

**THE LEADER ARTICLE: No Child's Play: Malnutrition Needs Tackling in its Infancy**

31 Dec 2004, 0000 hrs IST, Arun Gupta

SMS NEWS to 58888 for latest updates

Eight of the world's distinguished economists, three of them Nobel laureates, gathered in Copenhagen six months ago to address a question: What issues would one prioritise to advance the welfare of developing countries, if one were to assume that an additional \$50 billion is at the disposal of their governments? They examined 30 proposals, accepted 17, ranked them in descending order of desirability and the 'Copenhagen Consensus 2004' emerged. HIV/AIDS received first priority and policies to attack hunger and malnutrition followed close behind. Additional spending on infant and child nutrition was one of these proposals. How do we deal with the huge problem of child health and nutrition in India?

India's response to the issue takes the form of the Integrated Child Development Services (ICDS) programme. Over the years, child malnutrition, which contributes to more than 60 per cent of the 2.4 million under-five child deaths annually, has been treated from the standpoint of treatment rather than prevention. Early solutions are needed, as malnutrition sets in during first two years and is virtually irreversible after that. According to the WHO and the Tenth Five-year Plan, child malnutrition is related to inappropriate infant feeding practices. However, efforts to deal with it only focus on supplementary food, which goes more often to older children. Data on the effect of food supply on child undernutrition, or the health and nutritional status of other family members, is non-existent.

Several studies have reported that infant feeding practices are very poor in India.

Exclusive breastfeeding for the first six months is practised in about 40 per cent of the infants and appropriate complementary feeding after six months in about 33 per cent. It is not always understood that at this age children are dependant on care-givers, whose knowledge about infant and young child nutrition is poor. Adults succumb to commercial pressures, buying baby foods which only perpetuate poverty. Optimal feeding norms do not set in with food or money distribution, as the government might like to believe.

Some months ago, reports of malnutrition deaths from Maharashtra caught the attention of the media, even as more than 6,500 children under the age of five die in India everyday. Two-thirds of these deaths occur during the first year. Have we ever looked at the survivors numbering about 75 million below the age of three, of whom 36 million are underweight and destined not to reach their full development potential? We need to invest in their quality of life before their condition becomes irreversible.

Sadly, our policy-makers, planners, and programme managers seek solutions where

none exist. It is "hunger" which gets treated with supplementary nutrition. The ICDS does not focus on preventing hunger. As the development of the brain occurs almost entirely in the first three years, it is intervention at this age rather than younger children as a whole that is crucial. Ensuring optimal infant and young child feeding is the best way out; it provides food, health and care all at once. The ICDS reaches only a quarter of the child population, and current plans to universalise it are underway.

It would be disastrous if we cannot ensure quality of service delivery to prevent child malnutrition and reduce mortality. The bundle of services that the ICDS provides includes growth monitoring of children and education of families. But in actual fact this hardly happens. The anganwadi worker, the person who bears ICDS on her shoulders, has hardly any skills and sufficient knowledge to do so. Preoccupied with so many other tasks, we cannot expect wonders from her. The key to quality is to build capacity for delivery of family-based interventions with community involvement.

The Pradhan Mantri Gramodyog Yojna is meant to focus on nutrition of the under-three, but 'food' supplementation remains its mainstay. The reproductive and child health programme managed by the Centre suffers from similar problems. Child care and nutrition, the critical elements, are missing from these programmes. Preventing malnutrition with focus on under-three cannot be expected from unsupportive healthcare systems and inadequately skilled workers.

Programmes dealing with child health and development lack coordination, have a fragmented approach and are grossly under-budgeted. The child under the age six gets eight times less than the child over six, which makes it practically impossible to achieve the desired outcomes on child survival and development. The child under three does not get her due share from these resources.

The solution lies in improving infant and young child feeding practices through countrywide breastfeeding support centres in all public and private sector facilities, managed by a skilled counsellor. The budget for under-six children should substantially increase from the present level of Rs 3,000 crore. The share of the under-three facing sheer neglect needs to be defined. Instead of investment commissions to promote foreign inflows, we should be looking at investing in the child. Spending to prepare children for a better life is an imperative for a healthy economy and society. Interventions for the development of infants and young children — those who will vote, work, lead and sustain the country — are urgently needed, and they come at a price.