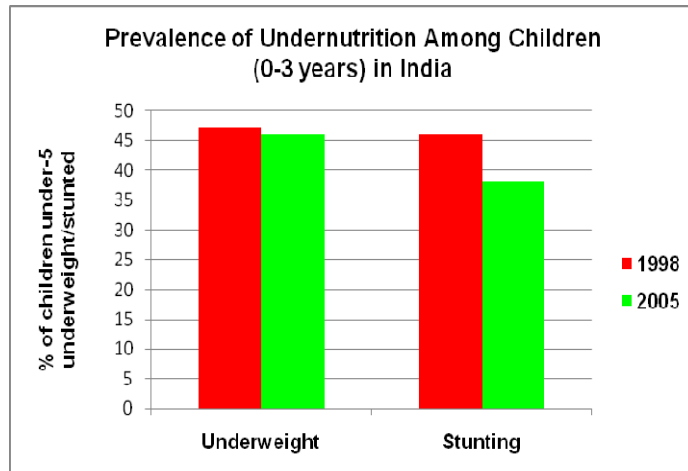


INDIA

Overview of Childhood Under-nutrition

Whilst India celebrates its booming economy and GDP growth, the country remains one of the most malnourished in the world today. The Third National Family Health Survey (NFHS) in 2005 found 46% and 38% of children below the age of 3 years to be underweight and stunted, respectively (**Figure 1**). These levels represent marginal improvements from those found during the NHFS2 survey in 1998, but nevertheless, they



are still nearly double the prevalences reported in many countries in Sub-Saharan Africa. Although the problem of undernutrition is pervasive across all of India, national aggregates mask wide disparities between different groups. For example, the rates are highest amongst scheduled tribes and scheduled castes, with 54% being stunted. Child malnutrition in rural areas is also much higher (51% stunting and 46% underweight) than in

urban areas (40% of children are stunted and 33% are underweight) and also among the poorest income quintiles (60% stunting) compared with the middle quintiles (50% stunting). Similarly while 60% children from the poorest quintiles are stunted, 50% of children in the middle income quintiles are stunted. However, contrary to expectations in the South Asia region, the data from the NHFS survey found no disparities in undernutrition between boys and girls, and hence both groups were about equally likely to be undernourished. Moreover, several studies have also concluded that it is unlikely that the MDG target of halving the prevalence of underweight to 27% by 2015 will be met.

Micronutrient Deficiencies: Similar to many developing countries in the region, the main micronutrient deficiencies in India are iron deficiency anemia (IDA) vitamin A deficiency (VAD) and iodine deficiency disorders (IDD). The recent NFHS revealed that more than 70% of pre-school children suffer from IDA and that only one quarter of children 12-35 months had received a vitamin A supplement during the 6 months preceding the survey, even subclinical VAD levels are among the highest in the world. Anemia is also widespread among adults with 56% of women and 24% of men reported to be anemic.

Causes of Undernutrition

Low birth weight is one of the key causes of undernutrition in India, where about 30% of the children are born with low birth weight (LBW), and a phenomenon which is largely irreversible. The high levels of LBW can largely be attributed to poor maternal nutrition,

for example, almost a third of the women in India have a body mass index below normal and the prevalence of anemia among pregnant women is about 59%. Poor child feeding practices, due to a lack of knowledge as well as often associated with the low status of women is another cause that has been linked to high levels of malnutrition in India. Finally, with only 44.6% and 87.9% of Indian households having access to toilet facilities and safe drinking water, respectively, unhygienic sanitation and unsafe drinking water (which increase the incidence of infections particularly among children) are important underlying causes of child undernutrition.

In light of these findings, neither economic growth alone nor food security alone is likely to be sufficient to lower the prevalence of malnutrition, and factors such as appropriate infant and young child feeding and caring practices, hygiene and sanitation, prevention and treatment of illnesses, status of women are critical.

Policy and Programmatic Responses to Malnutrition

In 1993, the Government of India, through the Department of Women and Child Development, drafted the National Nutrition Policy (NNP) which advocated a comprehensive, integrated and inter-sectoral strategy for addressing malnutrition. This was followed by a National Plan of Action in 1995 based on the recommendations of NNP. These two initiatives have however, remained largely on paper due to lack of resourcing and proper monitoring.

The GOI's programmatic response to child malnutrition has been primarily through the Integrated Child Development Services (ICDS) program. ICDS offers a wide range of health, nutrition and education services to children, women and adolescent girls and was intended to target the poorest, the most undernourished children under 3 as well as pregnant and lactating women. However, there has been a mismatch between intentions and the program's actual implementation.

Other nutrition interventions which are being implemented with various degrees of success include; the National Program for National Support to Primary Education (mid-day meal program – the mid-day meal program may be valuable for promoting education and attendance but as a nutrition intervention it does not have much value in reducing malnutrition); Vitamin A Supplementation program; National Anemia Control Program; National Iodine Deficiency Disorders Control Program.

Institutional arrangements for Nutrition

The Department of Women and Child Development (DWCD) is the custodian of the National Nutrition Policy and under whose auspices ICDS is implemented. The *anganwadi* workers (AWW) are the main implementation agents of ICDS and are responsible for, among other duties, mobilizing communities to support ICDS and recruit participants, growth monitoring and promotion activities, preparation of ready-to-eat supplementary snacks or meals.

Other ministries which have had nutrition-related sectoral plans include Agriculture, Public Distribution, Education, Forestry, Maternal and Child Health, Food Processing,

Information and Broadcasting, Labor, Rural Development and Urban Development. However, since these plans have not been accompanied by additional resource allocations, coordinated efforts or serious monitoring, these plans have also remained largely on paper.