



A Five Point Charter for Overcoming the Curse of Malnutrition

The Coalition for
Sustainable Nutrition Security in India

September 19, 2008

A Five Point Charter for Overcoming the Curse of Malnutrition: A Leadership Agenda for Action

We are far from achieving the goal set up by Mahatma Gandhi at Noakhali in 1946, that the first and foremost duty of independent India should be to achieve freedom from hunger. To quote Gandhiji “God is bread to the hungry”.

This must be a Pan-Political effort. Fortunately, all Indian political parties are committed to the eradication of hunger and achieving the UN Millennium Development Goals in the area of hunger and poverty elimination. Our former Prime Minister, Shri Atal Bihari Vajpayee, for example, said in 2001 on the occasion of the release of the “Rural Food Insecurity Atlas” prepared by the MS Swaminathan Research Foundation (MSSRF) and the World Food Programme, (WFP) “The sacred mission of a Hunger Free India needs the cooperative efforts of the Central and State Governments, non-governmental organisations, international agencies and all our citizens. We can indeed banish hunger from our country in a short time”. Prime Minister Dr. Manmohan Singh has reiterated this resolve, by stating in addresses, such as his Independence Day Address on August 15, 2008, “The problem of malnutrition is a curse that we must remove. Our efforts to provide every child with access to education, and to give equal status to women and to improve health care services for all citizens will continue”. How can we convert this political resolve into practical accomplishment?

The UN Millennium Development Goals, adopted by all Member States in the year 2000, represent a Global Common Minimum Programme for sustainable human security and well being. The first among the eight goals adopted for accomplishment by the year 2015 relates to reduction in the incidence of hunger and poverty. Unfortunately, recent reviews by the Food and Agricultural Organization (FAO), International Food Policy Research Institute (IFPRI), the World Bank and other agencies show that far from declining, hunger is increasing, particularly in South Asia and Sub-Saharan Africa. The FAO estimates that about 75 million more were added to the number of hungry persons during 2007, mainly as a result of rising food prices. It is also becoming evident that hunger is closely linked with poverty. Therefore, anti-poverty programmes have to accord priority to eliminating hunger and malnutrition.

The economic, ecological and social costs of hunger are high, and hence this goal deserves to be on the top of the political agenda and public concern.

Nearly 70 per cent of India's population live in villages, where the main source of livelihood is agriculture, including crops and animal husbandry, fisheries, agro-forestry and agro-processing. Enhancing the productivity of small farms, and thereby the marketable surplus available for earning cash income, is a powerful method of reducing malnutrition among over 500 million members of small farm families who fall under the category of producer-consumers. Accelerated agricultural progress helps to strengthen both national food security and household nutrition security. Some recent Government initiatives like *Rashtriya Krishi Vikas Yojana* address this issue. The National Policy for Farmers (November 2007) also calls for an income orientation to farming.

Based on a detailed analysis of the available scientific data, two Task Forces established by the Coalition (See Attachment 1 for the list of Coalition members) have made important suggestions. Based on these reports, we suggest the following *Five Point Charter* for implementation by the Central and State Governments.

1. Institutional Structures for Public Policy and Coordinated Action in Nutrition

Overcoming malnutrition requires concurrent attention to food (macro- and micronutrients, clean drinking water) and non-food factors (e.g., sanitation, environmental hygiene, primary health care, literacy and income security). Nutrition security for each individual is vital for providing an opportunity for a healthy and productive life. Achieving the goal of nutrition security for all will need the fusion of political will and action, professional skill and people's participation. Such a coalition of policy makers, professionals and citizens will have to start from the village and go up to the national level. The following consultative, policy, oversight and monitoring structures are suggested.

- ***Panchayat/ Nagarpalika/ Local Body***

A Council for Freedom from Hunger, selected by *Gram Sabhas/ Local Bodies*

- ***State / Union Territory***

A State Level Committee on Nutrition Security, chaired by the Chief Minister, with all concerned Ministers and representations of Civil Society Organizations, Corporate Sector and Mass Media

- **National Level**

A Cabinet Committee for Nutrition Security, chaired by the Prime Minister

2. Learning for Success: Converting the Unique into the Universal

Nothing succeeds like success. Therefore it is important to learn from successful examples of the elimination of malnutrition. Many countries including Thailand, Vietnam, Brazil and China have achieved significant reductions in the level of malnutrition through an integrated strategy involving education, social mobilisation and nutrition safety nets. Thailand brought about a substantial reduction in the infant mortality rate speedily through a large cadre of community health workers. At the national level, Kerala and Tamil Nadu have been successful in reducing malnutrition. A unique combination of the Integrated Child Development Services (ICDS) and the Tamil Nadu Integrated Nutrition Project (TINP) was launched in Tamil Nadu where TINP supported a community worker to concentrate on families with children between 0-3 years of age. Special attention to pregnant women belonging to economically underprivileged families is also essential for avoiding the occurrence of babies with low birth weight.

In Tamil Nadu, the cooperative sector runs 96% of ration shops and the remaining are managed by *Panchayats* and Womens' Self Help Groups. One big advantage of using the cooperative system is that a credit facility is available to purchase grain from the Public Distribution System (PDS). From 1982, Tamil Nadu has been operating a universal noon-meal programme for school children, which now covers old age pensioners, the destitute, widows and pregnant women. Further, Tamil Nadu has decided to provide rice to the poor at a price of one rupee per kilogram from September 15, 2008. This will help to reduce malnutrition substantially. Various indicators of malnutrition show a downward trend in Tamil Nadu. For example, the incidence of severe malnutrition (Grades III and IV) among children aged 0-36 months declined from 2.3 per cent in 1983 to 0.3 per cent in 2000. In Kerala, there has been effective monitoring of quality of supply, timeliness and other features of the PDS by *Panchayats* and social activists. It would be useful to replicate such effective measures to combat malnutrition in all States.

Successful programming experience and health and nutrition evidence show that overcoming the curse of malnutrition will require focusing on two important target groups: *children under two years of age* and *women*, especially adolescent

girls, pregnant women and lactating mothers. Rates of child malnutrition in India are among the highest in the world and more worrisome, the nutrition situation of our children has not improved significantly over the last decade. In 1998-99, the prevalence of child underweight was 43 percent (NFHS-2); in 2005-06 the prevalence of child underweight was 40 percent (NFHS-3); this is a mere 0.5 percentage point annual decrease over the last six years. Population is increasing by over 16 million every year and hence the number of malnourished children is actually increasing. This is a matter for serious national concern. Although preventing malnutrition needs to be the focus of our policy and programme action, we have many children currently suffering from severe acute malnutrition. For these children adequate treatment must be made available as a matter of entitlement.

The first two years of life represent the critical window of opportunity to break the inter-generational cycle of malnutrition. If this critical window of opportunity is missed, child malnutrition will continue to self-perpetuate: Malnourished girls will become malnourished women, who give birth to low birth weight infants, who become malnourished in the first two years of life. This vicious inter-generational cycle of malnutrition requires a concerted focus on improving the nutrition situation of infants and young children from conception through the first two years of life. Investing in girls and women has also shown the potential for being transformational for the health, nutrition and well being of the entire household and community.

State Governments should develop a 'Hunger Free State' strategy, which adopts a life cycle approach to the delivery of nutrition support and reaches the key target groups and vulnerable sections of the population. In such a strategy, the lessons from TINP and ICDS could be suitably integrated, with a special programme to prevent maternal, foetal and young child malnutrition. Based on evidence and successful programming, it will be prudent to place special focus on Child Nutrition in the First Two Years of Life and Women's Nutrition throughout the Life Cycle.

3. Action at Local Level: Community food and nutrition security system

Community food and nutrition security systems including the setting up of Grain, Seed, Fodder and Water Banks can be promoted by local bodies. The food basket should be widened, so as to include a wide range of millets like *ragi*, legumes, vegetables and tubers. The *Panchayat*/Local Council for

Freedom from Hunger could mobilize the needed technological and credit support for establishing the Grain, Seed Fodder and Water Banks. Wherever hidden hunger from the deficiency of iron, folic acid, iodine, zinc and vitamin A in the diet is endemic, food–cum–micronutrient supplementation and appropriate and effective fortification approaches (as for example, iodine and iron fortified salt) can be adopted. Every *Panchayat*/Local Council for Freedom from Hunger could invite a Home Science College graduate in the area to serve as a Nutrition Advisor.

4. Action at State Level: Coordinating Nutrition Security Initiatives

The State Level Committee on Nutrition Security chaired by the Chief Minister of the State should facilitate the implementation of the numerous ongoing nutrition safety net programmes (National, Bilateral and International) in a coordinated and mutually reinforcing manner, in order to generate synergy and thereby maximise the benefits from the available resources. The Horticulture Mission provides a unique opportunity for providing local level horticultural remedies for major nutritional maladies. Overcoming micronutrient malnutrition and intestinal load of infection are urgent tasks. State Governments should launch a *Nutrition Literacy Movement* and set up ‘Media Coalitions for Nutrition Security’ for improved nutrition awareness. Such a Media Coalition should include representatives of print media, audio and video channels, new media including the internet, and traditional media like folk dance, music, and street plays.

5. Action at National Level: Mainstream Nutrition in National Missions

At the national level, the most urgent tasks relate to including nutrition outcome indicators and targets in all major Missions in the field of agriculture and rural development. Large National Programmes like the *Rashtriya Krishi Vikas Yojana* (Rs 25,000 Crore), the National Horticulture Mission (Rs 20,000 Crore) and National Food Security Mission (Rs 5,000 Crore) should have a Nutrition Advisory Board, so that cropping and farming systems are anchored on the principle of food-based nutrition security. Also, the delivery of various nutrition safety net programmes should be organised on a life cycle basis so that integrated attention can be given to the needs of an individual from birth to death. Similarly, the National Rural Employment Guarantee Act (NREGA) sites, where mostly illiterate women and men work on unskilled jobs,

should have a nutrition clinic operated by a knowledgeable person, and a PDS facility. If food is not available at affordable prices at NREGA sites, most of the money earned will go to purchasing staple foods at high cost and under nutrition will persist. *Gyan Chaupals* can run adult nutrition literacy programmes based on computer aided learning technology. The proposed Cabinet Committee on Nutrition chaired by the Prime Minister should give priority attention to efforts to overcome the curse of malnutrition, especially for children and women.

The National Rural Health Mission, supported by a large number of ASHAs, offers an uncommon opportunity for strengthening health and nutrition security. It is worthwhile to consider methods of adding a nutrition component to this Mission and thereby launching an Integrated National Rural Health and Nutrition Mission. Obviously such an integrated mission is equally important for urban areas, since urban food and nutrition insecurity is equally great, as revealed by the “Food Insecurity Atlas of Urban India,” prepared by MSSRF and WFP.

In an Integrated National Rural / Urban Health and Nutrition Mission, civil society organisations and the corporate sector can play a significant role. The corporate sector under their Corporate Social Responsibility Programmes can help to achieve “Health and Nutrition for All” in the areas where they operate. It is also clear that diseases like HIV/AIDS and Tuberculosis can be cured only if there is nutrition-cum-drug based approach. Nutrition should hence be integrated into the national disease control programmes.

Integrating nutrition in relevant National Missions will accelerate the pace of progress in providing every child, woman and man in the country with an opportunity for a healthy and productive life. Without this, a sustainable foundation for inclusive economic growth cannot be laid. This is the number one challenge facing the Nation.

To conclude, we have the political will and the technical skill to achieve Gandhiji’s goal of a hunger free India. Can we now bring all the needed inputs, resources and actions together so that nutrition for all becomes a reality? The present document, based on the best available scientific evidence, provides a road map for achieving this important goal.

Attachment 1: List of Coalition Members

S. No.	Name and Title	Ministry/Organisation and Contact Details
Chair		
1.	M. S. Swaminathan (Prof) Chairman	M S Swaminathan Research Foundation Third Cross Street Taramani Institutional Area, Chennai - 600113
Ministers		
2.	Anbumani Ramadoss (Dr) Minister of Health & Family Welfare	Ministry for Health and Family Welfare Room No-348, A Wing, Nirman Bhawan, New Delhi -110011
3.	Mani Shankar Aiyar (Shri) Minister of Panchayati Raj and Department of North Eastern Development	Ministry of Panchayati Raj Gate No.2, Room No.7 Krishi Bhawan, Dr. Rajendra Prasad Road, New Delhi -110001
4.	Renuka Chowdhury (Smt) Minister of State for Women and Child Development (Independent Charge)	Ministry of Women and Child Development Room No-750, A Wing, 7 th floor, Shastri Bhawan, New Delhi -110001
5.	D. Purandeswari (Smt) Minister of State for Human Resource Development	Ministry of Human Resource Development Room No-125, C Wing, Shastri Bhawan, Dr. Rajendra Prasad Road, New Delhi -110001
6.	G. K. Vasani (Shri) Minister of State (Independent Charge)	Ministry of Statistics & Program Implementation Room No-103, First Floor, Sardar Patel Bhavan, Sansad Marg, New Delhi -110001
7.	Jairam Ramesh (Shri) Minister of State for Commerce & Power	Ministry of Commerce & Power Room No-146, Gate No-12, Udyog Bhawan, New Delhi -110011
8.	Subodh Kant Sahai (Shri) Minister of State (Independent Charge)	Ministry of Food Processing Industries Panchsheel Bhavan, August Kranti Marg, New Delhi -110049
9.	Brinda Karat (Ms) Member of Parliament	A.K. Gopalan Bhawan 27-29 Bhai Veer Singh Marg, Gole Market, New Delhi -110001
10.	Shobhana Bhartia (Ms) Member of Parliament	Hindustan Times Building 18-20, Kasturba Gandhi Marg, New Delhi -110020
11.	Raman Singh (Dr) Chief Minister	Chief Minister of Chattisgarh Room No-303, DKS Bhavan Mantralay, Raipur - 492001
12.	Digvijay Singh (Shri) General Secretary	All India Congress Committee (AICC) 15, South Avenue New Delhi -110 011
13.	M. Venkai Naidu (Shri) Senior Leader	Bhartiya Janta Party (BJP) 30, Aurangabad Road, New Delhi -110001
Planning Commission		
14.	Montek Singh Ahluwalia (Mr) Deputy Chairman	Planning Commission Room No-118, A Wing, Sansad Marg, Yojana Bhawan, Parliament Street, New Delhi -110001
15.	Sayeeda Hameed (Dr) Member of Planning Commission	Planning Commission Room No-118, A Wing, Sansad Marg, Yojana Bhawan, Parliament Street, New Delhi -110001
Government Officials		
16.	T.K.A. Nair (Mr) Principal Secretary to PM	Prime Minister Office South Block, New Delhi -110001
17.	A.N.P. Sinha (Mr) Secretary	Ministry of Panchayati Raj Krishi Bhavan, New Delhi -110001
18.	Veena S. Rao (Ms) Secretary	Ministry of Development of Northern Eastern Region, Vigyan Bhavan Annexe, Maulana Azad Road, New Delhi -110011
19.	M.K. Bhan (Dr) Secretary	Department of Biotechnology, Ministry of Science and Technology CGO Complex, (Block 2, 7th Floor), Lodhi Road, New Delhi - 110003
20.	Rita Sharma (Dr) Secretary	Ministry of Rural Development Krishi Bhavan, New Delhi -110001

A Five Point Charter for Overcoming the Curse of Malnutrition

S. No.	Name and Title	Ministry/Organisation and Contact Details
21.	Loveleen Kacker (Dr) Joint Secretary	Ministry of Women & Child Development Room No. 605, Shastri Bhawan, New Delhi -110001
22.	Aradhana Johri (Ms) Joint Secretary	Ministry of Health and Family Welfare Room No-155, A Wing, Nirman Bhawan, New Delhi -110 011
23.	S. K. Chopra (Dr) Chair of Sustainable Development, IGNOU Adviser in Ministry of New and Renewable Energy	Ministry of New and Renewable Energy Block 14, CGO Complex, Lodi Road New Delhi -110003
Academia		
24.	Samir K. Brahmachari (Prof) Secretary (DSIR) & Director General (CSIR)	Department of Industrial and Scientific Research (DSIR) Council of Scientific & Industrial Research (CSIR) Anusandhan Bhawan, 2 Rafi Marg, New Delhi -110001
25.	Mangala Rai (Dr) Secretary (DARE) & Director General (ICAR)	Indian Council of Agricultural Research (ICAR), Krishi Bhawan, New Delhi-110001
26.	S.K. Bhattacharya (Dr) Additional Director-General	Indian Council of Medical Research (ICMR) V.Ramalingaswami Bhawan, Ansari Nagar, New Delhi -110029
27.	B. Sesikeran (Dr) Director	National Institute of Nutrition (NIN) Jamia Osmania PO., Tarnaka, Hyderabad – 500007
Civil Society		
28.	Prema Ramachandran (Dr) Director	Nutrition Foundation of India C-13, Qutab Institutional Area, New Delhi -110016
29.	Rita Sarin (Ms) Country Director	The Hunger Project Country Office, Shaheed Bhavan, 18/1, Aruna Asaf Ali Marg, Qutub Institutional Area, New Delhi -110067
Private Sector		
30.	B. K. Jhawar (Dr) Chairman	Usha Martin Limited 2A, Shakespeare Sarani, Kolkata – 700071
31.	K. V. Kamath (Mr) President	CII India Habitat Centre, Core 4A, 4 th Floor, Lodi Road, New Delhi -110 003
32.	Rajiv Chandrashekhar (Mr) President	FICCI Federation House, Tansen Marg, New Delhi -110001
Media		
33.	P. Sainath (Mr) Associate Editor	The Hindu 27/43, Sagarsangam Bandra Reclamation, Mumbai - 400050
Development Organisations		
34.	George Deikun (Mr) Mission Director	USAID, American Embassy Shantipath, Chanakyapuri, New Delhi -110 021
35.	Karin Hulshof (Ms) Country Representative, UNICEF-India	UNICEF 73, Lodi Estate, New Delhi -110003
36.	Mihoko Tamamura (Ms) Country Director	World Food Programme, India 2, Poorvi Marg, Vasant Vihar, New Delhi -110057
Secretariat		
1.	Laurie Noto Parker (Ms) Project Director	The Vistaar Project IntraHealth International, Inc. A 2/35, Safdarjung Enclave, New Delhi -110029
2.	Laxmikanta Palo (Mr) Sr. Technical Advisor and Secretariat Manager	The Vistaar Project IntraHealth International, Inc. A 2/35, Safdarjung Enclave New Delhi -110029

We wish to acknowledge and appreciate USAID for funding a Secretariat to provide administrative and logistic support to the Coalition and the Expert Task Force. We also acknowledge Dr Rajiv Tandon (Chief, Maternal and Child Health, Nutrition and Urban Health Division, USAID India) who serves as the Coordinator for the Coalition.