



Essential Interventions for Reducing Malnutrition for Girls and Women 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.

Introduction

The latest National Family Health Survey (NFHS-3, 2005-06) data reveal that the nutritional status of girls and women in India remains unacceptably low with only negligible improvement in the past decade. Anaemia continues to pose a serious problem for women in India, with the number of women suffering from anaemia having actually increased from 52 percent (NFHS-2) to 56 per cent (NFHS-3). More than a third (36%) of women have a low body mass index (BMI), indicating a high prevalence of nutritional deficiency and protein calorie deficit. Among women who are underweight, 44% are moderately or severely underweight. Thus the Coalition selected improving the nutritional status of girls and women as a focus area.

Women play a critical role in ensuring the health, nutrition and general well being of the entire family. The health and nutritional condition of mothers is integrally linked with the health and nutritional status of their children in an inter-generational cycle. Women also have special needs, such as additional iron during their reproductive years and additional protein, calories and micronutrients during pregnancy and lactation. Besides, there are many gender inequalities pervasive in rural and urban communities, which adversely affect their health and nutrition.

Therefore, it is critically important to focus on the nutritional well being of girls and women, from infancy to adulthood. Accordingly, the Coalition calls for an increased policy and programme focus on six proven interventions that can dramatically reduce malnutrition in girls and women, which are outlined below.

1. Improve the Quantity and Quality of Food and Nutrient Intake for Girls and Women (focusing on girls under two, adolescents, pregnant women and lactating mothers): Promote household level food and nutrition security and bridge the calorie, protein, micronutrient gap for girls and women through (a) Improving community involvement in health and nutrition activities and programmes, by promoting self help groups, community partnerships or cooperatives to increase production and consumption of locally available and low cost, energy dense nutritious foods; (b) Strengthening the Public Distribution System (PDS) to provide more nutritious foods to the most vulnerable households - especially those with young and adolescent girls and pregnant or lactating mothers - foods such as double fortified salt with iron and iodine, food grains and pulses, legumes and high energy and protein content cereal-pulse mixes; and also promoting this activity through public private partnerships; (c) Nutrition education for families and communities, to bring about increased awareness of improved dietary practices, nutritional requirements of the girl child, adolescent girls and women, and the consequences of their malnutrition on the health of present and future generations.

2. Prevent and Manage Micronutrient Deficiencies (particularly anaemia in adolescent girls and women): (a) Expand iron and folic

acid (IFA) supplementation programme under National Rural Health Mission (NRHM) to cover all adolescent girls (school going as well as out of school), and women for the entire pregnancy period and first six months of lactation; (b) Emphasise nutrition education for communities, especially regarding anaemia and the importance of local production and consumption of low cost, locally appropriate iron rich foods; (c) Improve nutrition education about other micronutrient deficiencies, such as vitamin A, iodine, zinc, calcium, riboflavin, vitamin B12, and vitamin C; (d) Expand the availability of fortified foods through PDS and other channels, such as low cost fortified cereal-based blended foods for young children; (e) Expand availability and consumption of double fortified salt (with iodine and iron).

3. Improve Sanitation and Hygiene Practices and Access to Safe Drinking Water: (a) Increase access to safe drinking water and improved sanitation facilities through expanded infrastructure and use of appropriate low cost technologies, such as sanitary latrines and rain water harvesting; (b) Promote sanitation and hygiene education and behaviour change, especially in schools, to improve key practices such as proper hand washing with soap, hygiene and cleanliness in food preparation and consumption, and waste product and excreta related hygiene.

4. Increase Access to Basic Health Services: (a) Expand coverage of key health services such as immunisation, de-worming, complete ante/postnatal care and safe delivery by skilled attendants; (b) Introduce anaemia screening and weight monitoring for adolescent girls and pregnant women as part of a standard package of services provided through Village Health and Nutrition Days, primary health care centres and sub centres; (c) Improve awareness and use of key services related to reproductive health, especially family planning and immediate initiation of breastfeeding after delivery; (d) Provide improved services for prevention and treatment of common illnesses such as malaria, diarrhoea and pneumonia.

5. Universalise Completion of Secondary Schooling for Girls: (a) Promote and enable female education, especially completion of secondary education for the girl child, by strengthening ongoing programmes to increase the number and quality of schools especially in rural areas and to motivate families to keep girls in school; (b) Expand early childhood development programmes and crèches to improve enrolment and retention of adolescent girls, by reducing the burden of sibling care; (c) Improve school hygiene and sanitation facilities and school safety programmes to increase enrolment and retention of adolescent girls.

6. Improve Gender Equity: (a) Increase efforts to provide equitable opportunities for education, health services, nutritious foods, and economic opportunities for girls and women; (b) Expand programmes to help reduce girls' and women's workloads, such as maternity entitlements, affordable crèches for child care, and access to rural technologies, including for clean water; (c) Expand education and advocacy efforts and empower women and families to make informed decisions regarding age of marriage and first birth for girls (waiting till

at least 18 years of age for marriage); (d) Empower families, including men, with basic knowledge of health and nutrition and the importance of girls' and women's nutrition for the entire family and its inter-generational impact; (e) Reduce discrimination against the girl child through efforts to change social norms and practices; (f) Expand the collection and use of data on equity and gender issues to inform policy and programme decisions in the nutrition, health, education and water and sanitation sectors.

The major opportunities identified for scaling up these six essential interventions are:

- Promote the improvement of girls' and women's nutritional status as a top political and programmatic priority at all levels (national, state and district), with commensurate budgetary allocations for these essential interventions. This includes increased sensitisation of key policy and programme decision makers.
- Expand the focus on girls' and women's nutrition within existing national programmes such as the NRHM, Public Distribution System (PDS), National Rural Employment Guarantee Scheme (NREGS), *Sarva Siksha Abhiyan* (SSA), and *Bharat Nirman* programmes.
- Create stronger coordination and accountability mechanisms to ensure that existing Government missions and programmes focus on nutrition, collaborate with each other, and achieve specific nutritional outcomes, such as reduced anaemia in girls and women.
- Initiate a comprehensive and coordinated national nutrition education programme, sensitive to equity and gender issues, to increase "nutrition literacy" and promote key nutrition behaviours such as consumption of more nutritious foods, use of iodised salt,

iron supplementation, de-worming, use of safe drinking water, and hand-washing.

- Update the National Nutrition Policy (approved in 1993) to increase the focus on girls' and women's nutrition and these essential interventions.
- Strengthen the knowledge and skills, as well as support systems, for community level workers (especially *Anganwadi Workers*, Associated Social Health Activists, Auxiliary Nurse Midwives and teachers) to improve their performance and contribution in the nutrition area.
- Increase local involvement in nutrition, particularly in planning, monitoring and supporting key services and behaviour change efforts, such as through Village Health and Nutrition Days or *panchayati raj* institutions.
- Expand and strengthen national programmes to address gender equity, especially keeping girls in school and increasing their economic opportunities (e.g., vocational training, microcredit and self help groups), and advocating for age of marriage after 18 years.

Conclusion

The Nutrition Coalition calls for an increased policy and programme focus on these six proven interventions in order to reduce malnutrition in girls and women. Girls and women often suffer from poorer nutritional status than men, and improving their health and nutritional intake will have a great impact on the health and nutritional status of India's children and families. These efforts will enable girls and women to reach their potential, enjoy a higher quality of life and increase their earning capacity as well as contribute to the nation's economic growth and development.

The Coalition for Sustainable Nutrition Security in India

Despite rapid economic growth and the existence of many national health and nutrition policies, plans and programmes, many Indians continue to suffer from high levels of undernutrition. In response to this, a group of public and private sector leaders have united to improve nutrition security in India and have formed the Coalition for Sustainable Nutrition Security in India (the Coalition). Chaired by Professor M S Swaminathan, the Coalition brought together a diverse group of experts and stakeholders to produce this document which is one section of the Leadership Agenda for Action.

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