



# Overcoming the Curse of Malnutrition in India: A Leadership Agenda for Action

## Summary

***This is a summary of a document prepared and released by the Coalition for Sustainable Nutrition Security in India.***

Although India has made tremendous advances in science, medicine, information technology and many other fields, and has experienced unprecedented economic growth over the past decade, malnutrition remains unacceptably high. Poor nutrition is a major cause of other health problems in the country, including high infant and maternal mortality. The Prime Minister, Dr Manmohan Singh, declared the problem of malnutrition to be a “curse that we must remove” from India, in his address to the nation on Independence Day, 15th August 2008.

The national costs of malnutrition are very high: a vicious intergenerational cycle of poor health, high death rates, poor quality of life, decreased mental capacity and reduced worker productivity. Productivity losses are estimated at more than 10 per cent of lifetime earnings for individuals and 2-3 per cent of gross domestic product for the nation. This means that improvements in nutrition are important for a healthy and productive life as well as for continued economic growth and development.

The Coalition for Sustainable Nutrition Security in India (the Coalition), chaired by Professor M S Swaminathan, is a group of public and private sector leaders who have united in an effort to improve nutrition security, ensuring that every Indian citizen has access to a balanced diet, safe drinking water, environmental hygiene, sanitation and primary health care. The Coalition has reviewed and released this Leadership Agenda for Action to promote policy, programme and budgetary focus on overcoming the curse of malnutrition (see text box “Developing the Leadership Agenda for Action”).

We recognise malnutrition as a complex and multi-dimensional issue, affected by poverty, inadequate food consumption, inequitable food distribution, improper infant and child feeding and care practices, equity and gender imbalances, poor sanitary and environmental conditions and limited access to quality health, education and social services. Therefore, the Leadership Agenda for Action takes a broad and multi-sectoral view of nutrition security, defining it as “physical, economic and social access to, and utilisation of, an appropriate, balanced diet, safe drinking water, environmental hygiene and primary health care for all”.

The Coalition calls for the following critical actions to achieve nutrition security.

### **What needs to be done:**

A significant body of Indian and global evidence supports that these interventions are the most critical and effective to improve nutrition security:

1. Focus on proven, essential nutrition interventions, the timely initiation of breastfeeding within one hour of birth, exclusive breastfeeding during the first six months of life, the timely introduction of age-appropriate complementary foods at six months (adequate in terms of quality, quantity and frequency), hygienic child feeding practices, improved nutrition for women (especially adolescent girls, pregnant women and lactating mothers), focusing on iron and folic acid supplements and deworming, and timely, high quality therapeutic feeding and care for all children with severe acute malnutrition (with leadership from the Ministry of Women and Child Development).
2. Focus on proven, essential primary health care interventions: full immunisation, bi-annual vitamin A supplementation with deworming for infants and young children, appropriate and active feeding of children during and after illness, including oral rehydration with zinc supplementation during diarrhoea and timely, high quality therapeutic feeding and care for all children with severe acute malnutrition (with leadership from the Ministry of Health and Family Welfare).
3. Promote personal hygiene, environmental sanitation, safe drinking water and food safety (with leadership from Ministry of Rural Development).
4. Integrate household food and nutrition security considerations into the design of cropping and farming systems (with leadership from the Ministry of Agriculture).
5. Expand and improve nutrition education and awareness as well as involvement and accountability for improved nutrition at the community level (with leadership from the Ministry of Women and Child Development and the Ministry of *Panchayati Raj* [local self government] and including others, such as the Ministry of Information and Broadcasting and the Department of Education).

## How to do it:

Based on the Indian context and significant programming experience, the Coalition recommends the following ways to improve nutrition security.

1. Expand efforts to engage and empower vulnerable communities, particularly women in these communities, to overcome malnutrition (including through *Gram Sabhas* [local councils] and self help groups).
2. Ensure that nutrition related programmes focus on key nutrition outcomes and are reaching the priority target groups of children under two years of age, and women (especially adolescent girls, pregnant women and lactating mothers) in order to break the intergenerational cycle of malnutrition and to achieve the desired results.
3. Strengthen the focus on improving nutrition through a leadership and coordination mechanism with clear authority and responsibility, working from local to national levels (possibly through a mechanism like a Ministry of Nutrition).

More than 60 years after independence, many sources of data show that the nutrition situation has not improved as desired, with almost half of our children underweight, and more than 70 per cent of our women and children suffering from serious nutritional deficiencies such as anaemia. Although there are success stories in parts of the country which show what we can achieve, the level of malnutrition today is morally unacceptable and has enormous costs in terms of health, well being and economic development.

India is at an historic juncture with respect to development and its position in the world. The country faces critical choices in terms of benefiting from its recent economic growth. We can continue on the present course, leaving half of our people under-nourished, in poverty and suffering - risking the political and economic destabilisation that can result from such a divide. Or, we can take bold leadership steps to eliminate malnutrition and improve the health and well being of our citizens. The Coalition has accepted this Leadership Agenda for Action, in order to ensure that we take the path that will end the “curse” of malnutrition.

## Developing the Leadership Agenda for Action

In February 2008, the Coalition for Sustainable Nutrition Security in India requested an Expert Task Force to review nutrition security in India in order to 1) highlight the urgent need to address high levels of malnutrition in India; 2) develop recommendations for priority actions based on evidence and programming experience; and 3) help build awareness, capacity and commitment among policy and programme leaders for implementation of the recommendations.

The Coalition took the following approach to prepare the paper:

- Inviting recognised experts representing a wide range of groups and different perspectives to contribute as Task Force members
- Reviewing the evidence and literature about how to improve nutrition security
- Considering the available platform of a large number of Government schemes and programmes directly or indirectly related to nutrition
- Evaluating and prioritising the best opportunities available to improve nutrition security
- Seeking Task Force member agreement on the key recommendations to improve nutrition security

The Coalition requested USAID to support a Secretariat, which provided administrative and logistical support to the Task Force (see Attachment 3 for names and affiliations of the members of the Expert Task Force).

Following a participatory drafting and review process, the Expert Task Force submitted its recommendations to reduce malnutrition to the Coalition. The Coalition reviewed and endorsed this *Leadership Agenda for Action* in September 2008.

## List of Expert Task Force Members

S. No.	Name and Organisation
1.	<b>Ashi Kathuria (Ms)</b> The World Bank
2.	<b>G.N.V. Brahmam (Dr)</b> National Institute of Nutrition
3.	<b>G.S.Toteja (Dr)</b> Indian Council of Medical Research
4.	<b>K. Vijayaraghavan (Dr)</b> SHARE India
5.	<b>Meera Priyadarshi (Dr)</b> AMALTAS Consultancy Pvt. Ltd.
6.	<b>Mahtab S. Bamji (Dr)</b> Dangoria Charitable Trust
7.	<b>Mohammed Ag Ayoya (Dr)</b> UNICEF
8.	<b>Prema Ramachandran (Dr)</b> Nutrition Foundation of India

S. No.	Name and Organisation
9.	<b>Rajesh Mehta (Dr)</b> World Health Organization- Regional office
10.	<b>Rajiv Tandon (Dr)</b> Office of Population, Health & Nutrition USAID, India
11.	<b>S Rajagopalan (Dr)</b> M.S.Swaminathan Research Foundation
12.	<b>S.K. Bhattacharya (Dr)</b> Indian Council of Medical Research
13.	<b>Shashi Prabha Gupta (Dr)</b> Consultant (ex- Ministry of Women and Child Development)
14.	<b>T. Sundararaman (Dr)</b> National Health System Resource Centre
15.	<b>Usha Kiran (Ms)</b> Bill and Melinda Gates Foundation
16.	<b>Veena S. Rao (Ms)</b> Ministry of Development of Northern Eastern Region

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