**Food Fortification: Strategic Launch Pad Towards Achieving Sustainable Nutritional Security**

**Abstract:**

The surge in demography within fixed areas of agricultural land despite modern cultivation practices, application of fertilizer and adequate soil management have increased food production. But after the 1980s the quantum of demand could not be fulfilled with lagging in micronutrient content. Latent hunger is the challenge encountered causing hunger death, the suffering of vulnerable groups from anaemia, and physical/ mental growth. Silent hunger is forced to fortify the food leverages as the food grains are lacking adequate food nutrients. Initiatives are made in India to mitigate these deficiencies through classical, industrial, food-to-food, home and biofortification. Various government welfare schemes are instigated and producers and manufacturers of staple foods like rice, wheat flour, oil, salt, milk, corn, and peas have fortified these essential items to meet the requirements of specific target groups and general populations. The present study, based mainly on secondary data, explores various fortification initiatives and their impact. The issue of micronutrient deficiencies like vitamins A, D and B12, iron, zinc, calcium, folate, etc, poses severe and threatening health conditions. However, there is still a vast gap between goal and physical achievement at the ground level considering food security and nutritional security. It is advocated to coordinate efforts to encourage fortification at various levels to bridge the gap between the sustainable demand and supply of nutritious diets to mitigate silent hunger and severe public health issues. The successful management can satisfy the consignments of SDG 2 (Zero Hunger), SDG 8 (Decent Work and Economic Growth) and SDG 10 (Reduced Inequalities).

Keywords: Micro-nutrient deficiencies, Food Fortification, Global Hunger Index, Malnutrition, SDG-2

**Introduction:**

As per the World Food Programme (WFP), ‘hidden hunger’ affects more than two billion people globally due to micronutrient deficiencies (1). Micronutrient deficiencies occur when a diverse and nutrient-rich diet (including animal-source foods such as meat, eggs, fish, dairy, legumes, cereals, fruits and vegetables) is neither consistently available nor consumed in sufficient quantities. In 2021, WFP distributed 1478.081 thousand MT of fortified foods (≈ more than 3 billion rations), or enough for 17 million people to have their daily staple food consumption be in the form of fortified staples for six months (1), occupying 107th position among 121 nations in the Global Hunger Index 2023 with a score of 29.1 (20.00 – 34.90) (27). Factors like deplorable socio-economic conditions, gender disparity, food habits, involuntary unemployment, lack of medical facilities, migration, bureaucracy, blood loss during menstruation, poor hygiene and sanitary practices, and lack of educational and general awareness contribute to malnutrition. (overnutrition, undernutrition, and micronutrient deficiencies). As per the 2024 Global Hunger Index (GHI), India ranks 105th out of 127 countries with sufficient data to calculate the 2024 GHI score of India, which stands at 27.3, which indicates that the rise in hunger is alarming and challenging(2), (27), (28).

Niti Ayog published an article on rice fortification dated 28.10.21 and observed satisfaction with the progress of the rice fortification programme in reducing stunting and anaemia (46). The paper also refers to the WHO, which has declared anaemia a severe public health issue among women and children, demanding immediate attention. The paper relates to FAO attributing cost-intensive health diets as a global constraint to achieving the nutrition-related Sustainable Development Goals (47).

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**Fig 1:** Global Hunger Index (GHI), 2024GHI scores are from 1998–2002 (2000), 2006–2010 (2008), 2014–2018 (2016), and 2019–2023 (2024); the trend for the indicator values (source: <https://www.globalhungerindex.org/pdf/en/2024/India.pdf> )

According to the National Family Health Survey (NFHS-5) conducted between 2019 and 2021, anaemia remains a widespread issue in India, affecting children, women, and men across various age groups and income levels. Since health is under the jurisdiction of the State, the press release outlines the policy initiative towards centre-state cooperation in eliminating said alarming situation (ANAEMIA MUKT BHARAT, Posted On: 04 FEB 2022 5:30 PM by PIB Delhi). Global Alliance for Improved Nutrition (GAIN) impacts large-scale food fortification (LSFF) at regional, country, and international levels through relevant legislative, regulatory, governance and institutional measures. Their effort encompasses developing compliance mechanisms, quality assurance, supply chain management, value chain analysis and sustainable marketing efforts (29). Food safety regulator FSSAI prescribe blending rice with three micronutrients, i.e. Iron, Folic Acid and Vitamin B12. (Hindu, Business Line dated 10.10.24).

The food fortification programme originated in 2022 by India’s Union Cabinet. The Government approved the fortification of rice distribution by December 2028. The scheme was implemented through government welfare schemes like POSHA Abhiyaan, Pradhan Mantri Matru Vandana Yojana (PMMVY), Integrated Child Development Services (ICDS), Pradhan Mantri Poshan Shakti Nirman (PM POSHAN) and Pradhan Mantri Garib Kalyan Anna Yojana (PMJKAY). (PIB press release dated 11th October 2024)

**Literature Review**

Food fortification adds micronutrients like vitamins and minerals to food, improving its nutritional superiority. Food manufacturers or governments can enhance nutritional quality, prevent deficiencies, restore lost nutrients, and be cost-effective. Such fortified foods include Asbah - Silver Rice, Ashirwad Chakki Atta, TATA Salt, Krushna milk, and Zinc in junk foods (3), (4), (5), (22). In some countries, vitamin A supplementation, iodised salt addition, Vitamin A and D addition in oil, Iron-rich foods, etc., can help the community manage acute malnutrition through nutrient supplementation (18), (19), (21). The strategy of fortification of dietary consumption with nutrient-rich food-based fortifiers. It is warranted that countries with malnutrition among children, women, and financially backwards people need grading of recommendations, development, and research evidence in economically backward countries (6), (9), (10). The most efficient and cost-effective methodology to maintain public health is going for food fortification. Federal fortification policies and protocols can diminish health maladies and food insecurities among citizens in a country by altering the taste and behaviour of the people’s diet (11), (12), (13), (14).

According to the National Family Health Survey (NFHS-5) conducted between 2019 and 2021, anaemia remains a widespread issue in India, affecting children, women, and men across various age groups and income levels. World Health Organisation (WHO) describes food fortification as deliberately increasing the content of one or more micronutrients (i.e. vitamins and minerals) in food or condiments to improve the nutritional quality of the food supply and provide a public health benefit with minimal health risk (24). According to the National Cancer Institute, food fortification is food with extra nutrients that are generally not there. Examples ‘milk with vitamin D and salt with Iodine added.’

As per FASSI, food fortification (with the +F logo) is a scientifically proven, cost-effective, scalable, and sustainable global intervention that addresses the issue of micronutrient deficiencies. FASSI has notified the Food Safety and Standards (Fortification of Foods) Regulations 2016 in the Gazette of India. The process has been operationalised by fortifying rice with iron vitamin B12 and folic acid, double-fortified salt with iodine and iron milk, and edible oil with vitamins A and D. The celebrated UNO agency World Food Programme (WFP) is globally recognised for its groundwork among poor and backward countries to fight hunger and malnutrition also supply fortified rice.

So, food fortification has become a nationally debatable issue in the Indian context, and the country's people must thoroughly analyse and appraise it.

**Objectives of the Study:**

1. Why is food fortification needed for India
2. Analysing the factors contributing to the programme of implementation of food fortification by respective authorities.
3. To find out the implications of food fortification on the health conditions of the general population

**Methodology**

The data is mainly collected from secondary sources, such as websites and publications of reputed and established national and international agencies engaged with food fortification programmes, namely WHO, UNICEF, WFP, GAIN, FASSI, etc. The authors have referred to articles published in research-based journals to gain insight into their respective studies' problem areas and conclusions. The authors have gathered vital input on the subject by informally interacting with experts in this field. The authors employed various statistical tools, such as EXCEL and SPSS, to interpret data collected from secondary sources (24).

**General Methods of Fortification and Impact on General Population**

As per WHO and FAO, fortification can be described under three broad categories depending upon the ‘target population.’ ‘Mass fortification’ is the first category for the wider public and is generally mandatory. The second category, ‘target fortification’, is meant for well-defined population subgroups with voluntary or compulsory choices. The third, ‘market-driven fortification’, adheres to regulatory requirements but is transacted in marketplaces Fig 2. (25).

**MASS FORTIFICATION**

**MARKET DRIVEN FORTIFICATION**

**TARGET FORFORTIFICATION**

Mandatory / General Public

Voluntary / Choice based

Specific Group / mandatory or Voluntary

**Fig 2: General Methods of Fortification and Impact on General Population in India**

**Why food fortification was necessary:**

Food fortification in India was inevitable as the population growth surged from 346.279 million in 1950 to 1463.866 million in 2025 (projected). All the population enjoyed the yield from the total land area of India 2973190 Km². The rate of population growth is declining at present but the population is rising (Source: Worldo-meter ([www.Worldometers.info](http://www.Worldometers.info)), ttps:// [www.worldometers](http://www.worldometers). info/world-population/India-population). From 1960 onwards the modern methodology was used for raising the total production of food grains by tilling, fertilizers use, and hormone application which reached the optimal values by the 1980s.

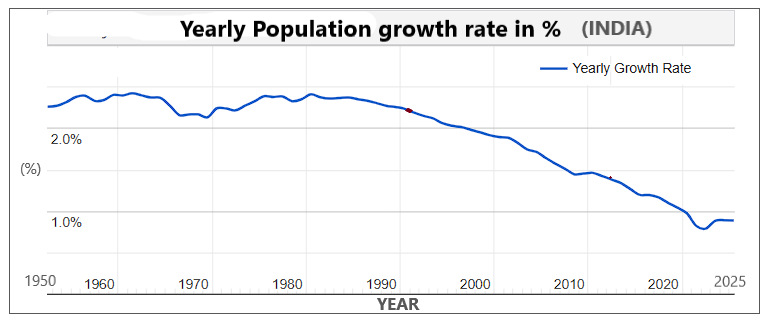
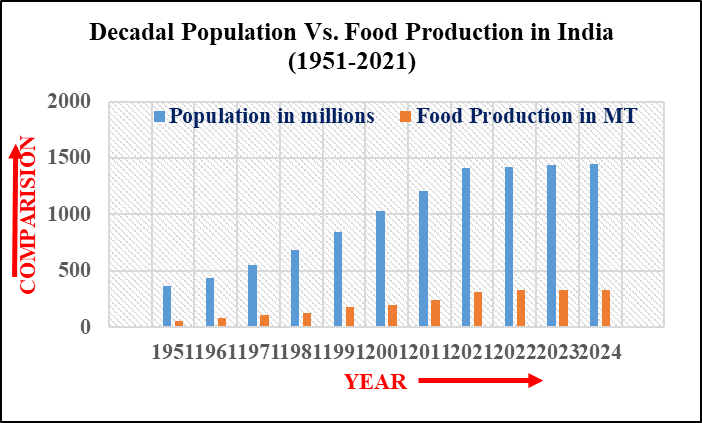
Later the production could not fulfil the demand. The bumper production resulted in gearing the deficient in micronutrients and surged the hidden hunger in India due to the inability to satisfy the demand for nutrition. The deficiencies initiated copious silent hunger, malnutrition, vitamin deficiencies, anaemia, health problems etc. The worst sufferers are pregnant women, children, financially backward, geriatrics and comorbid patients. The inadequate nutrition invited substantial challenges to a large group of the population which urged for fortification in staple foods by supplementing inadequate vital micronutrients like iodine, iron, iodine, zinc, vitamins and minerals to protect the human and bovines from health hazards that were impacting growth, health and wellbeing of the India’s larger population against food security. The total decadal population census after independence to date and the total food production for the same period are in Table 1.

Table 1: The decadal rates of Population vs. Food production in India after Independence

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Decadal Changes | Population | Food Production | Population rise Rate | Food prodn Growth rate |
|  | in millions | in MMT | in % | in % |
| 1951 | 361 | 51 |  |  |
| 1961 | 439 | 82 | 2.2 | 6.08 |
| 1971 | 548 | 108 | 2.5 | 3.17 |
| 1981 | 683 | 130 | 2.5 | 2.04 |
| 1991 | 847 | 176 | 2.4 | 3.54 |
| 2001 | 1029 | 197 | 2.1 | 1.19 |
| 2011 | 1210 | 244 | 1.8 | 2.39 |
| 2021 | 1414 | 310 | 1.7 | 2.70 |
| 2022 | 1425 | 315.7 | 0.8 | 1.8 |
| 2023 | 1438 | 329.6 | 0.9 | 4.4 |
| 2024 | 1451 | 332.3 | 0.9 | 0.8 |

Source: Decadal Census of India; Dept. of Food &Public Distribution, DoE&S, DoA&C.

During pre-independence, India had a demography of 361millions which as of the date of 15th April 2025 was 1,461.128 million whereas the food production was 51MMT which has surged to 332.3 MMT during 2024-25 during the same period. The rate of population in % was 2.2% which has been reduced to 0.9% whereas the rate of total food production growth rate has been reduced from 6.08%(1961) to 4.4% in 2024 and variable between 1951 to 2024 (Figure 3 (a to d)

**a.b.c. d.**

**Fig 3(a-d): (a & b)Annual population and growth rate (%); (c & d) their comparison**

To address the buried hunger, it was felt by the food and civil supplies in India to fortify micronutrients initially in school children, pregnant women, and old and disabled people and later extended to all for the nutritional needs of the Indians.

**Type of Fortification:**

Table 2: Types of food fortification in India (Classical, industrial, bio, food to food, etc.)

|  |  |
| --- | --- |
| Fortification Type | Descriptions |
| Classical Food Fortification | Increase micronutrients in essential and staple foods like rice, rice flour, wheat flour, corn, edible oil, fats, milk, salt and sugar by adding synthetic vitamins and minerals ( 26). |
| Industrial / Large Scale Fortification | Micronutrients are added during mass manufacturing of rice, flour, cooking oil sauce, condiments, etc, like potassium iodide or iodate to edible salt. Fortified rice kernels (FRK) are mixed with regular and non-fortified rice in a ratio of 1:100. Rice flour combined with the required micronutrients produces the end product of FRK. With the sheen, transparency, flavour and consistency of regular rice, it is mixed with rice. Industrial fortification of rice is prevalent in most government schemes and mid-day meals. Field studies have shown reduced cases of stunting and underweight among the sample population. (30) |
| Biofortification | Process of improving the nutritional quality of food crops and reducing antinutritional factors through conventional breeding, agronomic practices, genetic engineering or genome editing. The examples are partially iron-biofortified rice in the Philippines targeting reproductive-age women, iron-biofortified pearl millet improving iron deficiency in school children of India and iron-biofortified beans for women in Rwanda (31) (32). |
| Food-to-Food Fortification | It is an emerging food-based strategy with available local resources like staple fruits and vegetables the local population consumes to target micronutrient deficiencies. ( 33) |
| Point-of-use/home fortification | One of the easiest ways of adding micronutrients is by sprinkling iron or powdered nutrients on tablets while cooking or eating food. (Link-10). Interventions through micronutrient powder (MNP), such as iron, zinc, and vitamin A at home (point-of-use) fortification of foods, were found to be reliable, cost-effective, convenient, and simple methods. Field trials in low-income countries in Asia, Africa and the Caribbean through home-fortification intervention reduced anaemia and iron deficiency (34)(35) |

World Health Organisation (WHO) describes food fortification as deliberately increasing the content of one or more micronutrients (i.e. vitamins and minerals) in food or condiments to improve the nutritional quality of the food supply and provide a public health benefit with minimal health risk., Mishra et al (36) According to the National Cancer Institute, food fortification is food with extra nutrients that are generally not there. Examples ‘milk with vitamin D and salt with Iodine added.’

As per FASSI, food fortification (with the +F logo) is a scientifically proven, cost-effective, scalable, and sustainable global intervention that addresses the issue of micronutrient deficiencies (37). FASSI has notified the Food Safety and Standards (Fortification of Foods) Regulations 2016 in the Gazette of India. The process has been operationalised by fortifying rice with iron vitamin B12 and folic acid, double-fortified salt with iodine and iron milk and edible oil with vitamins A and D.

Extrusion Method is the most common method used in India. Rice flour is mixed with premix (a blend of vitamins and minerals) and then passed through an extruder to form fortified rice kernels (FRKs). These kernels are similar in size, shape, and appearance to regular rice grains. Blending: The fortified kernels (FRKs) are then combined with regular rice at a ratio (usually 1:100 or 1:200) to create fortified rice. This mixture ensures that the fortified rice has a consistent distribution of nutrients. The food fortification programme commenced in 2022, and the Union Cabinet has approved the continuation of fortified rice distribution with an estimated cost of over ₹17,000 crore until December 2028 Ganachari et al. (17).

Food safety regulator FSSAI prescribe blending rice with three micronutrients, i.e. Iron, Folic Acid and Vitamin B12. The benefits derived from this fortification programme aim at preventing anaemia widespread among children, women, and men across all age groups, resulting in control over the loss of 1% GDP. The anaemia contributes towards an estimated Rs 70,000 cr in terms of death, illness, and loss of productivity. (Hindu, Business Line). As per the Press Information Bureau (PIB) Report dated 11th October 2024, custom-milled rice has been replaced with fortified rice in every scheme of the Government, and 100% coverage of distribution of fortified rice has been achieved.

With an estimated domestic consumption of about 94-95 million metric tonnes, wheat is a staple food in wheat-growing regions spanning north, central, and western India. Due to increased disposable income, urbanisation, changes in preferences and tastes, and adding outside food to Indian palates, products made from wheat flour like chapati, naan, and roomali roti have gained acceptance and popularity. Wheat consumption is registering steady growth on a y-to-y basis, and wheat occupies a prominent place in MSP structure and PDS. Fortification of wheat flour is a safe, cost-effective, and convenient method for improving public health, especially in fighting anaemia and improving blood formation. During the industrial milling process, there are chances of nutrient losses, and fortification is an effective way of replenishing these lost n 11th nutrients. Indian food conglomerates like Adani, Patanjali, HUL, ITC, and Cargill enjoy a substantial market share in wheat flour, with reputed and well-established brands fortifying their wheat flour by adding vitamin B-12, Folic acid, and Iron (38).

Generally, the salts are fortified with nutrients like iodine, iron and folic acid by reputed salt brands like Tata, Aashirvad, Catch, Saffola, and Puro. The disease and conditions like goitre, hypothyroidism, growth and developmental abnormalities and learning disabilities occur due to iodine deficiency. Anaemia caused by iron deficiency leads to various ailments, and most of the population suffers from these wide-ranging symptoms. It has been researched and clinically proven that fortified iodised salt has reduced the incidence of these diseases (39). Double Fortified Salt (DFS), a table salt with added iodine and iron, has successfully overcome widespread iodine and iron deficiency among women and children in urban and backward areas. Double Fortified Salt (DFS) formulation developed by the National Institute of Nutrition (NIN), India, intends to supplement 100% of the daily dietary iodine requirement and ~30 to 60% of the daily nutritional iron requirement.

The technology has been transferred to salt manufacturers, enabling the country to sustainably mitigate iron and iodine deficiencies. The Ministry of Health and Family Welfare endorsed the addition of iron in double-fortified salt at 0.8-1.1 mg/g of salt in 2009 (40). Maize is grown all around the globe, having diverse climatic conditions, and the produce has varied food and industrial usage. In many areas, especially tribal, hilly and arid regions, corn or maize is a staple food, especially among deprived, undernourished and malnourished populations. The maize can be consumed as flatbread, porridge, vegetables, cornflakes, snack items etc. WHO guidelines recommend fortification of corn or maize with micronutrients like iron, folic acid, zinc, vitamin A and vitamin B-complex (41).

**Results**

The presence of active components in spices and condiments like phthalides, polyacetylenes, phenolic acids, flavonoids, coumarins, triterpenoids, sterols and monoterpenes have multiple mental, physical and emotional benefits. They possess antibiotic, antioxidant, antiviral, anticoagulant, anti-inflammatory, and anticarcinogenic properties. It may be taken that the main nutritional problems are micronutrient deficiencies, and fighting these issues through the fortification of staple foods has been the focus of policymakers and governments worldwide. But in some instances, condiments and seasonings that are widely used, like fish and soya sauces, curry powder, and mayonnaise, can provide helpful and practical alternatives to fight micronutrient deficiencies. Sauces, spices and condiments: definitions, potential benefits, consumption patterns and global market by Maria N Gracia-Casal, Jp Pena-Rosas and Heber-Gomez – Malave’, Annals of the New York Academy of Sciences, 2016.

FASSI recommends the addition of fat-soluble vitamins like vitamins A and D to fight micronutrient malnutrition, considering the consumption of edible oil about 20-30 g / person/day, a considerably high figure as per 2011 NSSO data. The fortification of edible oil would address the issue of vitamin deficiency conditions like morbidity, mortality, productivity, and social and economic growth (42). During the fat removal process from milk, many essentials and nutritional elements like protein, calcium, vitamins A and D are depleted. (43) Hence, many countries worldwide, including the USA, have made it mandatory to add back the vitamins removed in the process. Milk is fortified by adding zinc, iron, and folic acid, including vitamins A and D. As per the TATA Trust study, a glass of milk provides (150 ML) nearly 20% of the daily vitamin A requirement and 15% of vitamin D (approx.) (44). In contrast, AMUL, the leading milk brand, favours natural fortification and avoids artificial fortifications. (45).

Table 3: The food vehicle and the components of Nutrients added

|  |  |
| --- | --- |
| **Items** | **Component of Nutrients added** |
| Iodised or Double Fortified Salt | Iodine, Iron content (as Fe) |
| Fortified Oil | Vitamin A, Vitamin D |
| Fortified Milk | Vitamin A, Vitamin D |
| Fortified Atta | Iron, Folic Acid, Vitamin B12, Zinc Sulphate and Vitamin A , Vitamin B1, Vitamin B2, Vitamin B3 , Vitamin B6 |
| Fortified Maida | Iron, Folic Acid, Vitamin B12, Zinc, Vitamin A, Vitamin B1, Vitamin B2, Vitamin B3, Vitamin B6 |
| Fortified Raw Rice | Iron, Folic Acid, Vitamin B12, Zinc, Vitamin A, Vitamin B1, Vitamin B2, Vitamin B3, Vitamin B6 |
| Fortified Cereal Products | Iron, Folic Acid, Vitamin B12, Zinc, Vitamin A, Vitamin B1, Vitamin B3, Vitamin B6 |
| Fortified Bakery Wares | Iron, Folic Acid, Vitamin B12, Zinc, Vitamin A, Vitamin B1, Vitamin B2 , Vitamin B3 , Vitamin B6 |
| Fortified Fruit Juices | Vitamin C |

(Source: Food Safety and Standards Authority of India)

**Discussion**

Based on the study mainly conducted through secondary sources, it has been observed that the result of the field study indicates that food fortifications make a positive and long-term impact on both the general and targeted population. It's accepted that most of the global population, especially in developing and developed countries, face serious health issues. Micronutrient deficiencies like vitamins, iron, zinc, iodine, and folic acid pose health problems for newborns, pregnant women, children, and grownups. These minor deficiencies, which can be easily mitigated through industrial, classical and point-to-use (home) fortifications, remain challenging at the distribution and field level.

The anaemia contributes towards an estimated Rs 70,000 cr in terms of death, illness, and loss of productivity. The benefits derived from the fortification programme aim at preventing anaemia widespread among children, women, and men across all age groups, resulting in control over the loss of 1% of GDP. (Hindu, Business Line dated 10.10.24). The strategic objective of India achieving developed economy status would remain a distant dream unless this avoidable issue of micronutrient deficiencies is resolved in mission mode.

All the stakeholders, like legislative wings of state and centre, policymakers, national and international institutions, NGOs, regulating agencies, implementing agencies, and primary health workers, need to have a synergetic relationship both at the ground and policy levels to achieve this long-term sustainable objective.

The reason may be attributed to belief and value systems, lack of knowledge, access to medical care, lack of coordination among implementing agencies, faulty implementations by various agencies, and inadequate supply chain and value chain analysis at multiple stages (17). The consequent health problem implies a heavy burden on public finance apart from stress building on existing fragile health infrastructure and delivery system at the grassroots level.

As observed during the study, welfare states like India have achieved notable progress, especially in delivering essential staple foods like rice, salt, milk, peas, edible oil and wheat flour. Many experts point out that more than merely allocating funds for the food fortification programme is needed to achieve the target. The delivery and implementation network at panchayat, block, district, state, and centre levels should be in tandem and in mission mode to achieve the goal of wiping out ‘micronutrient deficiency’.

**Mitigating the issue of malnutrition:**

To ameliorate the food security and nutritional assurance that the birthright of humanity must be addressed as a cross-cutting problem:

1. Harmonize efforts of diverse sectors like Government Departments, Food Industry, Regulators, Civil Society and economically strengthened groups.
2. Have strict and mandatory vigilance about the quality/quantity of intake fortified foods.
3. Ensure mandatory supply and management of fortified foods as a challenge by the Government schemes, and affirming the industrial support.
4. Create public awareness through study curriculum, and awareness among people in slums and economically backward communities who are deprived of health care.
5. Adopt mandatory regulations on foods that may affect the health of vulnerable groups (old, pregnant, children, physically deficient and comorbid patients etc.
6. All food fortified should have the +F national brand/logo to demarcate non-vegetarian (green) and vegetarian (red ) foodstuffs in India.
7. Along with consumer awareness, and adequate legislation it is essential to have political will and public acceptance.

However, the most vital link in the entire value chain is women's empowerment and the subtle and significant role of mothers and women in the household in warmly welcoming fortified food products.

**Conclusion**

Food fortification has the utmost potential to enrich the common lives of, those who are deprived of standard nutritional health. Micronutrients are added to staple foods in countries like India where intakes of positive nutrients are lacking so fortification only can help them to combat nutritional deficiency diseases. Food fortification was initiated in India to ameliorate the stresses of hidden hunger, particular deficiencies for health issues (Iodine, Iron, Vitamin A and Vitamin -D, folic acid etc.) and save humans from diseases like anaemia, rickets, goitre, blindness etc. The positive impacts of fortified foods are to enhance nutritious intake, prevent health disorders, economical cost-effective dietary choices, and sensory characteristics like colour, odour and taste of the nutritious foods.

Malnutrition in India is a cross-cutting problem that needs coordinated efforts to mitigate. Health issues which is only possible by strong political will, policy adaptation with industrial support. The mission and vision of political, and social, including our business groups should widespread fortification of the diet as it can bestow rich returns at very low investment. The profit motive may drive the market economy, but a business's ethical and social responsibility calls for achieving food and nutritional security for the nation.

The government has already laid down an efficient and effective launchpad for food fortification through various welfare programmes. However, the result remains at ground level to achieve the overall objective of minimising the adverse impact of micronutrient deficiencies through mitigating measures like various food fortification programmes.

**Data availability**

**Abbreviations:** All abbreviations have expansions during their first use within the text.

Disclaimer (Artificial intelligence)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

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