Nutritional Status in India

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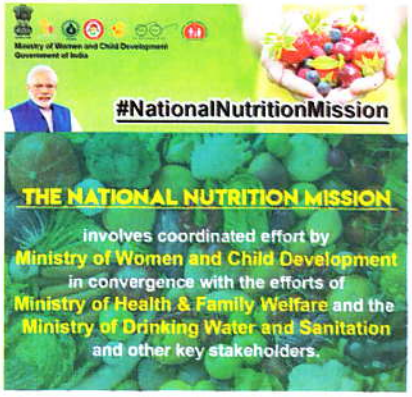

Given the ever-increasing weight of the country's economic ambitions, prioritizing nutrition in an integrated health agenda and realigning nutrition policy to target the first 1,000 days of a child's life are crucial first steps towards ensuring India's development rests on steady shoulders. India has made a promising commitment in the form of the National Nutrition Mission which will help us tackle the problem of malnutrition in children and mothers of the country. We need to ensure effective implementation of its strategy to achieve our nutrition goals

Although India has made sizeable economic and social gains over the last two decades, the challenge of maternal and child undernutrition remains a national public health concern and a policy priority for the current government. India is home to over 40 million stunted and 17 million wasted children (under-five years). Despite a marked trend of improvement in a variety of anthropometric measures of nutrition over the last 10 years, child undernutrition rates persist as among the highest in the world. This inequality is accentuated by stark disparities across states. Future improvements in nutritional status of Indian children and mothers will require significant investments into human resources with critical health investments at the local levels.

The announcement of the National Nutrition Mission (NNM) is a very significant development on this front. It has introduced a central nodal agency with extensive financial resources to coordinate various central and state government schemes and imbue them with additional financial resources. With momentum on the side of the reformers, this brief urges additional policy reforms to combat malnutrition in India.

Policy-makers must account for two key facts: (1) direct nutrition interventions can reduce stunting only by 20 per cent; indirect interventions (for example, access to Water and Sanitation) must tackle the remaining 80 per cent, and (2) 50 per cent of the growth failure of babies accrued by two years of age occurs in the womb owing to poor nutrition of the mother. A lack of nutrition in the first 1,000 days of a child's conception causes irreversible damage to a child's cognitive functions. Hence, there exist significant policy returns from investing in this critical stage, that is, from the period of the conception of the child to the two-year post-natal period.

Key Nutrition Metrics

Malnutrition indicators in India remain among the highest in the world, despite a declining trend since the early 1990s. The recent figures from NFHS 4 are more encouraging showing further improvements on most indicators.

Key Centrally Sponsored Schemes (CSSs) with a focus on health have seen budgetary cuts over the last two years, with central allocations to the ICDS has declined almost 10 per cent from Rs. 15,502 crore (in FY 2015-16) to Rs.14,000 crore (in FY 2016-17). AWCs require investment in vital infrastructure (close to half of AWCs do not have functional adult weight scales), and Anganwadi Workers

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Table 1: Nutritional Status of Children

Indicator	%*
Children (under-five years) who are stunted	38.7
Children (under-five years) who are wasted	15.1
Children (under-five years) who are underweight	29.4
Children (6-59 months) with anaemia[1]	69.5

Source: Rapid Survey on Children (RSoC), 2014; [1]National Family Health Survey (NFHS-3), 2006.
Note: *Percentage of relevant population
It is also worth highlighting that females suffer from malnutrition significantly more than men.

Table 2: Nutritional Status of Women and Adolescent Girls

Indicator	%*
Pregnant women (15-49 years) with anaemia[1]	58.7
Women (of reproductive age) who are undernourished[2]	33.3
Women (20-24 years) who were married before the age of 18[3]	30.3
Indian women who are underweight when they begin pregnancy[4]	42.2

Source: [1]National Family Health Survey (NFHS-3), 2006; [2]UNICEF, 2015; [3]Rapid Survey on Children (RSoC), 2014; [4]Coffey, 2014.
Note: *Percentage of relevant population

Table 3: Nutrition-specific interventions (ICDS and NRHM[11])

Indicator	%*
Pregnant women who availed supplementary food under ICDS	40.7
Mothers (of children under-36 months) who received 3+ antenatal check-ups prior to delivery	63.4
Children (12-23 months) who are fully immunised	65.3
Anganwadi Centres (AWCs) without functional adult weight scales	48.4

Source: Rapid Survey on Children (RSoC), 2014.
Note: *Percentage of relevant population

(AWWs) require monitoring to ensure that they are encouraging target groups to avail supplementary nutrition. A complimentary public intervention is the provision of school meals as part of the Mid Day Meal programme. Field studies highlight the link between the provision of school meals and improved cognition. Furthermore, the provision of school meals has been found to lead to improved learning outcomes for children.

Existing Policy Framework

The most prominent government nutrition interventions include the ICDS programme led by the Ministry of Women and Child Development (MWCD), and the NHRM led by the Ministry of Health and Family Welfare (MHFW). Both CSSs prioritise the role of community-level organisations –AWCs and AWWs under the ICDS and Accredited Social Health Activists (ASHAs) under the NHRM – for the delivery of nutrition interventions to the target groups of pregnant and lactating mothers, and infants.

These programmes are supplemented by the PDS, which is used to provide subsidised food grains to large sections of the country's poor. In addition, more than six states, including Maharashtra, Madhya Pradesh, Uttar Pradesh, Odisha, Gujarat, Karnataka, and most recently

Jharkhand have also established state nutrition missions. An overview of the interventions directly relevant to the first 1,000 days of a child's life is provided in Table 5.

The National Nutrition Mission (NNM) has been set up with a three year budget of Rs.9046.17 crore commencing from 2017-18. The NNM will comprise mapping of various Schemes contributing towards addressing malnutrition, including a very robust convergence mechanism, ICT based Real Time Monitoring system, incentivizing States/UTs for meeting the targets, incentivizing Anganwadi Workers (AWWs) for using IT-based tools, eliminating registers used by AWWs, introducing measurement of height of children at the Anganwadi Centres (AWCs), Social Audits, setting-up Nutrition Resource Centres, involving masses through *Jan Andolan* for their participation on nutrition through various activities, among others. It will be a central nodal agency that helps coordinate central and state government programmes and infuse them with additional funds/resources

Policy Recommendations

In response to the persistence of the undernutrition challenge in India, and taking note of the evidence evaluating current policy approaches,

key lessons for nutrition-specific policy interventions are as follows:

1. Strengthen and restructure ICDS, and leverage PDS

ICDS needs to be in mission mode, with a sanction of adequate financial resources (from the central government) and decision-making authority. Last-mile delivery of ICDS interventions needs to standardise the nutritional component of supplementary food, prioritise educational outreach to pregnant and lactating mothers, improve programme targeting, and streamline operations of AWCs through better infrastructure provision and training for AWWs.

2. Extend coverage of food fortification of staples

Currently, fortification of staples is limited to the mandatory iodisation of salt. However, the Food Safety and Standards Authority of India (FSSAI) is in the process of formulating draft standards for the fortification of food grains which will add to the nutrient value. Additional proposals under consideration include making the double fortification of salt (with iodine and iron), and the fortification of edible oils mandatory. The standards of the hot cooked meal should also be changed to using only fortified inputs. This would help in providing sufficient calories and micronutrients to a large number of children under-five.

3. Target multiple contributing factors, for example, WASH

The underlying drivers for India's 'hidden hunger' challenges are complex and go beyond direct nutritional inputs. The significant push by the present government since 2014 on sanitation under the ***Swachh Bharat Abhiyan*** has increased access to toilets throughout the country. However, the push for toilet construction must be combined with a strategy for behavioural change.

4. Align agricultural policy with national nutritional objectives

Agriculture policy must be brought in tune with nutrition policy, with incentives provided for encouraging

Significant state-level disparities in nutritional status and progress on reducing stunting

Table 4: State-level disparities in nutritional status

Indicator	India Avg.*	Best Performers	Worst Performers
Children (under-five) who are stunted	38.7%	Kerala: 19.4% Goa: 21.3% Tamil Nadu: 23.3%	Uttar Pradesh: 50.4% Bihar: 49.4% Jharkhand: 47.4%
Children (under-five) who are wasted	15.1%	Sikkim: 5.1% Manipur: 7.1% Jammu & Kashmir: 7.1%	Andhra Pradesh: 19.0% Tamil Nadu: 19.0% Gujarat: 18.7%
Children (under-five) who are underweight	29.4%	Manipur: 14.1% Mizoram: 14.8% Jammu & Kashmir: 15.6%	Jharkhand: 42.1% Bihar: 37.1% Madhya Pradesh: 36.1%

Source: Rapid Survey on Children (RSoC), 2014.
Note: *Percentage of relevant population

Table 5: Nutrition-specific interventions (relevant to the first 1,000 days of a child's life)

Target Group	Schemes	Key Interventions
Pregnant and Lactating Mothers	ICDS	ICDS: Supplementary nutrition, counselling on diet, rest and breastfeeding, health and nutrition education
	Indira Gandhi Matritva Sahyog Yojana (IGMSY)	Conditional Maternity Benefit
	Reproductive Child Health (RCH-II), National Rural Health Mission (NRHM), Janani Suraksha Yojana (JSY)	NRHM: Antenatal care, counselling, iron supplementation, immunisation, transportation for institutional delivery, institutional delivery, cash benefit, post-natal care, counselling for breastfeeding and spacing of children etc.
Children (0-3 years)	ICDS	ICDS: Supplementary nutrition, growth monitoring, counselling health education of mothers on child care, promotion of infant and young child feeding, home-based counselling for early childhood stimulation, referral and follow-up of undernourished and sick children
	RCH-II, NRHM	NRHM: Home-based newborn care, immunisation, micronutrient supplementation, deworming, health check-up, management of childhood illness and severe undernutrition, referral and cashless treatment for the first month of life, care of sick newborns, facility-based management of severe acute malnutrition and follow-up
	Rajiv Gandhi National Creche Scheme	Rajiv Gandhi National Creche Scheme: Support for the care of children of working mothers

the production of nutrient-rich and local crops for self-consumption. Efforts should also be made to reduce current distortions in agricultural incentives and to discourage the cultivation of resource-rich cash crops with no nutrient value, such as sugarcane and cotton. Agriculture should be focused on securing diet quality for infants and young children.

5. Boost private sector engagement in nutrition interventions

Private sector collaboration in the form of public-private partnerships (PPPs) has the potential to leverage the appropriate technology for scaling-up food fortification interventions and to develop and distribute nutrient-rich foods to improve maternal and infant nutrition. The government should facilitate PPPs in the sector that can leverage technological solutions for scaling up food fortification initiatives and complement the government's outreach efforts through mass awareness.

Conclusion

A healthy population is a precondition for sustainable development, and India faces significant challenges in harnessing long-term dividends from its young population. The success of the government's numerous programmes is dependent on the availability of a trained workforce. India has the world's highest number of children at risk of poor development: as of 2010, 52 per cent of the country's 121 million children (under-five) were at risk. Given the ever-increasing weight of the country's economic ambitions, prioritizing nutrition in an integrated health agenda and realigning nutrition policy to target the first 1,000 days of a child's life are crucial first steps towards ensuring India's development rests on steady shoulders. India has made a promising commitment in the form of the National Nutrition Mission which will help us tackle the problem of malnutrition in children and mothers of the country. We need to ensure effective implementation of its strategy to achieve our nutrition goals. ❑

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