

**SPEAKER'S RESEARCH INITIATIVES (SRI) WORKSHOP FOR MEMBER OF PARLIAMENT
DURING WINTER SESSION 2017**

“STUNTING AND WASTING – ISSUES AND CHALLENGES”

INTRODUCTION

Nutrition is an important indicator of human development, national development and growth. In spite of impressive economic growth, India faces the problem of very slow decline in malnutrition levels.

Malnutrition reflects an imbalance of nutrients that may be on account of inappropriate intake or/and inefficient biological utilization due to the external and internal environment. It includes both under nutrition and over nutrition.

Malnutrition is a multi-faceted problem. The important determinants are inadequate food, level of poverty leading to low purchasing power, poor socio-economic status of women, female illiteracy, high rate of population growth and low access of population to health education, safe drinking water, environmental, sanitation, hygiene and other social services. Key reasons for malnutrition setting in early life are early marriage, faulty and sub-optimal infant and young child feeding practices, childhood illnesses and low birth weight. The nutritional status of the population is outcome of complex and inter-related set of factors and cannot be improved by the efforts of single sector alone. Therefore, it needs a multi-pronged approach.

FORMS OF MALNUTRITION:

Underweight– a reflection of low weight-for-age. Takes into account both acute and chronic malnutrition.

Stunting – Stunting is defined as the percentage of children, aged 0 to 59 months, whose height for age is below -2SD (moderate and severe Stunting) and -3SD (severe Stunting) from the median of the WHO Child Growth Standards. A chronic restriction of growth in height indicated by a low height-for-age. Children are short for their age indicates chronic malnutrition.

Stunting starts from pre-conception when an adolescent girl (who later becomes mother) is undernourished and anaemic, it worsens when infant's diets are poor, and when sanitation and hygiene are inadequate. It is irreversible by the age of 2. Child survival and health is inseparably connected to reproductive and maternal health. Stunting is associated with an underdeveloped brain, with long-lasting harmful consequences, including diminished mental ability and learning capacity, poor school performance in childhood, reduced earnings and increased risks of nutrition-related chronic diseases, such as diabetes, hypertension, and obesity in future.

Wasting –Wasting indicates current or acute malnutrition resulting from failure to gain weight or actual weight loss. In India 21 percent of children under five years of age suffer from wasting; an acute weight loss indicated by a low weight-for-height. It measures current nutritional status.

Severe acute malnutrition (SAM) or severe wasting - defined by very low weight-for-height (below -3 Z-scores of the median WHO child growth standards), a mid-upper arm circumference < 115 mm, or by the presence of nutritional edema.

As per the recent report of National Family Health Survey (NFHS) – 4 conducted by Ministry of Health and Family Welfare in 2015-16, 35.7% children under 5 years of age are underweight and 38.4% are stunted indicating a reduction from the previous NFHS – 3 conducted in 2005-06 where 42.5% children under 5 years of age were underweight, 48% were stunted and as per NFHS 4 - 21% children under 5 years of age are wasted indicating stagnating levels of child wasting with 19.8% as reported from previous NFHS – 3 conducted in 2005-06.

CAUSES OF MALNUTRITION:

Under-nutrition is a complex and multi-dimensional issue, affected mainly by a number of generic factors including poverty, inadequate food consumption due to access and availability issues, inequitable food distribution, improper maternal care, child feeding and care practices, inequity and gender imbalances, poor sanitary and environmental conditions; restricted access to quality health, education and social care services.

A number of other factors including economic, environmental, geographical, agricultural, cultural, health and Governmental issues complement these general factors in causing under-nutrition of children.

CONSEQUENCES OF MALNUTRITION:

While all children have the ability to grow at the same rate until age five, under nutrition often goes unrecognized because children live in communities where being thin or short statured is common, that seems normal, or because it's serious consequences are not widely understood.

When a child is under-nourished, it means that essential physical and mental growth processes are being compromised. If under-nutrition is not prevented and/or addressed, it can result in serious short-term, medium term and long term consequences.

- **Short Term Consequences:** Weaker immune systems and a greater risk of infection and disease, an increased risk of death, poor cognitive and developmental outcomes.
- **Medium Term Consequences:** Start school later and drop out, less able to learn due to compromised brain and mental development.
- **Long Term Consequences:** When undernourished children become adults, they are more likely to - Suffer from high blood pressure, diabetes, heart disease, and obesity; have lower economic productivity and incomes and undernourished women are more likely to have small and underweight babies—leading to an intergenerational cycle of poor nutrition and poverty

REMEDIAL STEPS TAKEN TO CURB MALNUTRITION:

Government is implementing several schemes and programs like Anganwadi Services, Scheme for Adolescent Girls and Pradhan Mantri Matru Vandana Yojna (PMMVY) under the Umbrella Integrated Child Development Services Scheme as direct targeted interventions to address the problem of malnutrition in the country. These are in addition to various Scheme of Ministry of Health and Family Welfare.

Recently, National Nutrition Mission has been set up to act as an apex body for monitoring and guiding the nutrition related issues.

The Revised Nutrition and Feeding norms for supplementary nutrition under the Anganwadi Services scheme of the umbrella ICDS were issued on 24.02.2009. Subsequently, the National Food Security Act was enacted in 2013. Sections 4, 5, 6 & 7 of the said Acts mandates the nutritional entitlement for children and pregnant women and lactating mothers. Schedule II of the aforesaid Act prescribes nutritional norms for the aforesaid beneficiaries. In pursuance of Section 39 of the Act, Supplementary Nutrition (under ICDS) Rules were notified on 20.02.2017; a copy of which was laid on the Table of both the Houses of Parliament.

All these schemes address one or other aspects related to nutrition and have the potential to improve nutritional outcomes in the country. As a result of these concerted efforts, the level of malnutrition and anaemia in children has reduced in the country as is evident from the recent report of National Family Health Survey (NFHS – 4), 2015-16.

CHALLENGES AND ISSUES:

The malnutrition situation in the country continues to be challenging. India faces persistently high levels of maternal and child undernutrition and anaemia, characterized by an intergenerational cycle that is compounded by multiple deprivations caused by poverty, social exclusion and deeply entrenched gender discrimination, convergence with line departments, awareness on issues of nutrition, food habits, poor diet diversification and inappropriate Infant and young child feeding practices etc. are some of the key challenges encountered in the fight for malnutrition.

WAY FORWARD:

Apart from the direct nutrition interventions in the form of various schemes of the Ministry, viz., Anganwadi services under the umbrella ICDS, Schemes for Adolescent Girls and Pradhan Mantri Matru Vandana Yojana all of which have built-in convergence mechanism, the recent initiatives taken by the Ministry to improve malnutrition status of the outcome in the country are as under:

- I. **IEC** - MWCD has developed Audio Visual named Navjat-ki-Suraksha (looking at lifecycle approach) for awareness creation among expecting mothers, pregnant women and others for imparting valuable education. This video has been shared with the line ministries and all States/UTs for wide screening, including in district hospitals.

- II. **Food fortification** – An initiative of MWCD towards addressing the widely prevalent micronutrient deficiencies in the country. Fortification of food items: Double fortified salt (Iodine and Iron), Wheat Flour (Iron, Folic acid and Vit B12) and edible oil (Vit A and D) are made mandatory under the Government Funded Programmes, i.e., Supplementary Nutrition, Mid-Day Meal and Public Distribution System. DO letter No. 25/16/2015-Nutrition Desk dated 10th July, 2017 of Secretary, WCD was issued to Chief Secretaries of all states to ensure mandatory fortification of food articles used in the administration of SNP of ICDS scheme.
- III. **De-worming** - Sanitation and safe drinking water (WASH) is one of the biggest drivers to reduce under-nutrition. Ministry of Health and Family Welfare launched National De-worming Day on 10th Feb, 2015 as part of National Health Mission. The initiative was taken up with active participation of MWCD by De-worming twice in a year in the targeted age groups to help reduce massive burdens of worm infestations and consequently under-nutrition and anaemia.
- IV. **ICDS – CAS**- With the objective of improving the nutritional Status of Women and Children and getting real time information on Nutritional indicators, MWCD has initiated the use of Information and Communication Technology (ICT) at the grassroots level. The Information and Communication Technology enabled Real Time Monitoring (ICT-RTM) of ICDS being implemented in 77 districts of the 8 ISSNIP projects states covering 1,75,000 Anganwadi Centres. ICT-RTM leverages Information and communication Technology to set up a Real Time Monitoring (RTM) System for improving the ICDS–common Application Software (ICDS-CAS) with the Anganwadi Workers (AWWs) and Sector Supervisors. The System is also equipped to trigger SMS alerts to the parents of the children whose growth remains static or goes negative on two successive weighing to make the parents aware of the growth of their children and seek appropriate services to address the issue.
- V. **NFSA Act** - In pursuance of the provisions contained in the National Food Security Act (NFSA), 2013, the Ministry has notified the Supplementary Nutrition (under the Integrated Child Development Scheme) Rules, 2017 on 20th February 2017 to regulate the entitlement specified under provisions of said Act for every pregnant woman and lactating mother till 6 months after child birth, and every child in the age group of 6 months to 6 years (including those suffering from malnutrition) for 300 days in a year, as per the nutritional standards specified in Schedule II of the said Act.
- VI. **Child Care and Counselling** -To address a very important issue of child care and counseling, it has been decided to lay more emphasis on home based care of infants by implementing 2 monthly home visits of ASHAs from a child attaining

the age of 4 months onwards, with an objective to ensure counseling for complementary feeding, growth monitoring, vaccinations and sickness related counseling.

- VII. **Regional Food Testing laboratories**-Food & Nutrition Board (FNB) is in process of setting-up of 4 (four) state of art food testing laboratories viz. 1 (one) Central Laboratory at Faridabad and 3 (three) Regional Food Testing Laboratories at Mumbai, Chennai and Kolkata to analyze the food, nutritional supplements for Food Safety and Quality and to ensure Nutritional and Feeding Norms for Supplementary Nutrition in ICDS Scheme
Tentative inaugural dates of FTLs are as under:

S.No.	Location of FTLs	Tentative month of inauguration
1	Kolkata	April, 2018
2	Faridabad	July, 2018
3	Chennai	September, 2018
4	Mumbai	October, 2018

- VIII. **Mission Malnutrition Free India- 2022-** To mark the celebration of 75 years of Independence in the year 2022 Ministry of WCD has set an ambitious goal to make the Nation Malnutrition Free by 2022.

A national conference “Mission Malnutrition Free India-2022” was organized on 19th September, 2017, New Delhi, in order to sensitize the District Collectors/Deputy Commissioners as well district level officers of Health and Family Welfare, Nutrition (ICDS/ SW), Drinking Water and Sanitation Department, in the high burden districts besides the Principal Secretaries/ Secretaries/ in charge of these three departments of all States and UTs on a multitude of topic related to stunting, under-nutrition and wasting and the key strategic interventions which are urgently required to address these comprehensively and conclusively.

This needs the active participation of the District Magistrate/ District Collectors/Deputy Commissioner to regularly monitor and review the aspects of nutrition across the line departments within their area at least once in three month period. Such review and monitoring at district level should be done in exclusive and dedicated manner (on 1-10 of January, April, July and October).

A series of convergent and well-coordinated actions in different sectors are required to be under taken in a mission mode approach to address this gigantic problem of malnutrition.