

Submission

to

Planning Commission Government of India

on the

**An Approach Paper for 11th Plan
November 2006
(Accessed on Dec 25, 2006)**

for

Preventing Child Malnutrition

Focus on nutrition inputs in infancy for poverty reduction, ensuring equity and fulfilling child rights.

From:

- AIDAN • ACASH • BPNI • CWDS • CMAI • FOGSI • IAP • IAPSM • IMA • IPHA
- JSA • NNF • Navdanya • Right to Food Campaign • Samayak Foundation • TNAI

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Comments for additions are normally in bold letters and provided in following numbered paras.

As the approach paper notes clearly that 0-3 years have been neglected and looking for solutions to reach them , our comments are in that direction.

In the section 1.6., on Some Major Challenges: The Prime Minister in his recent speech at the NCAER called for improving the delivery of basic essential public services. Challenges of 11th plan include key challenge of training service providers. According to the FOCUS report 2006, mothers rarely received advice on breastfeeding and Anganwadi workers were found wanting additional skills training on infant and young child feeding being virtually absent. And BPNI's experience tells that this training is highly motivational and results in improved practices.

To achieve focus on infant nutrition, development and survival; following are our suggestions to be incorporated in the 11th plan paper.

1. *In the section (c) Providing essential public services to the poor, under para 1.6.6. Add in last lines, basic services such as maternal and child care 'including breastfeeding education services' As 70% of brain development occurs in the first 12 months of life, and as optimal brain development is dependent upon optimal nutrition, it is imperative that breastfeeding be prioritized for infants. Breastfeeding has been proven to increase IQ. In the second last line add after services, essential information and support to initiate breastfeeding within the first hour of birth and to exclusively breastfeed for six months.*

In 1.6.7 Add a last sentence In order to ensure that all people of the country, particularly the poor, receive optimal health and educational benefits, the focus of the health service must shift from curative to preventive care. In 1.7.2 Promoting exclusive breastfeeding for the first six months is the fundamental first step for poverty reduction.

2. In the section 4.2. Child Nurture : Starting Right, under para 4.2.1. Our children must not loose childhood because of**poor infant nutrition and lack of optimal breastfeeding**. Without optimal breastfeeding practices children can't be starting right as most brain develops at this time and this period determines the difference between a malnourished, sick child struggling to survive and one who is healthy, well nourished , an active learner and thriving.

3. In Para 4.2.2 about ICDS says it all what we do. "...*The programme covers supplementary nutrition, immunisation, monitoring of weight and height and in some cases, crèche facilities for a limited period.*" The problem here is well identified that ICDS spends on "supplementary food" as only nutrition inputs, so universalizing this will be doing the same thing again and again. Nutrition needs of infants are not met by food sops, need inputs early in first six months to lay a foundation for good development and health outcomes. Add "**Improving infant nutrition through protection promotion and support of optimal infant and young child feeding practices.**" FOCUS REPORT and experts on infant and child nutrition clearly argue for this focus.(EPW Aug 26, 2006)

4. Add a new para 4.2.3. and move numbers of other paras lower down. Draft of 4.2.3 is

"4.2.3 Promotion of optimal infant and young child feeding i.e. exclusive breastfeeding for 6 months and complementary feeding along with continued breastfeeding for 2 years is necessary to meet the nutritional needs of infants and young children. Most brain development, about 70% takes place during first 12 months and thus is the best opportunity to ensure holistic development of the children and society. According to NFHS 3 less than

half of the infants receive the benefits of early (within one hour) and exclusive breastfeeding for the first six months. Evidence points out that exclusive breastfeeding for first six months is strong weapon to fight out child malnutrition and to save babies, thus calls for center staging this intervention. Infants being most vulnerable human beings require a sharp focus. This needs to be recognised in rights based programming, any programme framework should include 0-6 months as a target and monitor them rather than leave them to their mothers to succeed or not to. Action will insure child health without recurring premiums and also alleviate poverty especially in rural areas. This intervention is unique in bringing equity and integration as well convergence of nutrition and health sectors.”

5. In the section 4.4, Comprehensive strategy for better health, para 4.4.1 Notes that we have missed the targets of IMR and we had been slow. Add **We have failed to take action on timely initiation of breastfeeding and exclusive breastfeeding for six months, which are proven methods to reduce IMR by focusing on curative rather than preventive care.** In para 4.4.2 on add**early and exclusive breastfeeding**.... to rapidly bring down infant mortality.

6. In the para 4.4.2 Add in 4th lineknowledge about...add **optimal infant and young child feeding** and in 11th line neonatal care including.....**early and exclusive breastfeeding**.

7. In the section on Monitorable Socio-Economic Targets of the 11th Plan Box 10. Following targets are mentioned.

- Reduce malnutrition among children of age group 0-3 to half its present level.
- Reduce infant mortality rate (IMR) to 28 and maternal mortality ratio (MMR) to 1 per thousand.

These targets will be hard without a concurrent target given below. Add a new bullet in Women and Children/ or Health.

- **Ensure that at least 90% infants begin breastfeeding within one hour and are exclusively breastfeeding at 6 months.**

National Partners of the “*Joint Statement on Infant and Young Child Feeding*”

1. All India Drug Action Network (AIDAN)
2. Association for Consumer’s Action on Safety and Health (ACASH)
3. Breastfeeding Promotion Network of India (BPNI)
4. Centre for Women's Development Studies (CWDS)
5. Christian Medical Association of India (CMAI)
6. Federation of Obstetric and Gynaecological Societies of India (FOGSI)
7. Indian Academy of Pediatrics (IAP)
8. Indian Association of Preventive and Social Medicine (IAPSM)
9. Indian Medical Association (IMA)
10. Indian Public Health Association (IPHA)
11. Jan Swasthya Abhiyan (JSA)
12. National Neonatology Forum (NNF)
13. Navdanya
14. Right to Food Campaign
15. Samayak Foundation
16. Trained Nurses’ Association of India (TNAI)