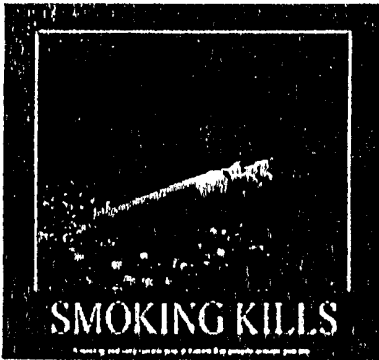


1.6 Health Status

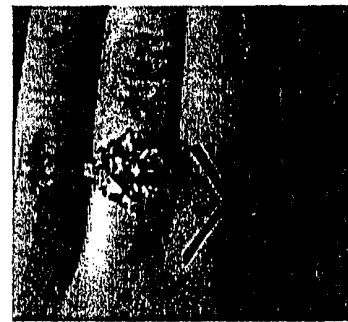
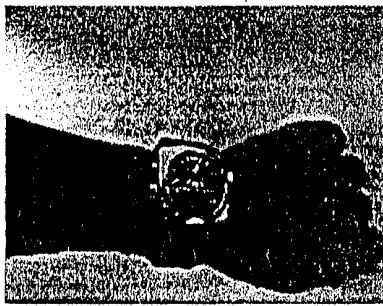
- a) Personnel known, or believed, to be suffering from, or to be a carrier of a disease or illness likely to be transmitted through food, shall not be allowed to enter into any food handling area.
- b) Arrangements shall be made to get the canteen operators/food handlers in school canteens to be medically examined regularly to ensure that they are free from any infectious, contagious and other communicable diseases.

1.7 Personal Behavior

- a) People engaged in food handling activities should refrain from behavior which could result in contamination of food, for example:
 - Smoking; spitting; Chewing or eating or sneezing or coughing over unprotected food.
 - Putting fingers on hair, nose, mouth during cooking or serving food.



- b) Personal effects such as jewelry, watches, pins or other items should not be worn or brought into food handling areas.



- c) Prevent cross contamination – before starting the job of cutting or cooking, ensure all utensils, knife, chopping boards should be thoroughly cleaned. Separate chopping boards and knives for raw fruit/vegetables/meat/poultry and ready-to-eat food should be used.



- d) All types of chemicals i.e. cleaning, sanitation and insecticides etc. must be stored away from raw materials and finished foods and should be stored under control with lock and key.

	<p>Store foods in appropriate containers</p> <p>To prevent cross contamination, cooked and uncooked food should not be kept in the same</p>

1.8 Pest Management

- a) Animals and insects, potential risks to health, should be excluded from canteen buildings

Rat: responsible for plague, Q fever, leptospirosis



Pigeon: responsible for salmonellosis, psittacosis



Housefly: carrier of pathogenic bacteria.



Weevils: carrier of pathogenic bacteria.



Cockroach: carrier of Pathogens.

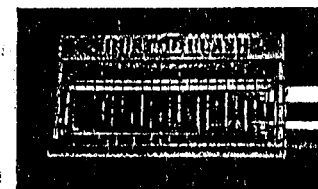


- b) There should be an effective control of pests. Canteen and surrounding areas should be examined for evidence of infestation.

- Ensure doors are closed, when not in use.
- Use proper netting / air curtain / PVC strip with 25% overlapping
- Do not give food & space for roosting.
- Keep area clean. Do not leave any open foodstuff.
- Maintain clean drainage, and treat gutters periodically.



- c) Pest control treatments with chemical or biological agents should only be undertaken under direct supervision of trained personnel.

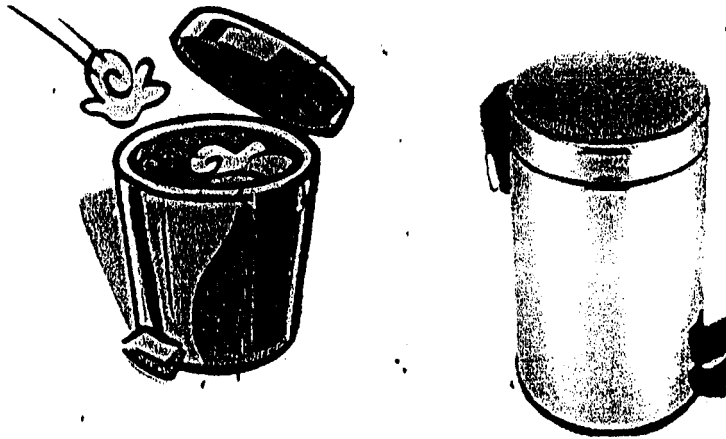


- d) Insecticides should only be used if other measures cannot be used effectively. Before pesticides are applied, all food, equipment and utensils should be safeguarded from contamination.

- e) After application, contaminated equipment and utensils should be thoroughly cleaned to remove residues prior to being used again.

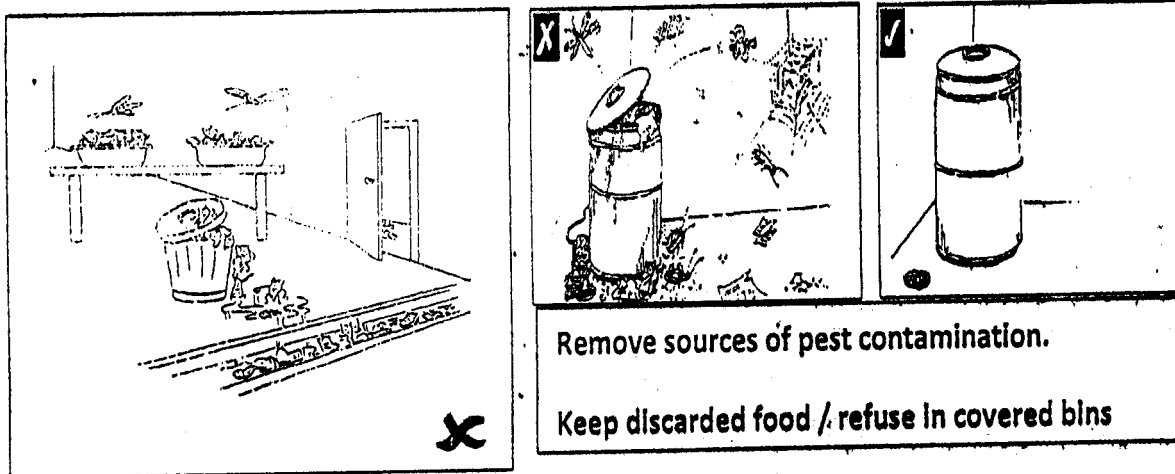
1.9 Waste Management

- a) Containers for inedible material and waste should be covered, leak proof, constructed of metal or other suitable material which should be easy to clean. Collection of waste material should not spread it to other areas.



- b) Facilities for storage of waste and inedible material

Where required, schools should also have facilities for the storage of waste/ inedible material prior to removal from the canteen. These should be designed to prevent access by pests.



- c) Waste disposal

Schools should have an efficient waste disposal system which should at all times be maintained in good order and repair. All waste pipes should be properly trapped and lead to a drain.

1.10 Training

- a. Training of canteen staff is an essential foundation pillar for the success of food safety management systems and it needs to be supported by the school health teams.
- b. School health team should identify and train a senior person as the food safety leader, who should be capable of understanding this area.
- c. Food Safety team leader should also be instrumental in inculcating awareness among canteen staff and students.

Checklist for Utensils and Other Equipment

S. No.	Activity/Focus Point	Yes	No	Corrective action	Remarks
1.	Sufficient stainless steel utensils and other wares required for cooking available in proper condition				
2.	Food contact surface does not contaminate food with off smell or odour				
3.	Food contact surface are smooth for cleaning and without any pits, corrosion or foreign matter and is not absorbing moisture				
4.	Equipment allow complete cleaning and draining of water with no water/food residues holding				
5.	Equipment are identified for the usage to prevent cross contamination, i.e., Containers used for raw material, processed food and waste etc.				
6.	Separate storage space identified for clean and unclean utensils and protected from contamination				
7.	Refrigerators are maintained clean and stuffed not in excess with proper segregation to prevent cross contamination				
8.	Raw material Refrigerator must be separate from processed foods				
9.	Equipments have the desired covers for prevention of any unintended contamination of foreign matter, hair, dirt, etc.				
10.	Crack wares are not in use				

Checklist for Raw Materials Management

S. No.	Activity/Focus Point	Yes	No	Corrective action	Remarks
1.	Raw Material used in the kitchen are listed and approved				
2.	Raw Material purchase system is documented with the criteria for food quality and safety and approved				
3.	Raw material purchase excludes spoilage, pest infestation, fungus or objectionable odours and dirt				
4.	Processed material purchase from identified vendors (ideally approved vendors)				
5.	Raw Material storage in proper condition - Perishable products at < 10 C; Segregation between raw and processed foods. Animal origin products < 5 C (milk, meat etc.). Frozen Material at - 18 C				
6.	Inventory Control exists with identified expiry/ use before date. Excess materials are not allowed				
7.	Individual Raw material storage Containers with proper covers and labels				
8.	Inspection system of Raw materials to prevent any pest growth like raw cereals and pulses etc.				
9.	No infested material stored in the kitchen and disposal mechanism exists				
10.	Temp. Monitoring of equipment storing materials done on daily basis				

Checklist for Water and Salads

S. No.	Activity/Focus Point	Yes	No	Corrective action	Remarks
1.	Clean/potable water availability for Drinking and Washing, cleaning as per IS-10500				
2.	Hot water available for washing utensils				
3.	Water taps in proper repaired conditions				
4.	Water used for other requirements in segregated lines, no cross connection. Water distribution lines are identifiable for the type of water				
5.	Ice is prepared from clean potable water				
6.	Drinking Water cooler, dispensers are maintained clean and under proper cover with no entry points for pests or dirt.				
7.	Salad are washed in clean drinking water and all visible soil is removed				
8.	Salads are peeled off and dipped in chlorine water as prescribed before chopping				
9.	Separate containers, knives are used for salad after peeling off/ washing.				
10.	Chopped Salad is kept at cold temperature(< 10 C) before serving				

Checklist for Handling of Cooked Food

S. No.	Activity/Focus Point	Yes	No	Corrective action	Remarks
1	Persons serving food are trained in Hygiene and Food Safety Principles with training records				
2	Persons following proper usage of PPEs				
3	Canteen crew following Personal Hygiene practices - No sneezing, no jewelry, trimmed hair nails etc.				
4	Separate Serving spoons for individual cooked items				
5	Serving plates, spoons etc. are clean and dry kept at clean surface.				
6	Proper segregation of cooked food from raw fruits and Salads				
7	Cooked Food kept at hot temp. (> 60 C) and salad, yoghurt, ice creams etc. to be at < 10 C before serving as applicable.				
8	The cooked food containers, are properly covered and with separate spoons to prevent any contamination				
9	Spilled foods is removed carefully				
10	Leftover food is disposed of as waste immediately				

Checklist for Monitoring and Controls

S. No.	Activity/Focus Point	Yes	No	Corrective action	Remarks
1	The Hygiene management system is in place with respect to the formation of the hygiene committees including Management				
2	Proper training are delivered, evaluated and recorded for, Food Safety and Hygiene				
3	Raw Material Quality and food safety checks are conducted before purchase, delivery and usage				
4	Regular inspection and assessment is done by the Food Safety Committee for Hygiene controls in the kitchen and related areas like wash rooms				
5	Periodical Hygiene monitoring checks are conducted for the canteen Crew by the Hygiene/ Food Safety Committee				
6	Periodical checks on the cooked food and water quality are conducted in an external FSSAI approved laboratory				
7	All the records and inspection results of food quality and safety are reviewed by the food safety team leader and presented to the management for corrective action				
8	Management commitment is visible by their presence in the meetings and minutes of meetings are shared in the food safety committee meetings				
9	Improvement areas are identified and pending points are properly tracked				
10	Certification from the FSSAI is conducted by the management committee				
11	Key Deliverables on the food Hygiene standards are tracked and the staff is motivated by recognizing the best employee etc.				

**Composition of the Expert Group set up by
Food Safety and Standards Authority of India (FSSAI)
under the directions of Hon'ble High Court, Delhi**

1. Shri. S. Dave, Advisor, Food Safety and Standards Authority of India (FSSAI), Ministry of Health and Family Welfare, Govt. of India, New Delhi – **Chairman**
2. Ms. Sunita Narain, Director, Centre for Science and Environment (CSE), New Delhi
3. Dr. K. Damayanti, Scientist 'C', National Institute of Nutrition NIN, Hyderabad
4. Advisor (Nutrition), Ministry of Health & Family Welfare, Govt. of India, New Delhi
5. Dr. Rekha Harish, MD, FIAP, Professor and Head Department of Paediatrics, Govt. Medical College, Jammu
6. Dr. Jagdish Chandra, Director Professor, Dept of Paediatrics, Lady Harding Medical College and Kalawati Saran Child Hospital, New Delhi
7. Dr. Anju Seth, Professor, Dept of Paediatrics, Lady Harding Medical College and Kalawati Saran Child Hospital, New Delhi
8. Dr. Umesh Kapil, Public Health Specialist, AIIMS, New Delhi
9. Dr. Anuja Agarwal, Nutritionist, AIIMS, New Delhi
10. Dr. S. Jindal, Former President - AIFPA, All India Food Processors' Association
11. Shri. Sanjay Khajuria, President - CIFTI FICCI, All India Food Processors' Association
12. Shri. Sunil Adsule, National Restaurant Association of India
13. Dr. Mridul Salgame, National Restaurant Association of India
14. Dr. N Ramasubramanian, Retailers Association of India
15. Dr. P. S. M. Chandran, Retailers Association of India

Changes Proposed by one member of the Expert Group

Para No. Page No.	Present Statement	Proposed Statement
1 st Para: Page 2	<p>Lack of availability of balanced diet and safe food coupled with lack of awareness about physical activity are, in most school children, believed to have led to various health related concerns.</p> <p><i>(This sentence was Chair's addition to bring completeness and context)</i></p>	<p><u>Propose to delete</u> as it puts focus on self-choice and physical activity.</p>
Para 1.1: Page 2 <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-left: 10px;">1</div>	<p>A healthy lifestyle is cornerstone of good health, physical fitness, energy and reduced risk for disease. It is based on the choices one makes about his or her daily habits. Good nutrition, daily exercise and adequate sleep are the foundations for continuing health lifestyle. A healthy lifestyle includes diet based on balance, variety and moderation coupled with regular physical activity commensurate with one's age, gender and body constitution.</p> <p><i>(This was agreed in the EG meeting)</i></p>	<p>A healthy lifestyle and is cornerstone of good health, physical fitness, energy and reduced risk of disease. A balanced and nutritious diet is critical for ensuring good health. Physical activity and adequate sleep complement but do not substitute the need for balanced, wholesome food at all ages.</p>

Para No. Page No.	Present Statement	Proposed Statement
Para 1.2: Page 3	<ul style="list-style-type: none"> • “to develop, implement and evaluate actions recommended in the Strategy, as appropriate to national circumstances and as part of their overall policies and programmes, that promote individual and community health through healthy diet and physical activity and reduce the risks and incidence of non-communicable diseases; • to promote lifestyles that include a healthy diet and physical activity and foster energy balance; • to encourage and foster a favourable environment for the exercise of individual responsibility for health through the adoption of lifestyles that include a healthy diet and physical activity” <p>(This was agreed in the EG meeting)</p>	<p><u>Propose to delete the existing statement or add the following:</u></p> <ul style="list-style-type: none"> • “Factors that increase the risk of non communicable diseases include elevated consumption of energy dense nutrient poor foods that are high in fat, sugar and salt; reduced levels of physical activity at home, at school, at work and for recreation and transport; and use of tobacco. • Food advertising messages that encourage unhealthy dietary practices should be discouraged the Governments should develop a multi sectoral approach to address any such issues • Providing accurate, standardised and comprehensible information on the content of food items is conducive to consumers making healthy choices”

2

Para No. Page No.	Present Statement	Proposed Statement
Para 2.2: Page 4	<p>As per WHO Document titled “Marketing of Foods High in Fat, Salt and Sugar to Children – Update 2012-2013”, foods that are high in fat, salt and sugar are commonly termed as HFSS Foods.</p> <p><i>(This was agreed in the EG meeting and any reference to junk food was agreed not to be included in the document)</i></p>	<p><u>Propose to add at the end:</u></p> <p>... which are high in empty calorie and also popularly called junk food.</p>
Footnote 25 on Page 9	<p>(*) Some members representing industry are of the view that the mandate, under the Order of Hon’ble High Court, does not include areas outside schools.</p> <p><i>(This language was agreed in the EG meeting</i></p>	<p><u>Propose to change as:</u></p> <p>(*) Some m Members representing industry are of the view that the mandate, under the Order of Hon’ble High Court, does not include areas outside schools.</p>

Para No. Page No.	Present Statement	Proposed Statement
<p>New Footnote proposed on Page 9</p> <p style="text-align: center;">4</p>	<p>The objective is to restrict/limit the consumption/availability of most common HFSS food (as per indicative list in Table 2 below) in, the school premises, where the child is without parental supervision.</p> <p><i>(No new footnote was proposed during the EG meeting; the above language had been agreed.)</i></p>	<p><u>Propose to add a new footnote after “The objective is to restrict/limit” as under:</u></p> <p>The objective is to restrict/limit (**) the consumption/availability</p> <p>(**) Members -Pediatricians, Nutritionists and Health Specialists - are of the view that there should be a ban on most common HFSS Foods in Schools and area within 50 meters</p>

Para No. Page No.	Present Statement	Proposed Statement
Para 6: Page 15	<p>6. Encourage Physical Activity by School Children</p> <p><i>(This Para was re-written by the Chair after taking inputs from the version that was earlier drafted by EG members from the industry because there was hardly any focus on physical activity in the presented draft, and to provide a balance to the document. The EG had agreed that the Chair may improve this Para.)</i></p>	<p><u>Propose to write as follows (presented draft) so that emphasis is not given to physical activity:</u></p> <p>Consumption of food by School children should be in line with WHO Guidance concerning physical activity and Government of India Policy of making Physical Activity compulsory in Schools. Physical activity complements maintaining good health if it is accompanied by a well-balanced and nutritious diet. Government and schools should take initiatives to encourage physical activity by children such as supporting infrastructure within and outside the school, creating awareness among children and their parents, increasing time and marks/grades allocated to sports. Children aged 5-17 should engage regularly in physical activity of at least 40-45 minutes daily.</p>

advisor

From: enforcement1@fssai.gov.in on behalf of Sanjay Gupta <enforcement1@fssai.gov.in>
Sent: 07 March 2014 16:54
To: drsk_paul@yahoo.co.in; peshichfw@gmail.com; arunachalfoodsafety@yahoo.co.in; hlbhealthassam@gmail.com; ed_shsb@yahoo.co.in; health-bih@nic.in; kumaranil2020@gmail.com; rautmk@ias.nic.in; collector-dnh@nic.in; collector-daman@gmail.com; dirpfa@nic.in; s2veljee@yahoo.co.in; comfdca@gujarat.gov.in; md-hr-nrhm@nic.in; healthsecy-hp@nic.in; dhsr.hp@gmail.com; controllerdrugsfoodjk@yahoo.in; bktripathi2012@gmail.com; jdphilabs@gmail.com; foodsafety/kerala@gmail.com; lk-coll@nic.in; vcpandeyias@gmail.com; fda.bhopal@gmail.com; comm.fda-mah@nic.in; ytsering@yahoo.com; sangma.dcfsgmail.com; estherkimi@hotmail.com; sentiyanger12@gmail.com; holin_z@yahoo.co.in; dph.orissa@gmail.com; secyhlt.pon@nic.in; glu3959@gmail.co.in; gsji1797@gmail.com; md_phsc@yahoo.in; directorph-rj@nic.in; healthsecyskm@yahoo.com; commrfssa@gmail.com; secretarytrp11@gmail.com; commis.fssauk@gmail.com; commissibnerfda.up@gmail.com; fdaupgov@gmail.com; pdapanth@gmail.com; cfswb10@gmail.com; drsuhelakhtar@gmail.com; jfcipm@gmail.com; ria_mitra10@yahoo.com; lr.nampui1010@gmail.com; birsat80@gmail.com; sstomarcfda@gmail.com; haryanafda@gmail.com; gazanferh@gmail.com; sangma.dcfsgmail.com; dr_nkire@yahoo.co.in; hsg_68@yahoo.co.in; dfwpmtripura@gmail.com; gautamghosh09@gmail.com; secretary-msme@nic.in; cfswb10@gmail.com; 'ArnabKumar Hazra'; pradeep@chordia.com; nirdesi@gmail.com; 'cai India'; calcutta@cuts.org; mdo@vimta.com; gopaln@iimb.ernet.in; I N Moorthy; raghu@nisg.org; secy-agri@nic.in; secyhfw@nicmail.in; secyahd@nic.in; secy-food@nic.in; secy-ca@nic.in; secy.hub@nic.in; csoffice@nic.in; msme@nic.in; secy-mopr@nic.in; envisect@nic.in; secy.wcd@nic.in; mkbhan@dbt.nic.in; collector-daman-dd@nic.in; 'ArnabKumar Hazra'; pradeep@chordia.com; nirdesi@gmail.com; calcutta@cuts.org; mdo@vimta.com; gopaln@iimb.ernet.in; ezh@rb.railnet.gov.in; sujeet647@gmail.com; nkganguly@nii.res.in; aditya.atreya04@gmail.com; 'surekha chopra'
Cc: 'Vinod Kotwal'; advisor@fssai.gov.in
Subject: Finalization of "Draft Guidelines for Making Available Wholesome, Nutritious, Safe and Hygienic Food to School Children in India"-reg.
Attachments: Letter.pdf; Changes Proposed by one member.pptx

Sir/Madam,

Please find attached herewith a letter regarding finalization of "Draft Guidelines for Making Available Wholesome, Nutritious, Safe and Hygienic Food to School Children in India" and "Changes proposed by one member of the Expert Group".

It was decided that the members of the CAC could send their comments in writing (if any) on the draft guidelines as well as on the paper that was circulated in the CAC meeting containing "Changes proposed by one member of the Expert Group".

You would appreciate that the guidelines should be submitted to the Hon'ble High Court by 12.03.2014. Hence, you are requested to send your comments at advisor@fssai.gov.in latest by Monday (i.e. 10.03.2014).

Sanjay Gupta
Asth. Director (Enf.)

F. No. 6/FSSAI/NEL.R/PA/2013 (Part)
Food Safety and Standards Authority of India
(Ministry of Health and Family Welfare)
(Government of India)

FDA Bhawan, Kotla Road
New Deelhi-110002
Date: 07.03.2014

To,
Members of the Central Advisory Committee

Subject: Finalization of "Draft Guidelines for Making Available Wholesome, Nutritious, Safe and Hygienic Food to School Children in India"-reg.

Sir/Madam,

Kindly refer to the discussion held on 7th March 2014 in the 11th meeting of the Central Advisory Committee (CAC) on Agenda Item No. 2 on the matter relating to submission of draft guidelines to the Hon'ble High Court, Delhi.

General Comments were made by the members of the CAC and it was agreed that the document contained in the agenda item no. 2 is acceptable and can be submitted to the Hon'ble High Court, Delhi. It was also decided that the members of the CAC could send their comments in writing (if any) on the draft guidelines as well as on the paper that was circulated in the CAC meeting containing "Changes proposed by one member of the Expert Group" (copy enclosed).

You would appreciate that the guidelines should be submitted to the Hon'ble High Court by 12.03.2014. Hence, you are requested to send your comments at advisor@fssai.gov.in latest by Monday (i.e. 10.03.2014).

Yours faithfully,



(Vinod Kotwal)

Director (Enforcement)

Copy to:

1. PPS to CP, FSSAI
2. PS to CEO, FSSAI
3. Advisor (S), FSSAI
4. Director (PA), FSSAI

Compiled comments received from the Members of the Central Advisory Committee (CAC) on the Draft Guidelines for Making Available Wholesome, Nutritious, Safe and Hygienic Food to School Children in India and on the Paper (i.e. Changes Proposed by One Member of the Expert Group) circulated during the 11th Meeting of the CAC held on 07.03.2014.

ARUNACHAL PRADESH

We have carefully perused the "Draft Guidelines" and are of the opinion that the same is acceptable without any changes.

ASSAM

The Draft Guidelines covers the basic requirement in terms of better understanding and knowledge about a healthy life style amongst all school children. However, I would like to add some points for effective implementation of the Guidelines as given below:-

1. The Guidelines should ensure that Govt. should provide all necessary infrastructure in Schools in both Urban and Rural areas and provide basic requirement like hygienic, sanitation with reference to building infrastructure, equipment's and utensils, storage facilities, refrigeration of raw material and supply of potable water as mentioned in part - II.
2. In Schools where there is no Canteen facilities, NGOs may be entrusted to cater cluster of schools in providing safe, hygienic and nutritious food as is being done by Aakashay Patra Foundation in different States.
3. Regular monitoring of the quality of food articles concerning the nutrition, safety and hygiene should be included in the draft.

DELHI

1. Guidelines No. 3.2.1. prescribes restriction on the availability of most common HFSS Foods within 50 meters of the boundary of the schools. The implementation of this guideline may be difficult in the areas like old cities, densely populated areas where the govt. or private schools and the market area are in existence together.

2. Further, ideally the school children should not come out of the school once they enter the school premises till the close of the school for the reasons of safety and security of children. If, this is made mandatory to the school management to put restrictions on the movement of the school children outside the school, then naturally the availability of such foods near by the schools is automatically restricted, whether such food shops exists near by the schools or not.

GOA

1. At the primary scrutiny of the said guidelines, it is evident that these guidelines are applicable to food being served at the schools through their school canteens; however, this guideline does not contain any scope on the prepared food that is supplied to the school children through the Mid-Day Meals scheme, which is being cooked outside the school premises;
2. Prohibition included in this guidelines for all food outlets based on geographical distance location around the school premises may not be feasible and will also lead to vendors taking course to legal challenge and bring the guidelines to a standstill until decided and finalized by the Court after thorough scrutiny;
3. One way to discourage 'junk' food is to examine and explore the feasibility of restricting ads of junk food appearing both in print and electronic media, which are very attractive and catch attention of the children
4. Guidelines also fail to explain or address what would be the enforcement monitoring mechanism to enforce this guidelines across all the schools in the country;
5. Need for addressing the students' needs to refrain and be away from such non-nutritional food through school based curriculum and parents counselling
6. The objective should essentially be based and focused at ensuring 'safe & wholesome nutritious food' and the guideline scope as far as FSSAI should not get into the area of physical activity norms;

JAMMU & KASHMIR

At Para 2 page 9, it has been mentioned that canteens in the schools should not be treated as commercial outlets, whereas School Canteens falls under the provision of Food Safety and Standards (Licensing & Registration of Food Businesses) Regulations 2011. The exemption to such canteens under the draft guidelines for not treating as commercial outlets is in contradiction to the mandate of FSS Act. Besides the Authorities empowered under the said Regulations hold empowerment to take cognizance of any violations committed by such

vendors. Therefore, the proposed provision needs to be dropped in the larger interest of school children.

As regards providing of Nutritious Food to the School Children, the same should fall under the category of policy matter which must be addressed by the Concerned institutions/Education Department. Beside the availability of Most Common HFSS foods should be restricted within school canteens-only to develop the good eating habits.

KERALA

1. The school authority shall nominate one senior teacher as the responsible person to comply all the provisions of the FSS Act. He will also be included in the monitoring committee
2. There shall be a committee at school level for monitoring the mid day meal scheme comprising the Head Master, PHC Doctor, PTA President, Panchayath/Municipal member, Head boy/students or student representative and the nominee of the school under Food Safety and Standards Act.
3. The Headmaster or the nominee of the school under Food Safety and Standards Act shall on a daily basis inspect the quality of raw material and hygienic conditions of kitchen before cooking starts.
4. The school authorities shall obtain Registration from the Food Safety Department
5. There shall be a register for the procurement of the raw materials to trace the source and quality of food articles purchased. As far as possible, raw materials shall be purchased from vendors having license/Registration under Food Safety and Standards Act. The storage of food materials shall be constructed / maintained in the most hygienic way. The rice and other materials taken out of packets/purchased without packets shall only be stored in containers with proper lids, so as to prevent rat, cockroaches etc. from coming into contact with the food materials.
6. If any supplier including Government agencies supplies sub-standard food, the matter should be brought to the notice of the Food Safety Officer of the area.
7. The telephone number of the local Food Safety Officer shall be affixed in a prominent place so that the students/parent can make complaint if any.
8. The wall and ceilings of the kitchen should be properly maintained by plastering and painting to avoid the spider webs and other filth and foreign materials.

9. Waste should be removed from the waste basket in every day and keep the basket always clean.
10. A proper distance should be maintained between the bath room, toilet and kitchen and they should be cleaned using disinfectants in every day.
11. The drainage should be properly closed.
12. The water used in the schools should be potable and the periodical chemical and microbiological test for water should be done from the accredited labs and the reports should be maintained in the school.
13. All the utensils and the instruments should be properly closed and maintained as moisture free.
14. The persons who are involved in the preparation and distribution of food items are directed to undergo a medical inspection and kept a medical certificate which shows that there is no communicable diseases for them.
15. The staffs who suffering from communicable disease are not involved in food processing and distribution. The scratching of head and body parts and wearing of artificial nails and ornaments should be avoided at the time of working.
16. Avoid smoking and chewing of tobacco and spitting at the time of cooking.
17. The pesticide and disinfectant should be kept away from the store houses of food items and from cooking areas.
18. The uniform/dresses of persons who involved in handling of food should be neat and clean.
19. The dresses / clothes of cooking staffs should not be kept near the cooking region and do not provide resting places for workers near the premises of cooking area.
20. Cooking, processing and handling of food items should be avoided in open places.

MEGHALAYA

Draft Guidelines for making available wholesome, Nutritious and Safe and Hygienic Food to School Children in India has been re-examined and is found that the Draft Guideline prepared and submitted by the Chairperson of the Expert Group is found to be good and we endorse the guideline with 1 (one) suggestion.

- i. For Urban Schools
- ii. For Semi Urban area Schools
- iii. Rural area Schools

Therefore, the paper circulated in the meeting need not be incorporated because of the fact that it was from one of the member of the Expert Group.

TRIPURA

Being directed, I am to convey the decision of the Government that as both the paragraphs could be retained since they complement each other and do not contradict in this regard.

UTTAR PRADESH:-

The report is detailed and comprehensive.

Its good that it has been divided in 2 parts, as part II is more concerned with food safety enforcement.

The nature of duties and responsibilities under the food safety act do not provide knowledge and experience to comment much on part I.

1. The report seems to be urban centric, as there is focus on obesity and lack of physical activity amongst school children(these issues are not relevant in rural areas) . Most of the studies mentioned in Para 2.3 are of cities.

2. In rural areas, there is no canteen in schools. Under mid-day meal scheme, food is prepared and provided in Govt schools, within or outside the premises. Food is eaten in open or veranda. Therefore, some sketches, diagrams may be added with respect to rural areas.

3. Regarding the changes proposed by an individual member, Mr Dave Advisor may be authorised to finalize it.

CONSUMER ASSOCIATION OF INDIA (CAI)

Pages 1 and 2 are in order

In page 3 Even if the Honorable High Court does not include areas outside the schools, it may be insisted to include "areas within 50 meters" of the schools, since all kinds of foods are being sold by street food vendors, just outside the gate of the school.

In page 4

A foot note may be included that school children should be discouraged from taking "Packed foods". **Packed food here means the food brought by students by purchasing from nearby restaurants and hotels, when the food is not made available from their houses. "Packed outside Foods" are not healthy and in most cases, contaminated, whereby endangering their health.**

Similarly packaged foods from vending machines may also be prohibited within the schools premises since most of the foods are HFSS (Junk Food).

Further, students may be directed not to bring their foods in plastic containers.

VIMTA LABS LIMITED:-

This is to record my comments expressed at the Central Advisory Committee meeting, March 7, 2014.

The Draft Guidelines circulated to the members of CAC are quite exhaustive and elaborate on the subject and have a scientific basis. The proposed Guidelines in my opinion are fit for submission to the Hon'ble High Court with the following exception:

Para 2.2 : Page 4 - FSSAI may please refrain from using subjective terminology such as "Junk Food". The terminology of HFSS (Foods that are in high fat, salt and sugar) is appropriate. Hence, the Authority need not consider the proposed submission suggested by one of the committee members for addition of "which are high in empty calorie and also popularly called junk food".
