



GBCHealth

Mobilizing Business for a Healthier World

Reaching the Health Millennium Development Goals:

The Critical Role of India's Business Sector

November 13, 2013

Investment Case #4

Corporate Support for Maternal and Child Nutrition

Malnutrition is the lead underlying cause of child death in India and a contributing factor in more than half of all 1.4 million deaths of children under five in 2012. 62 million children or half of all children under five in India are “stunted”, the official measure of chronic malnutrition during the most critical periods of growth and development in early life. 25 million are “wasted”, which is the official measure of acute malnutrition and carries with it a markedly increased risk of death. India also has the world’s largest concentration of low birth weight babies with 7.5 million babies born weighing below 2,500 grams - a reflection of the low nutritional status of many pregnant women.

Evidence suggests that malnourished children are at far greater risk of death from other causes, particularly pneumonia and diarrhea, and suffer long-term developmental deficits that lead to lower levels of educational attainment and labor market performance and a greater risk of developing chronic diseases in later life. By age two, most nutritional deficiencies have done irreversible damage, which makes intervening in the first 1000 days after conception absolutely critical.

Nutrition interventions with greatest impact on reducing deaths of pregnant women and children include:

1. Early and Exclusive Breastfeeding:

Breastfeeding within one hour of birth and exclusively for the first six months is the single most effective intervention for preventing child death, with the potential to reduce newborn mortality by 20 percent and under five mortality by 12 percent. Despite this, less than half of all babies in India are breastfed early and exclusively.



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Malnutrition is a factor in more than 700,000 child deaths in India every year



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75% of pregnant women are anemic and at greater risk of preterm birth



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Poor sanitation and hygiene expose children to repeat infections and stunting



2. Appropriate Complementary Feeding:

Ensuring that children six months to two years of age receive the right amounts of nutrient dense foods to complement breastfeeding ensures healthy growth and development.

3. Micronutrient Supplementation:

Children and pregnant women need adequate amounts of vitamins and minerals, particularly vitamin A, zinc and iron for children and folic acid, iron and calcium for pregnant women. 57 percent of children in India are vitamin A deficient and a staggering 75 percent of expectant and new mothers are anemic.

4. Promotion of Good Nutrition:

Children of mothers who cannot read and who have had little or no education are at far greater risk of malnutrition. Educating the 40 percent of women in India who are illiterate in proper nutrition is an urgent priority.

5. Treatment of Moderate and Severe Acute Malnutrition:

Increasing use of Ready-To-Use Therapeutic Foods (RUTFs) and community management of acute malnutrition programs could avert hundreds of thousands of child deaths.

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How Can a Corporation Help?

- **Infrastructure, Product Development & Service Delivery:** manufacture and distribute quality, affordable micronutrient-fortified complementary foods, supplements and therapeutic foods to meet the needs of children aged 6 months to 2 years and pregnant women.
- **Advocacy, Awareness, Education and Behavior Change:** support campaigns to increase access to best practice feeding practices for the most at-risk mothers.
- **Innovation:** provide funding and/or technical assistance to experiment with innovative approaches (e.g. incentives for breastfeeding, nutritional vouchers for fortified foods).

Examples of Corporate Support

The economic losses associated with malnutrition are [estimated](#) at 3 percent of India's GDP annually suggesting that investments in maternal and child nutrition can yield significant economic returns. Indeed India's long-term economic performance and international competitiveness may depend on improvements in the nutritional status of children as rates of malnutrition in India are five times higher than China and twice those in Sub-Saharan Africa.

Six States – Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Chhattisgarh and Jharkhand – account for over half of India's malnutrition,



while an additional 10 percent of the burden is concentrated in specific areas of Andhra Pradesh and Maharashtra. Examples of nutrition initiatives engaging India's corporate sector include:

"BRITANNIA'S FOOD FORTIFICATION"

Since 2007, leading India food brand Britannia has been fortifying popular children's foods with iron and folic acid and breads with ten vitamins and calcium. Britannia's iron-fortified "Tiger Biscuit" is being distributed as part of school midday meals. Britannia's commitment to "Securing Children's Right to Growth and Development through Good Food" is a business model that involves market expansion, new product development, awareness – building partnerships and public grassroots engagement. Partners include the Naandi Foundation, Navjyoti Foundation and the Global Alliance for Improved Nutrition (GAIN).

"KISSAN AMAZE"

Hindustan Unilever launched Kissan Amaze drinks and snacks in 2007 to meet the protein and micronutrient needs of children. A study showed that after a year of consuming the Amaze protein-energy snacks fortified with Vitamins A, B2, B12, C, folic acid, calcium, iron, zinc, iodine, omega-3 and 6 fatty acids, children had lower risk of illness.

"SCALING UP NUTRITION (SUN) BUSINESS NETWORK"

Launched in 2012, this platform provides a forum for business to engage in the United Nations supported SUN movement. The State of Maharashtra joined the SUN movement in 2013.

"SHISHU MANGALAM"

In 2012 Essar Energy set out to improve the nutritional status of children living close to one of its plants in the Jamnagar district of Gujarat. More than 1,000 children were enrolled in the program and those with deficiencies were given a high protein nutrition supplement, education and individual monitoring with strong results. Partners included the District Panchayat and local Integrated Child Development Scheme (ICDS) infrastructure.

"VITAMIN ANGELS"

A private-nonprofit partnership between nutrition company DSM and nonprofit Vitamin Angels that distributes DSM's Vitamin A capsules to 1.6 million children who are not reached by existing efforts. Partners include 55 non-government organizations. 62 percent of preschool aged children are Vitamin A deficient, which is the leading cause of blindness in children under five.

Next Steps

If your company is interested in supporting an existing program, in establishing a new initiative or forming a new partnership with other stakeholders to reduce malnutrition, please contact Jessica Johnston at jjohnston@mdghealthenvoy.org or Jonathan Tench from the Scaling Up Nutrition Business Network at itench@gainhealth.org.



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