CHALLENGES AND OPPORTUNITIES

India has recorded a declining trend in child stunting from 48 per cent in 2006 to 38 per cent in 2016— a relative 20 per cent decrease. Initiation of breastfeeding within the first hour of birth has improved from 23 per cent to 42 per cent between 2006 and 2016. The proportion of undernourished women too declined from 36 per cent in 2006 to 23 per cent in 2016.

Yet, in the same ten-year period, severe wasting in children increased from 6 per cent to 7 per cent, while wasting levels remained stagnant (20 per cent in 2006, 21 per cent in 2016).

Over 38 per cent, or 46.6 million, children are stunted in India today (LIME 2018). The country accounts for nearly a third of the global burden of childhood stunting. While there are 51 million wasted children in the world, India alone houses 25 million (50 per cent) of them (LIME 2018). The national stunting average also hides the greater burden and prevalence among certain geographic areas and population groups. Even with impressive decline, the level of stunting remains high and disparities between/within states are quite visible.

Just four states – Uttar Pradesh, Bihar, Maharashtra, and Madhya Pradesh are home to more than 50 per cent of stunted children in the country. Also, prevalence of stunting is higher among Scheduled Castes (43 per cent) and Scheduled Tribes (44 per cent). Stunting is substantially higher in rural areas and among the children of uneducated mothers with little knowledge of proper nutrition. About 21 per cent of children under age 5 are wasted. Children from tribal communities have an especially high prevalence of wasting (27.4 per cent). Estimates point to chronic malnutrition as the underlying factor in 45 per cent of under-five child mortalities.

The immediate and underlying factors of stunting include caring practices, hygiene and limited food security among the poorest households. It is inseparably connected to reproductive and maternal nutrition and is often determined in the womb by a mother’s social status and level of education. Traditional beliefs related to food intake and quality of care of the adolescent girl and woman during pregnancy and breastfeeding are also factors. While exclusive breastfeeding practices have improved in the past 10 years, complementary feeding practices have worsened.

However, poverty is not a clear cause as there are stunted children even among the richest households. Even when families have access to nutritious foods sources, young children are not given a nutrient dense diet and only half of mothers nurse their children below six months of age. The lack of water, sanitation and hygiene practices which leads to illnesses and life-threatening diseases like diarrhoea; are also responsible for up to 50 per cent of all child malnutrition.

The large effect of malnutrition on cognitive skills and ability in early childhood, leading to reduced performance which persists into adulthood, is not intuitively straightforward. The link is, however, well established by several empirical studies which show that poor health and nutrition of mothers and in early childhood can have a large and irreversible impact on the individual’s capacity to learn and earn later in life.

Healthier babies mean productive workforce for the nation. The costs of chronic malnutrition for India as a nation are high and include citizens with lowered learning capacity, poor school performance, reduced earnings, increased risks of nutrition-related chronic diseases, all ultimately leading to the loss of the country’s human capital.

As just one example, a study of the Integrated Child Development Services (ICDS) programme in India found that men and women who were exposed to an ICDS center in the first three years of their life completed an additional 0.2-1.1 years of schooling. In studies conducted with Indian children 5-7 years and 10 years, stunting affected the development of higher cognitive processes such as tests of attention, working memory, learning and memory and visuospatial ability. A sample of adequately nourished kids performed as much as two to three times better than malnourished children on many aspects of cognitive ability.

**FOCUS AREAS**

- Universalising coverage of proven high impact health, water, sanitation and nutrition interventions
- At-scale improvements in complimentary feeding, maternal and adolescent health and nutrition in areas with poor indicators
- Enhanced ‘nutrition literacy’ to improve infant feeding, including breastfeeding and complimentary feeding
- Diet for adolescents and pregnant or breastfeeding women

Malnutrition can quickly become an endless multi-generational spiral as malnourished women often become mothers of malnourished children. Unfortunately, chronic malnutrition in mothers is widespread as well as the less visible micronutrient deficiencies. Nearly 54 per cent of adolescent girls between 15-19 years in India are anemic and over 40 per cent of adolescents have a low body mass index, which will impact the health of their future pregnancies and children.

In cooperation with the Government, UNICEF’s large-scale programming effectively reduces this burden and helps save and improve the lives of millions of women and children, especially in marginalized groups by reducing and preventing malnutrition. Progress made in lowering the rates of stunting and wasting is critical to achieving the Sustainable Development Goals along with national and regional targets for malnutrition. UNICEF aims to reduce both conditions with a focus on the first 1,000 days of life and adolescent girls.

In 2018-2022, UNICEF will continue supporting the Government’s efforts to reduce stunting and wasting among the most vulnerable populations. This will be done by universalizing coverage of proven high-impact interventions around the 1,000 days – from conception to two years – for adolescent girls and women. Special focus will be on geographic pockets and social groups where the nutrition indicators are significantly below India’s and State averages. Improving child feeding practices, especially complementary foods between 6 and 18 months of age, are also critical.

Social and behaviour change initiatives, such as community-level counselling, dialogue, media engagement and advocacy especially in marginalized communities, will be integral to promoting usage of locally available, nutrient-dense affordable foods for young children. Since malnourished mothers are more likely to have malnourished children, UNICEF promotes supplementary feeding schemes for adolescent girls, pregnant women and breastfeeding mothers.

UNICEF’s ability to roll out quality services for women and children, and generating demand for them by promoting healthy eating, child feeding and caring practices, is a key value add to the government’s efforts at reducing child stunting. An important strategy is strengthening the Village Health and Nutrition days as a community-based platform for delivering health, hygien and nutrition services for mothers and young children. The programme will also improve water, sanitation and hygiene services in Anganwadi.

**FOCUS INTERVENTIONS**

- 1,000 days after birth to reduce wasting and stunting in the present generation
- Adolescent and maternal nutrition to prevent inter-generational effects in the next generation

Efforts are directed towards enabling access to quality essential maternal and child health services, including skilled birth attendance, essential newborn health, early initiation of breastfeeding, exclusive breastfeeding during the first six months and immunization.
STRATEGIC PARTNERSHIPS
UNICEF works closely with the Ministries of Women and Child Development, Health and Family Welfare, Drinking Water and Sanitation (Swachh Bharat Mission) and their state departments, alongside other allied Ministries. It leads the United Nations Working Group on Nutrition and Food Security. UNICEF also engages with a range of partners, including the Parliamentarians Group for Children, the Citizen’s Alliance Against Malnutrition; civil society coalitions like the Coalition for Food and Nutrition Security in India; Department of International Development; communication and research institutions; and key private sector partners, including IKEA Foundation, Bill & Melinda Gates Foundation, Children’s Investment Fund Foundation and Mегха and Aditya Mittal, among others.

PLANNED IMPACT
Reduction in childhood stunting, wasting, low birth weight and anaemia

The country programme is supporting the government to reduce the percentage of children stunted (below 5 years of age) from 38.4 per cent to 29.3 per cent between 2018 and 2022. To achieve this goal, the focus is on bridging disparities and prioritising improvements in nutrition among the poorest wealth quintile and disadvantaged groups (Scheduled Castes and Scheduled Tribes). UNICEF’s success in advocating for State Nutrition Missions has been instrumental in launch of the National Nutrition Mission called POSHAN (PM Overarching Scheme for Holistic Nourishment) Abhiyaan, in which it is a key implementing partner. Launched in March 2018, the Abhiyaan aims at improving the nutritional status of children aged 0-6 years, pregnant, and breastfeeding mothers. Through a life cycle approach, it aims to reduce malnutrition and achieve a 6 per cent reduction in childhood stunting, underweight and low birth weight and a 9 per cent reduction of anaemia in children, adolescent girls and women in the reproductive age group over three years (2018-2020).

The main approaches and priorities include:

- **Equity:**
  Assist the Government at national and state levels to apply a strong equity lens and ensure that disaggregated data are used to accelerate the provision of nutrition interventions under ICDS, the National Health Mission and the National Rural Livelihoods Mission.

- **Multi-sectoral coordination:**
  Support National and State Nutrition Missions, to strengthen both governance and multi-sectoral coordination for maternal, adolescent and child nutrition outcomes, through key nutrition, WASH, poverty alleviation and health responses. Support particularly will be given for convergence through the Poshan Abhiyaan to foster improved coordination for nutrition and deliver nutrition-specific and nutrition-sensitive interventions.

- **Capacity building:**
  Strengthen the capacity of frontline functionaries in nutrition and health, as well as the most relevant nutrition-sensitive sectors and their institutions, to enhance the quality of training curricula and counselling tools and approaches. This will be focused specifically on complementary feeding, adolescent girls’ and maternal nutrition, and severe acute malnourishment (SAM).

- **Behaviour change:**
  Assist State Governments to develop and implement at-scale behaviour change communication for improved feeding and caring practices, as well as hygiene and parenting skills, through interventions by frontline workers and community groups.

- **Monitoring and evaluation:**
  Strengthen the Management Information System of the Ministry of Women and Child Development by enhancing capacities for monitoring, reporting and evaluation.

- **Evidence-based programming:**
  Facilitate technical exchange at state and national levels to design and deliver policies, strategies, programmes and guidelines, based on good practices.

- **Facility-based treatment:**
  UNICEF supports and advocates for facility-based treatment for children with SAM, jointly with several state governments. As a result, Government of India has approved the piloting of community-based SAM programme in 13 states where UNICEF has its field presence.