

Malnutrition, an Emergency: What it Costs the Nation

Veena S. Rao



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Preface

I am extremely pleased that the Council for Advancement of People's Action and Rural Technology has brought out this publication on the subject of malnutrition. As has been brought out through several Surveys, the latest being National Family Health Survey-3, malnutrition is an invisible health problem which is attacking a sizeable portion of our human resources, especially the rural poor. Malnutrition is a major obstacle in enabling our people to achieve their complete physical and cognitive potential. It especially deprives the rural poor of energy and capacity to work, thereby causing low productivity, low income and continuation of poverty.

I congratulate CAPART for formulating a strategy for combating malnutrition and for implementing this strategy through two Pilot Projects in the chronic malnutrition Tribal Blocks of Maharashtra. I am indeed happy to learn that even in the early stages of implementation, the nutrition situation of the tribal people has improved. I greatly appreciate the keen enthusiasm of Director General, Smt. Veena S. Rao for providing the benefit of her accumulated knowledge and experience on the subject for the benefit of the NGOs and the rural communities of India.

I am also happy that the newly established CAPART Institute for Poverty Alleviation and Rural Technology (CIPART) has already conducted several training programmes for NGOs across the country on the eradication of malnutrition based on the CAPART Strategy.

I sincerely hope that the pilot project is upscaled to a National Programme which will improve the Human Resource base of our country and enable the rural poor to improve their health and nutritional status, thereby improving their productivity and income, and correspondingly reducing poverty.

(Raghuwansh Prasad Singh)

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Acknowledgments

This publication is the result of the knowledge and insights I gained during my tenure as Joint Secretary in the Department of Women and Child Development regarding the generally ignored and often misunderstood phenomenon of malnutrition in India. What appeared to me as inexplicable was that in spite of this huge human resources calamity staring us in the face, and the enormous loss that it was causing to the country and to the people, the subject never received the attention that it ought to have in the nation's development agenda.

I was fortunate to have been given an opportunity in CAPART to implement a pilot project following the inter-generational strategy and put to test a hypothesis that I had carried with me for some time. It is a feeling of great satisfaction that the hypothesis is being validated in the manner that I expected. Thank you, CAPART.

I would like to express my sincere thanks to the Hon'ble Minister for Rural Development and Chairman CAPART, Dr Raghuvansh Prasad Singh, for his encouragement and support in this project.

My special thanks to Ms. Shweta Singh who has worked closely with me in documenting this publication. She painstakingly compiled the information and updated it several times over, as we went through 2007 with new data pouring in from NFHS-3, Census of India 2001, SRS and NSSO. Ms. Shweta Singh also assisted me in collating and analyzing the data and in designing the training module and course material for the training programme "Combating Malnutrition and Production of Energy Rich Foods for Consumption and Marketing in Rural Areas" for NGOs at the newly set up CAPART Institute for Poverty Alleviation and Rural Technology (CIPART). Already 57 NGOs from all over India have been trained.

My thanks also to Dr. Robert W Fogel, Director, Center for Population Economics, University of Chicago, Graduate School of Business for permitting me to use his hypothesis from "The Conquest of High Mortality and Hunger in Europe and America, NBER Working Paper No 16", for the paper.

I would also like to thank Ms. Lakshmi Prasad, Deputy Director General CAPART, Shri S. H. Indurkar, Deputy Director, CAPART and Shri P. K. Gupta, Research Officer,

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Lastly and most importantly, I must express my gratitude to Dr. N.G. Hegde, President, BAIF Development Research Foundation, Mr. Ramesh Rawal, Vice President, BAIF Development Research Foundation, Dr. Shailesh Deshpande, Joint Programme Director, Mr. S.M. Wagle, Principle Programme Coordinator, MITTRA, for implementing the pilot projects with all sincerity and commitment.

Veena S Rao

New Delhi
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Executive Summary

1. The objective of this paper is to highlight the epidemic proportions of malnutrition that have been silently raging in India. The latest NFHS 3 data presents a grim situation regarding the nutritional status of our population. This has, time and again, been confirmed by various other surveys, such as, NSSO, NNMB, and by International Publications, such as, the Human Development Report 2007 and the Global Hunger Index. In spite of the poor nutritional status of the population, particularly of children and women, the subject has not caught much attention of the highest policy and decision makers. After the National Nutrition Policy (1993) and the National Plan of Action for Nutrition (1995), the recommendations of which have mostly remained on paper, no national reviews, assessments or programmes regarding combating malnutrition have emerged. Through this paper an attempt has been made to draw the attention of the decision makers towards the problem of malnutrition, its manifestation and inter-generational and economic consequences that normally remain invisible, and work out strategies to address this problem, in a practical, sustainable and time bound manner.

2. Sections 1 and 2 discuss the Direct and Indirect Indicators of Malnutrition, and the Indian Scenario in relation to these indicators. Infant Mortality Rates, Maternal Mortality Rates, Birth Weights are some of the indicators that are used to assess the nutritional status of the population. India has a high Infant and Maternal Mortality Rate and almost one quarter of the children born in India are low birth weight. 61.3% and 67% of the causes for high infant and maternal mortality respectively, are related to malnutrition and its manifestations, depicting inadequate food intake, lack of access to basic health care, poverty, ignorance, gender inequality, lack of immunization, prolonged infections, lack of sanitation and access to clean drinking water among a vast majority of our population.

3. Section 3 provides a comparative picture of nutrition related indicators of India with other countries. Despite our high rate of growth in the last decade, improvement in the nutritional status of the population has been marginal as compared with countries like China, Sri Lanka and Bangladesh. For certain indicators such as Stunting and Wasting of children, India's indicators are worse than those of Sub Saharan countries, such as, Ethiopia, Angola, Sudan and the Congo (Democratic Republic).

4. Section 4 discusses the Inter-generational Cycle of Malnutrition and Ill Health and its consequences. Malnutrition is an extremely complex phenomenon with multiple and

heterogeneous causes. To add to the complexity, the problem of malnutrition is invisible and is passed on from one generation to another, resulting in an inter-generational cycle of malnutrition and ill health. It is but logical that for an inter-generational problem, an inter-generational strategy promises greatest chances of success. However, this factor often escapes attention of the policy makers while formulating strategies and programmes to eradicate it. The package of interventions must be inter-sectoral and must cover the entire life cycle of women and children to create an immediate impact on the nutritional status of the three critical links of malnutrition, namely, children, adolescent girls, and women.

5. Section 5 throws light on the economic repercussions and dimensions of malnutrition. Malnutrition retards the physical and cognitive potential of human beings resulting in reduced working and earning capacity among adults, impaired learning potential among children, reduced capacity to recover from illness, thus, eroding a sizeable portion of our human resources. Collectively, this negatively impacts economic development (GDP) with high mortality and morbidity rates adding to the health costs of the nation. The paper also calculates the GDP losses arising out of calorie deficit of the population based on the NSS 50th Round findings.

6. Sections 6, 7 and 8, address the inadequacy and inappropriateness of State responses, and the apparent lack of administrative and political will to put in place a viable and time bound solution to the problem of malnutrition. The National Nutrition Policy, though a most comprehensive document, failed to get implemented, and the National Plan of Action remained largely on paper due to lack of resources and proper monitoring mechanisms. The Minimum Needs Programme (MNP) 1974 with 8 basic minimum services was considered as the core of the Social Sector Development Plan. While all the components of MNP, such as, Elementary Education, Rural Health, Rural Water Supply, Rural Electrification, Rural Roads and Rural Housing subsequently became national programmes, the subject of Nutrition got subsumed in ICDS, lost its independent programmatic identity, and never became a stand alone programme by itself.

7. Sections 9 and 10, provide a strategy to combat malnutrition which is structured simply but innovatively, and derived entirely from the prescriptions already existing in our Plan and Policy framework, that have, however, remained unattended since several decades. CAPART, an autonomous body under the Ministry of Rural Development, Government of India, with a mandate of funding NGOs, prioritized the issue of Malnutrition as an unaddressed gap in human resource development, and formulated a Model Scheme for Promotion of Community Initiatives to Combat Malnutrition and provide Income Generation in the Backward Regions of India. The Scheme is constructed on the principles of the Inter-generational, Life Cycle Approach, with interventions to address the key stages of

the life cycle, viz., infancy and childhood, adolescence, and motherhood, through nutritional and health awareness and dietary supplementation by low cost, indigenous energy food, locally prepared by Women's Self Help Groups. The scheme serves a dual purpose of combating malnutrition as well as providing income generation activity for the Women's Self Help Groups, who produce, distribute and market the energy foods in the community. Based on this Scheme, two Pilot Projects have been undertaken in the Tribal Blocks of Jawhar and Mokhada in Thane District, Maharashtra that suffer from chronic malnutrition. CAPART is implementing these projects jointly with an NGO, MITTRA- BAIF.

8. Section 11 discuss the findings of the Baseline Surveys, the progress in the implementation of the projects and the dramatic improvement in the nutritional status of the target groups thereafter. The awareness generation campaigns regarding the Inter-generational Cycle of Malnutrition have been well received by the community. Production Centres for energy food specifically customized to meet the nutritional requirements of infants, children, adolescent girls, pregnant and lactating mothers have been set up. Consumption of energy foods by children began in July 2007 and by adolescent girls and women in September 2007. The Section also discusses the extremely positive impact on the health and well being of the community after the consumption of energy foods, as expressed through questionnaires.

9. The Concluding Section suggests a blue print for a National Programme to Combat Malnutrition. Beginning with enhanced political commitment, it seeks to revitalize the dormant National Nutrition Council headed by the Prime Minister and urges it to set up a High Powered Committee to formulate a National Programme to Combat Malnutrition. The programme components suggested are Awareness Generation, Supply and Popularization of Low Cost Nutritious Energy Foods, Food Fortification, and a strong Monitoring and Evaluation system. The implementation machinery is the ICDS with a revised mandate and additional flexible support - either trained assistants at the Anganwadi level, or support of trained NGOs or SHGs, depending upon their presence and strength. To begin with, the programme can be implemented in 150-200 chronically malnourished Blocks. The cost incurred to combat malnutrition would be much less than what malnutrition costs the nation.