# PRESIDENT'S PAGE

# The Need for Transformative Nutrition Initiatives

**BAKUL JAYANT PAREKH** 

President, Indian Academy of Pediatrics 2020 bakulparekh55@gmail.com

Il children and mothers in our country enjoy the constitutional right to food, and we have significantly progressed since 1947; through the green revolution and beyond, to become a food surplus country. From dependence on food aid until the 1960s, our godowns now are bursting at their seams. Our public distribution system now gives free grain to those who need support.

We still have to ensure that the food aid reaches all our people, and while there are many gaps, we continue to make progress. Food security is increasingly looking like a problem that our nation has solved and will soon solve the implementation issues.

### NUTRITION SECURITY

There has been a lot of progress in reducing stunting and malnutrition numbers in the last few decades. But, with under-five stunting at close to 40%, we have a long way to go. India also has the peculiar problem of stunting across economic strata! Stunting is close to 20% even amongst the top economic quintile (the wealthiest one-fifth of the population). To add to the under-nutrition problem, we have over-nutrition to deal with amongst an increasing number of children and mothers, caused by excessive energy density.

#### What Can IAP Do to Solve These Problems?

IAP has two powerful levers: *Credibility* – IAP is an apex child health body in the country, and our recommendations are followed nationally; and, *Reach* – IAP's 32000 members treat over 100 million children annually.

We must deploy these levers in effective and efficient ways to empower all other stakeholders in the nation. All stakeholders; whether governments, schools, or others, must have the methodologies and solutions to effectively tackle maternal and child malnutrition.

### IAP INITIATIVES

You will be glad to know that under the dIAP program and the guidance of nutrition experts in IAP, we have planned

to pilot two solutions that can be adopted by all stakeholders.

#### The Reach Lever – The NAAP Solution

Our pediatricians are unable to spend the time needed to conduct ICMR recommended nutrition status evaluation protocols. Also, pediatric nutritionists are not readily available to serve the children visiting all our pediatricians.

There is a pressing need to deliver sustainable wholefood solutions to solve nutrition problems. Prescribing supplements is not a long-term solution. Processed food supplements are even worse as they are usually energydense foods that cause more damage. Mothers must have culture-/family- and kitchen-friendly whole food solutions, which are long term, sustainable nutrition solutions for the child, the mother, and the entire family.

IAP's NAAP solution will deliver nutrition assessment, along with sustainable, practical nutritional advice. This activity will be done *via* the pediatrician and in a manner that ensures high compliance. The NAAP pilot program will be conducted later this year. A successful pilot will be expanded nationwide and can become a large scale success template that can be adopted by the caregivers of the public sector and the rest of the private sector.

#### The Credibility Lever – The Chariot Solution

Our large scale public programs like mid-day meal scheme and maternal nutrition schemes reach millions of mothers and children. However, most are unable to deliver sufficient protein and micronutrients in the meal within the budgets available. A traditionally accepted whole food solution that can cover this gap within the available budgets has eluded us for long.

We have identified a whole food solution consisting of safety-certified nuts and leaves, which can solve this problem. The best part is that it is traditionally used in Indian homes since many centuries. We are working to pilot it under IAP Expert Committee supervision in a few

INDIAN PEDIATRICS

PRESIDENT'S PAGE

schools and urban slums. The Chariot program of IAP will do this. A successful pilot will deliver a solution that all government agencies and NGOs nationwide can adopt.

Repeating our mantra, "prevention is better than cure," I look forward to your blessings to make these programs successful.

## REFERENCES

1. India State-Level Disease Burden Initiative CGF Collaborators. Mapping of variations in child stunting,

wasting and underweight within the states of India: The Global Burden of Disease Study 2000-2017. EClinical Medicine. 2020;22:100317. Available from: *https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370* (20)30061-4/fulltext. Accessed August 9, 2020.

 Liou L, Kim R, Subramanian SV. Identifying geospatial patterns in wealth disparity in child malnutrition across 640 districts in India. SSM - Population Health. 2020;10:100524. Available from: https://www. science direct.com/science/article/pii/S2352827319303209. Accessed August 9, 2020.