



# Roundtable Conference on Maternal, Infant, Young Child Nutrition (MIYCN)



**Organized by: AIIMS, New Delhi & IAPSM**

**In-Association with: UNICEF**

**25<sup>th</sup> October 2023**

**New Delhi**

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## **Acknowledgments**

The MIYCN roundtable discussion was organized by the Centre for Community Medicine (CCM), AIIMS, New Delhi, Indian Association of Preventive and Social Medicine (IAPSM) in collaboration with UNICEF.

We acknowledge the following experts for chairing and leading the panel discussions:

- Dr Zoya Ali Rizvi, Deputy Commissioner (Nutrition), MoHFW, GoI
- Prof. Dr. M.M.A. Faridi, Dean, faculty of Medicine Era University, Lucknow
- Padamshree Dr. C S Pandav, Professor and Former HOD, AIIMS New Delhi
- Dr. SK Kapoor, Professor and Former Incharge CRHSP Ballabgarh, AIIMS, New Delhi
- Dr. Harivansh Chopra, Ex-President, IAPSM
- Prof Jugal Kishore, Head, Community Medicine, VMMC & SH
- Dr. A M Kadri, President, IAPSM
- Dr. Anna Rao Kulkarni, President Elect, IAPSM
- Dr. Baridalyne, New Delhi, AIIMS
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- Dr. Mohan Bairwa, AIIMS, New Delhi
- Ms. Sylvie Chamois, Nutrition Chief, UNICEF
- Prof. Suneela Garg, NIHFW
- Dr. Jagdish Chandra, ESI
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- Dr. Preeti Singh, LHMC, New Delhi
- Dr. Sebanti Ghosh, Alive & Thrive
- Dr. Shailesh Jagtap, Nutrition International
- Prof. Sanjay Chaturvedi, UCMS
- Dr. Rambha Pathak, IAPSM
- Dr. Praveen Kumar, LHMC, New Delhi
- Dr. Achla Batra, FOGSI
- Dr. Najam Khalique, IPHA
- Dr. Gomathi R, AIIMS, Bibinagar

We gratefully acknowledge the contribution and participation of all the chairpersons, speakers, panelists and participants for sharing their expertise. The deliberations from the meeting will pave the way for future collaborations on this important agenda.

**Abbreviations:**

AIIMS All India Institute of Medical Sciences

ASHA Accredited Social Health Activists

CCM Centre for Community Medicine

CNNS Comprehensive National Nutrition Survey

GoI Government of India

IAP Indian Academy of Pediatrics

IAPSM Indian Association of Preventive and Social Medicine

ICDS Integrated Child Development Services

ICMR Indian Council of Medical Research

IYCN Infant and Young Child Nutrition

MAA Mother's Absolute Affection Program,

MIYCN Maternal Infant Young Child Nutrition

MoHFW Ministry of Health and Family Welfare

NFHS National Family Health Survey

NHM National Health Mission

NRC Nutrition Rehabilitation Centers

SBCC Social and Behavioural Change Communication

UNICEF United Nations Children's Fund

## I. Introduction

### ***1. Converging Maternal, Infant, and Young Child Nutrition (MIYCN) into Medical Education Curriculum for Accelerating the Agenda in India***

Maternal, Infant, and Young Child Nutrition (MIYCN) is of paramount importance for public health in India. The integration of MIYCN into the medical education curriculum is crucial for equipping healthcare professionals with the knowledge and skills required to address the MIYCN challenges in the country.

*“The MIYCN National Working Group of IAPSM was formed in 2017 and it has in the last few years worked on various projects such as Quality Monitoring of Poshan Abhiyaan in UP and Bihar with involvement of Community Medicine departments in medical colleges; development of an integrated MIYCN teaching module for medical undergraduates; knowledge and practices of MIYCN among the paediatricians and gynaecologist and obstetricians. These activities were done with involvement of MoHFW, NITI Aayog has been a very supportive knowledge partner with IAPSM for promoting MIYCN.”*

#### **Inaugural address: Dr. M.M.A. Faridi**

The speaker welcomed the attendees and expressed gratitude for his presence at the meeting. He acknowledged the dedicated individuals working to improve the nutrition status of the country.

He highlighted the challenges in government-level implementation, with low coverage of programs and delays in addressing malnutrition. He mentioned that, ***“The challenge lies in the ineffective implementation of recommendations at the government level.”*** He further reflected on their efforts in 2018 to shift from a fee-for-service to a free service model, emphasizing the importance of supporting breastfeeding and the need for research in this area. He advocated for supporting working women, including those who don't receive salaries, and also addressed the challenges faced by medical students, such as exam delays and leave policies.

Furthermore, he emphasized ***the need for a change in medical education, including the division of the curriculum into cognitive, psychological, and other degrees.*** The aim is to instill a desire for change in students and improve attitudes, communication, and ethics. He emphasized on the need of the curriculum development process, with more structured certified competencies and technology integration to enhance current medical education.

The speaker reflected on the ***evolving healthcare landscape, discussing the role of cameras for improvement and the importance of counseling skills.*** He mentioned that collaboration and adaptability in the healthcare sector are underscored as key factors for improvement. He concluded by expressing hope for positive changes and soliciting suggestions from the audience.

### **Welcome Address: Dr. Kapil Yadav**

The speaker began by reminiscing about hands-on experiences in pediatric wards providing breastfeeding counseling. He expressed his concern that such skills have been lost among the current generation of professors and the need to adapt to new teaching methods due to increased number of students. He emphasized the importance of practical life experiences over theoretical knowledge. He shared the distressing information that India's nutrition indicators are on par with low income countries (African countries), highlighting the urgent need for improvement. The discussion centered on the importance of nutrition from the perspective of rights, entitlement, and potential, with a focus on optimal nutrition for every mother and child. He emphasized that the failure of scientists to provide effective nutrition solutions is attributed to the lack of an academic curriculum for public health nutrition in India. *The importance of interdisciplinary cooperation between public health, nutrition, community medicine, pediatrics, and gynecology* was also stressed. He discussed about the *role of community medicine and preventive social medicine as co-champions and advocates for public nutrition* was discussed.

The speaker emphasized that scientific research should be translated into actionable solutions and points to past successes such as Universal Salt Iodization and the Integrated Child Development Services (ICDS) program. *A call to action was made to the attendees to carry forward the agenda in their respective regions, states, or academic institutions, with a vision to reach millions of children.* The speaker concluded by stressing the importance of taking action and moving beyond problem recognition, highlighting the need for practical and tangible steps towards improving nutrition indicators in India.

### **Opening address: Sylvie Chamois**

The speaker introduced the critical topic of Infant and Young Child Nutrition (IYCN) and the need for an interdisciplinary education curriculum in India. She emphasized the crucial role of nutrition in human survival, growth, and brain development, particularly in children. She highlighted that, *“While India has made progress in reducing mortality rates, undernutrition remains a significant risk factor for childhood morbidity and mortality. Malnutrition is the predominant risk factor for deaths in children under five, accounting for 68% of such deaths in India.”*

She discussed specific challenges, including stunting reduction, stagnant wasting rates, and a high prevalence of anemia in the population. She also highlighted the vulnerability of small and sick newborns and the importance of addressing their survival, growth, and development. Furthermore, she addressed the need for evidence-based, cost-effective interventions that are being implemented by the government, including promoting optimum infant and young child feeding, providing complementary foods, immunization, and improving sanitation and hygiene.

She further added that progress in nutrition is a complex challenge requiring coordination among different departments and stakeholders. She quoted, *“The responsibility for service delivery falls on the public health system and the Ministry of Health and Family Welfare.*

***Medical professionals and medical colleges, as well as associations like IAPSM and IAP, play a significant role in influencing the community's nutrition decisions.”***

The speaker stressed the need for improved curriculum and training in medical colleges and encouraged active participation, sharing of expertise, and collaboration to shape the future of more reliable, trustworthy, and secure healthcare in India.

#### **Opening Address: Dr. Richa Pandey**

The speaker reflected on the current state of nutrition public policy in India and the progress made, notably with the National Nutrition Mission and the Health Department's role in nutrition-specific interventions. She acknowledged the budget allocation for various nutrition programs and the existence of comprehensive guidelines. She emphasized the need to achieve 90% coverage for interventions to make a significant impact for nutrition indicators.

She further highlighted the gender component within the causal framework of malnutrition, focusing on the role of women in caregiving and decision-making and stagnant budgets for nutrition programs over the past decade. ***She addressed the challenges faced within medical colleges, such as the prevention versus cure dilemma. Inter-departmental challenges were also highlighted, specifically the division between technical versus generalist positions and the lack of specialized staff in sectors like ICDS.*** She mentioned the preference for food-based solutions in nutrition programs and the need to shift focus to interventions and need for system strengthening.

In the context of academia and medical colleges, the speaker encouraged more operational research, the adaptation of national guidelines to local contexts, and increased participation in technical committees and meetings to foster collaboration and provide valuable feedback for policy implementation and change.

#### **Opening Remarks : Dr. A.M. Kadri**

The speaker highlighted the focus on social medicine, emphasizing its relevance to addressing public health issues that require multi-sectoral and multi-partner efforts. He discussed ***social medicine as an expansive field that necessitates collaboration and engagement with various sectors, moving beyond the traditional vertical expansion seen in other medical sciences.*** He further discussed the role and responsibilities of social medicine in addressing the issues of being inclusive, involving various facets such as teaching, training, research, administration, management, and consultancy, thereby indicating the diverse capacities of social medicine specialists.

He highlighted the activities of the Indian Association of Preventive and Social Medicine (IAPSM) and its National Working Group on MIYCN (Maternal, Infant, and Young Child Nutrition), elaborating the importance of proactive engagement and capacity building. Several key activities were mentioned, with an emphasis on the quality of monitoring of public health and education interventions.

The speaker referenced the *development of an integrated curriculum for young child nutrition, government advisories in collaboration with other organizations, and papers on MIYCN and health service reviews, focusing on private sector engagement*. The mention of ongoing developments in MIYCN initiatives was indicated.

In summary, the speaker underscored the commitment of the IAPSM to address public health issues through collaborative and multi-sectoral efforts, particularly those related to MIYCN and maternal and child health services.

**Key note Address: Dr. Zoya Ali Rizvi**

In the presentation, the speaker emphasizes several key points related to healthcare, nutrition, and program implementation. She highlighted the need to bridge the gap between healthcare specialists' knowledge and their ability to effectively communicate and apply that knowledge when interacting with the patients. She added that “*Effective communication and transaction with patients were critical for improving healthcare outcomes.*”

The presentation stressed the importance of changing the mindset of healthcare professionals to focus not only on knowing what to do but also on effectively conveying it to patients, addressing questions, and offering guidance. The speaker discussed about challenges in budget allocation and utilization in healthcare programs. She emphasized that it's essential for program managers to train state-level personnel to effectively utilize allocated budgets. The importance of program implementation was underlined, starting with acknowledging nutrition problems and then seeking solutions. The speaker emphasized that every state and region may require tailored approaches to address local challenges. The importance of ‘A life cycle approach to nutrition’ was highlighted, advocating for nutrition interventions right from pre-pregnancy, emphasizing the importance of well-nourished male partners.

**She further discussed about various government programs and interventions to address malnutrition, anemia, and undernutrition, including the Mother's Absolute Affection (MAA) Program, Nutrition Rehabilitation Centers (NRCs), and food fortification initiatives.** Her presentation discussed the importance of regular visits by Accredited Social Health Activists (ASHAs) to monitor nutrition and cooking practices in households, promoting early initiation and exclusive breastfeeding, and the need for further assessment of their effectiveness.

The speaker also highlighted the need for a coordinated approach to tackle malnutrition, involving various ministries, academic and research institutions, implementing partners. She stressed upon the importance of ongoing training and capacity building for healthcare providers. The importance of social development issues, gender empowerment, and the role of counselors in healthcare programs was recognized.

In summary, the presentation covered various facets of healthcare, nutrition, and program implementation, with an overarching message of improving communication and training to enhance healthcare outcomes and addressing malnutrition issues through coordinated efforts.



## II. PANEL DISCUSSION 1: *Best practices in MIYCN in India*

The discussion was chaired by Prof Suneela Garg, NIHFW and Dr Jagdish Chandra, ESI. Dr. Sanjiv Kumar led the discussion as a lead discussant. It was moderated by Dr Sameer Pawar.

### **Prof. Suneela Garg: Collaboration between academic institutions, technology integration, and coordination with the government**

The speaker highlighted several crucial points in healthcare, *emphasizing the identification of fundamental issues and the importance of horizontal communication* among medical professional associations. Disparities in healthcare, particularly in community medicine versus pediatrics and obs-gynae, were noted. The discussion delved into India's healthcare ranking, emphasizing an article underscoring women and children's health in social development. Integration of services, including adolescent girls' health, was deemed vital, alongside strategies for health, wellness, and sanitation improvement. *Real-time data utilization* and the proposal for a beneficial smart app for millions of children were discussed.

The speaker advocated for a *unified healthcare approach, integrating technology, addressing global initiatives, and incorporating self-directed learning for students*. The curriculum focus on the standard treatment process and the importance of multidisciplinary postgraduate education were stressed. The closing remarks underscored the necessity for collaboration between academic institutions, technology integration, and government coordination to enhance healthcare, emphasizing the avoidance of duplication in initiatives.

### **Dr. Sanjeev Kumar: Role of medical colleges in collaboration with IAPSM**

The speaker shared insights from their four-decade involvement in breastfeeding and infant feeding practices. Emphasizing the *importance of revisiting past resources*, they noted the role of the Indian Journal of Community Medicine in promoting breastfeeding. The discussion shifted to health indicators, highlighting *improvements in child and infant mortality rates but addressing stagnation in nutrition indicators, specifically child malnutrition and anemia*. The speaker advocated for evaluating existing programs before initiating new ones and expressed satisfaction with initiatives like "Kuposhan Mukta Bharat" and the "Poshan Tracker mobile app."

Challenges in healthcare, including accountability and implementation frameworks, were discussed, with a call for integration into policies. *Collaboration with other sectors for comprehensive nutrition programs, engaging ministries, and promoting nutrition in various interactions with children and mothers were underscored*. Missed opportunities in advocating key messages on child nutrition were noted, comparing approaches to diarrhea prevention. Concluding remarks emphasized the role of medical colleges and IAPSM in training, curriculum development, and service, with a focus on prevention, diagnostics, and therapy for child malnutrition and health issues.

### **Dr. Gomathi: Nutrition programs and initiatives**

The panelist highlighted two key areas of nutrition programs and initiatives, discussing notable programs such as *Mission Sampurna Poshan, emphasizing holistic communication in Integrated Child Development Agency (ICDA) centers*. This initiative provides three meals to under-5 children, with district collectors playing a crucial role in sustaining it. The *Mera Bachha Abhiyan Programme* in Madhya Pradesh involves a Master Program where children, mothers, and community members contribute grains to memory places, fostering a community-focused approach to providing nutritious food to children. The Assam project utilizes a positive *evidence-based approach*, pairing children with malnutrition with those with normal nutritional status, encouraging positive nutrition practices among mothers. In the second part of the discussion, attention shifted to Poshan Tracker 2.0, a smart mobile application requiring Anganwadi teachers to regularly measure and update height and weight data for children. The application integrates with state-specific interventions, exemplified in Telangana with the *Balamrutam Plus program*, offering energy-dense food for identified malnourished children. Overall, these programs and the Poshan Tracker 2.0 application aim to positively impact child nutrition and have received recognition from the government.

### **Dr. K Aparna Sharma : Strategies to tackle maternal anemia**

The panelist discussed her work in Delhi, focusing on addressing anemia and improving antenatal care, particularly through collaboration with the Delhi government and ASHA workers. Over the past year, the project has operated in 11 districts, conducting around 15 meetings to assess changes in anemia over 50 years and provide insights. *The primary emphasis lies in enhancing the understanding and management of anemia among ASHA workers, addressing practical challenges in healthcare implementation*. Findings reveal sufficient antenatal care visits with ASHA workers accompanying pregnant women to dispensaries and hospitals, prompting an investigation into the quality of care and policies. The project encourages ASHA workers to monitor their hemoglobin levels and those of pregnant women systematically, focusing on critical stages like 32 weeks, and has launched a quality improvement initiative. The speaker underscores *the necessity of teaching healthcare professionals management skills for population-level issues* and concludes by urging decision-makers to equip ASHA workers with a quality improvement methodology to enhance their capabilities.

### **Dr. Preeti Singh: Institutional growth of non-publicly led institutions in terms of best paid practices**

The panelist underscored the significance of breastfeeding and early initiation as learned skills needing support and encouragement. Key points emphasized *included the initiation of breastfeeding during the antenatal phase, the incorporation of breastfeeding education into obstetricians' routine care given their heavy workload, and the creation of educational resources in regional languages*. Inter-sectoral programs, legislative policies, and uniform training from medical colleges were advocated for promoting optimal feeding practices and discouraging infant milk substitutes. Maternal health was stressed as pivotal for breastfeeding,

as healthy mothers are better equipped for initiation and maintenance. The discussion also touched upon community participation, suggesting the involvement of health workers like ASHAs and ANMs for counseling and support. Overall, *the multifaceted approach highlighted the need for education, policy changes, medical training, and community engagement to promote and support breastfeeding effectively.*

#### **Dr. Gomathi : Role of professional associations**

The panelist stressed the importance of established medical associations with *diverse membership, spanning from recent graduates to senior professors*, noting their substantial yet underutilized resources. To improve *medical training, she advocated for enhanced collaboration between these associations and medical education programs*. Citing a successful initiative, she highlighted the potential of partnerships between medical colleges and associations, suggesting that these organizations could also play a pivotal role in advocating for and supporting policy changes in healthcare programs.

#### **Dr. K Aparna Sharma : Anemia and complementary feeding practices**

The panelist addressed the imperative to tackle anemia and enhance complementary feeding practices in child undernutrition. They proposed the *establishment of T4 anemia rooms in medical colleges and district hospitals, focusing on testing, treating, tracking, and educating pregnant women with anemia, including deficiencies of B12 and folate*. Stressing the importance of nutrition and health education, particularly in underprivileged areas, the speaker highlighted the integration of growth monitoring with nutrition practices and emphasized community mobilization, participation, and leveraging nutrition-related days to improve child malnutrition, while also underscoring the pivotal role of families in setting examples for healthy nutrition practices.

#### **Dr. Jagdish Chandra : Closing remarks from the panel**

The chairperson highlighted the imperative for hospital counseling, citing challenges faced by doctors in large hospitals due to heavy patient loads and extended waiting times. Emphasizing the *role of counselors in improving healthcare aspects like breastfeeding initiation and the Integrated Child Development Services (ICDS) process*, he also addressed concerns about anemia, calling for better understanding and education among healthcare providers regarding its definition and cutoff values. The chairperson advocated for *education and research in nutrition, micro-nutrient deficiencies, and behavioral change, suggesting that medical colleges and hospitals should prioritize nutrition-related education*, curriculum development, and research to effectively address these issues.

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### III. PANEL DISCUSSION 2: Strategies for improving delivery of MIYCN in Medical Colleges

The discussion was chaired by Dr SK Kapoor, Professor and former in charge of CRHSP at Ballabgarh AIIMS, New Delhi and Dr Harivansh Chopra, Ex-President, IAPSM. Panel discussion was moderated by Dr Mohan Bairwa, AIIMS, New Delhi.

**Dr SK Kapoor** gave opening remarks about how the integration of OBG, paediatrics and social and preventive medicine should be done and also the *importance of imparting nutritional education to undergraduate students and nursing staff*. He also talked about the *need to focus on 6 age groups while imparting nutrition education*. He also stressed on the need to focus on environmental and cultural aspects of food.

#### **Dr Sebanti Gosh: Medical colleges for service delivery of MIYCN**

The lead discussant highlighted the *unique position of medical colleges for Maternal, Infant, and Young Child Nutrition (MIYCN)* service delivery, emphasizing the necessity for long-term investment to achieve better results. She detailed a successful four-pronged approach developed through multisectoral coordination involving medical education departments of Bihar, UP, IAPSM, and Alive & Thrive, *aiming to incorporate MIYCN into medical college curricula*. The discussant pointed out a baseline assessment indicating concerns, with 60% of faculty feeling maternal nutrition was inadequately covered in the undergraduate curriculum, and half expressing the need for attention to Infant and Young Child Nutrition (IYCN). She *advocated for utilizing the expertise of medical college faculty in MIYCN, citing the low support from faculty in programs like ICDS, and discussed the successful implementation of MIYCN curriculum based on NMC and WHO SEARO guidelines*.

#### **Dr Baridalynne : Assessment, Application, Action approach in medical training**

She highlighted the *three A's (assessment, application, action) approach* in undergraduate, postgraduate and nursing training. She discussed about the need to *assess the skill levels of students, the way to teach them, how to measure, understanding the taboos, myths and cultural aspects*. She also talked about action at individual, family and community level. She also stressed on food should not be looked in isolation but in the context of family and community while counselling.

#### **Dr Varthika Saxena : Social Behaviour Change Communication (SBCC)**

She discussed about how feeding of child which used to be a family tradition is being lost because on moving away from joint families to nuclear families. *She stressed that as problem is social solution should also be SBCC rather than only BCC*. She also stressed on the need to include maids as target group. She advised on having *common e- source platform for guidelines, linking MIYCN with, Annaprasan days in Anganwadis, national nutrition monitoring*. She gave example of how the adoption of malnourished children by administrative officers in Rudraprayag district of Uttarakhand yielded positive results. Also advised on having the administrative control of NRCs under medical colleges.

### **Dr Shailesh Jagtap: Stakeholder collaboration**

He discussed about *collaboration by identifying the purpose, stakeholders, openness and the need to move from one leadership to collaborative or multiple leadership*. He talked about collaboration at medical college level, community level and the scope of posting PSM residents in hospital administrative setting and taking inputs from people actually working the field.

**Dr Harivansh Chopra** stressed the *need to identify the microlevel problem to find solution. He commented that medical colleges should all along involve in the planning, implementing and evaluation* of any programme for a programme to be successful. He advised *TTMET model i.e teaching, training, monitoring, evaluation and time line* bound as strategy to get success in programme.

### **IV. PANEL DISCUSSION 3 : Building Consensus Framework of Action for MIYCN in India**

The chairperson highlighted concerns about issues in nutritional problems that are emerging even in remote areas. He upraised the audience with impact of mother's influence on child development and childhood obesity. He also mentioned the expanding reach and influence of market forces, emphasizing the importance of these factors over traditional methods.

### **Dr. Praveen Kumar: Challenges and notions related to malnutrition**

The discussion highlighted that the challenges and notion that malnutrition is solely linked to poverty is inappropriate, suggesting that inappropriate feeding practices also play a significant role. The speaker also addressed the challenges in promoting early initiation of breastfeeding. He highlighted that *despite a high rate of facility deliveries (more than 88%), there's a significant issue with initiating breastfeeding in nearly half of the newborns*. He further elaborated that while there is awareness of the benefits, there is a notable decline in exclusive breastfeeding after the initial 2-3 months, posing a significant challenge to sustaining this practice. Another challenge addressed by him was related to the timely introduction of complementary feeding. Less than 50% of infants receive timely introduction of complementary feeding, indicating a gap in nutritional practices. Lastly, he discussed the adequacy of complementary feeding and elaborated that only a minimal percentage of infants receive adequate complementary feeding, underlining the need for improvement in this aspect of child nutrition.

### **Dr. Achla Batra: Integration of government programs with medical practice**

This panelist discussed the existing programs aimed at promoting maternal and child health, primarily focusing on pregnant women's nutrition. She mentioned that these programs are well-documented but are primarily implemented by state government hospitals. However, there's a subset of doctors, including teachers, who are not integrated into these programs. These doctors lack awareness about the importance of maternal nutrition and its long-term impact on individuals, communities, and nations. *She emphasized the need to reach out to this group of doctors and educate them about the significance of these programs, particularly in the*

*context of the crucial "1,000 days" window for child development.* She also highlighted the lack of collaboration between obstetricians and pediatricians.

**Dr. Najam Khalique: Need to reform medical curriculum**

The panellist specifically addressed the need to reform medical curriculum to incorporate 1) *Nutrition Competencies* like Breast Feeding, Complementary feeding in the new CMMC of National Medical Council 2) *Nutrition services* like counselling, anthropometry to be incorporated in Medical College Clinics and rural and urban field practice area 3) *Joint teaching and training* on medical UG and PG students in Nutrition by Department of Community Medicine, Pediatrics and Obstetrics & Gynaecology .

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The MIYCN roundtable concluded with the launch of the **IAPSM Declaration on Maternal, Infant, and Young Child Nutrition (MIYCN)** titled, *“Addressing Knowledge Gaps and Strengthening Practice - A Roadmap for Action”*



## IAPSM Declaration on

### Maternal, Infant, and Young Child Nutrition (MIYCN)

#### *“Addressing Knowledge Gaps and Strengthening Practice - A Roadmap for Action”*

We, the signatories representing a diverse coalition of stakeholders, including medical colleges, healthcare institutions, government bodies, civil society organizations, and public health advocates, recognize the urgent need to address the profound challenges related to Maternal, Infant, and Young Child Nutrition (MIYCN) in India. In light of this imperative, we hereby commit to a comprehensive collaboration to reform and strengthen the medical college curriculum with a specific focus on MIYCN. This declaration outlines our collective objectives and strategies for internal and multi-sectoral collaboration, advocacy and engagement, integration of MIYCN into public policy, and enhancing nutrition visibility, exposure and action within India.

#### **1. Internal Collaboration within Medical Colleges:**

i. ***Interdisciplinary integration:*** We acknowledge the multifaceted nature of MIYCN and commit to integrating comprehensive MIYCN education into the curricula of medical colleges. This will encompass a spectrum of medical disciplines, including community medicine, pediatrics, obstetrics, and gynecology, medicine, geriatrics and others. Our goal is to equip future healthcare professionals with the knowledge and skills necessary to address MIYCN challenges from a multidisciplinary perspective.

ii. ***Faculty training:*** We will invest in faculty development programs to ensure that educators possess the expertise required to effectively teach MIYCN topics. Continuous professional development will be encouraged, ensuring that faculty members remain up-to-date with the latest developments in MIYCN. We will organize regular Continuing Medical Education (CME) programs on MIYCN for healthcare professionals at all levels. These programs will ensure that healthcare practitioners stay current with evolving MIYCN guidelines and practices throughout their careers.

iii. ***Practice of nutrition in rural areas :*** We acknowledge that healthcare disparities exist, with rural communities and urban poor often facing limited access to essential services, including proper nutrition and maternal and child healthcare. By integrating rural and urban field experiences into the MIYCN curriculum, we commit to addressing these disparities and ensuring equitable access to healthcare and nutrition services. We recognize that providing healthcare professionals with a comprehensive education that includes practical experiences in rural and urban poor settings is essential. Such experiences expose students to the realities of healthcare delivery in resource-constrained environments, promoting a more holistic understanding of MIYCN.

## **2. Nutrition Visibility and Exposure:**

iv. *Community outreach and education:* We will actively involve students in community nutrition programs to raise awareness about MIYCN, provide counseling to mothers and caregivers, and promote the adoption of good, replicable and innovative practices. This grassroots engagement will create tangible connections between students and the communities they serve and understand different dimensions of MIYCN..

v. *National nutrition awareness campaigns:* We pledge to lead and support national and regional campaigns aimed at highlighting the importance of MIYCN and educating the public about the pivotal role healthcare professionals play in improving maternal and child nutrition.

## **3. Multi-Sectoral Collaboration and Advocacy:**

vi. *Government collaboration:* We pledge to collaborate closely with government agencies, such as the Ministry of Health and Family Welfare and the Ministry of Women and Child Development, to align our MIYCN educational efforts with national policies and programs. Our aim is to contribute to the successful implementation of initiatives like the National Nutrition Mission (POSHAN Abhiyaan).

vii. *Civil society partnerships:* We will actively engage with civil society organizations, non-governmental organizations, and community-based groups working in the MIYCN space. Such partnerships will facilitate knowledge sharing, resource mobilization, and community outreach.

viii. *Advocacy for policy change:* We will actively advocate for increased investments in MIYCN through evidence-based policy recommendations and collaborations with policymakers. Our advocacy efforts will emphasize the long-term societal benefits of improved MIYCN.

## **4. Integration of MIYCN with Public Policy:**

xi. *Research and evidence generation:* We will encourage and support research endeavours within medical colleges that contribute to the evidence base for MIYCN. Research findings will be disseminated widely to inform and influence public policy decisions.

x. *Policy advocacy:* We commit to proactively engage in policy advocacy efforts to ensure that MIYCN is seamlessly integrated into broader public health and nutrition policies. Our goal is to effect policy changes that prioritize MIYCN within the national health agenda.

Through our unwavering commitment to internal and multi-sectoral collaboration, advocacy and engagement, policy integration, and enhanced nutrition visibility and exposure, we believe that this collaborative effort will be instrumental in addressing the pressing issues related to MIYCN in India. We are determined to contribute significantly to the betterment of the health and well-being of mothers, infants, and young children across the nation.

On behalf of Indian Association of Preventive and Social Medicine (IAPSM) and other sister Professional Organisations we endorse the above declaration.



## Annexure 1: Glimpses from the MIYCN roundtable



Inaugural Session: Dr. Zoya Ali Rizvi, Dr. M.M.A. Faridi, Dr. A.M. Kadri, Dr. Kapil Yadav, Ms. Sylvie Chamois, Dr. Thejas



Opening Session (L to R): Dr. Zoya Ali Rizvi, Dr. M.M.A. Faridi, Dr. A.M. Kadri, Ms. Sylvie Chamois



Launch of declaration (L to R): Dr. Anna Rao Kulkarni, Dr. C S Pandav, Dr. M.M.A. Faridi, Dr. A.M. Kadri, Dr. Kapil Yadav



Group photograph of the participants

## Annexure 2: Media coverage of the roundtable

### Experts, doctors, dieticians pledge to strengthen medical college curriculum with specific focus on MIYCN

PTI 25 October, 2023 05:00 pm IST



Text Size: A- A+

New Delhi, Oct 25 (PTI) Public health experts, government representatives, doctors and dieticians have pledged to come together to reform and strengthen the medical college curriculum, with a specific focus on Maternal, Infant and Young Child Nutrition (MIYCN) in the country.



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Bhadra Sinha 1 December, 2023

Link to the article: <https://theprint.in/india/experts-doctors-dieticians-pledge-to-strengthen-medical-college-curriculum-with-specific-focus-on-miycn/1818246/>

The screenshot shows the PTI News website interface. At the top, there is a navigation bar with the PTI logo, a search bar, and a 'Subscriber Login' button. Below the navigation bar, there are several menu items: HOME, NATIONAL, INTERNATIONAL, BUSINESS, ENTERTAINMENT, SPORTS, LEGAL, HEALTH & LIFESTYLE, PRESS RELEASES, BHASHA, and FACT CHECK. The main content area features the article title 'Experts, doctors, dieticians pledge to strengthen medical college curriculum with specific focus on MIYCN' and a sub-header 'Updated: Oct 25 2023 5:13PM'. The article text discusses the pledge by public health experts, government representatives, doctors, and dieticians to reform and strengthen the medical college curriculum, with a specific focus on Maternal, Infant and Young Child Nutrition (MIYCN) in the country. It mentions that specifically, the medical curriculum needs to be reformed further to incorporate nutrition competencies like breast feeding, complementary feeding in the new Competency Based Medical Education (CBME) of the National Medical Council, Dr Kapil Yadav, Professor at the Centre of Community Medicine at the AIIMS and Governing Council member of the Indian Association of Preventive and Social Medicine (IAPSM), said. It also mentions that nutrition services like counselling, anthropometry to be incorporated in medical college clinics and rural and urban field practice areas, and there should be joint teaching and training of undergraduate and post-graduate medical students in nutrition by the Department of Community Medicine, Paediatrics and Obstetrics and Gynaecology, he added. A 'Please log in to get detailed story.' link is visible at the bottom of the article text. To the right of the article, there is a 'TOP NEWS' section with several headlines: 'At COP28, India needs to flag misconception that exports, imports add to global carbon emissions: GTRI', 'Rajasthan assembly polls: BJP ahead of Cong as counting of votes progresses', 'Out of Rs 1 lakh cr worth of FDI proposals from nations sharing land border with India, half is cleared: Official', 'Rajasthan assembly polls: BJP ahead of Cong as counting of votes progresses', 'Assembly polls: PM Modi likely to address BJP workers', and 'INDIA bloc leaders to meet in Delhi on Dec 6 to chalk out strategy for LS polls'.

Link to the article: <https://www.ptinews.com/news/north/experts-doctors-dieticians-pledge-to-strengthen-medical-college-curriculum-with-specific-focus-on-miycn/676723.html>



### Annexure 3: Agenda



#### Roundtable on Mother, Infant, Young Child Nutrition (MIYCN)

Organized by IAPSM, AIIMS, New Delhi in association with – UNICEF

**Day:** Wednesday **Date:** 25<sup>th</sup> October 2023, **Time:** 10:00 AM to 4:00 PM

**Venue:** Juniper Hall at India Habitat Centre, New Delhi

#### AGENDA

| TIME                 | TOPIC   | SPEAKER  |
|----------------------|---|--|
| 10:00–11:00 AM       | <i>Registration &amp; Tea</i>   |  |
| 11:00 – 12:00 Noon   | <i>Inaugural Session</i><br>Chairpersons: Prof Dr M.M.A. Faridi, Dean, Faculty of Medicine, Era University, Lucknow<br>Prof Jugal Kishore, Head, Community Medicine, VMMC & SH          |  |
| 11:00 –11:05 AM      | <i>Welcome</i>  | Dr Kapil Yadav, AIIMS  |
| 11:05-11:15 AM       | <i>Opening Address</i><br>Current Challenges of MIYCN in India  | Ms. Sylvie Chamois/<br>Dr Richa Pandey, UNICEF                           |
| 11:15-11:30 AM       | <i>Opening Address</i><br>Preventive and Social Medicine and MIYCN  | Dr A M Kadri, President,<br>IAPSM  |
| 11:30 -12:00 Noon    | <i>Key note address</i> : Current Policy and Research<br>Landscape of MIYCN in India  | <b>Dr Zoya Ali Rizvi, Deputy<br/>Commissioner (Nutrition),<br/>MoHFW</b> |
| 12:00-1:00 PM        | <i>PANEL DISCUSSION : Best practices in MIYCN in India</i><br><i>Chairpersons:</i> Prof Suneela Garg, NIHFWS and Dr Jagdish Chandra, ESI  |  |
| 12:00–12:10 PM       | Lead Discussant   | Dr Sanjiv Kumar, Ex NHSRC<br>Ex Unicef                                   |
| 12: 10 – 1:00 PM     | <i>Panelist:</i> Ms. Anita Makhijani, MoWCD<br>Dr K Aparna Sharma, AIIMS, ND<br>Dr Preeti Singh, LHMC, ND   | Moderator: Dr Sameer Pawar,<br>Unicef                                    |
| <b>1:00- 2:00 PM</b> | <b>LUNCH</b>  |  |
| 2:00-2:45 PM         | <i>PANEL DISCUSSION : Strategies for improving delivery of MIYCN in Medical Colleges</i><br><i>Chairpersons:</i> Dr SK Kapoor, AIIMS and Dr Harivansh Chopra, Ex-President, IAPSM       |  |
| 2:00-2:10 PM         | Lead Discussant   | Dr. Sebanti Ghosh, Alive &<br>Thrive                                     |
| 2:10- 2:45 PM        | <i>Panelist:</i> Dr Baridalyne ND, AIIMS, ND,<br>Dr Vartika Saxena, AIIMS, Rishikesh,<br>Dr Shailesh Jagtap, NI   | Moderator: Dr Mohan Bairwa,<br>AIIMS, ND                                 |
| 2:45 – 3:30 PM       | <i>PANEL DISCUSSION : Building Consensus Framework of Action for MIYCN in India</i><br><i>Chairpersons:</i><br>Prof Sanjay Chaturvedi, UCMS and Dr Neena Bhatia, Lady Irwin College, DU |  |
|                      | <i>Panelist:</i> Dr Rambha Pathak, IAPSM<br>Dr Praveen Kumar IAP, Dr Achla Batra, FOGSI<br>Dr Najam Khalique, IPHA  | Moderator: Dr Ravneet Kaur,<br>AIIMS, ND                                 |
| 3:30 – 4:00 PM       | <i>Launch of MIYCN declaration</i><br>Dr. C S Pandav, Dr M.M.A. Faridi, Dr AM Kadri,<br>Dr Annarao Kulkarni and all dignitaries   | Moderator: Dr Gomathi R,<br>AIIMS, Bibinagar                             |
| 4:00 PM              | <i>Vote of Thanks</i>   | Dr Preeti Khanna, AIIMS, ND  |

#### Annexure 4: List of participants

| S.No. | Name                    | Designation                                | Institutional Affiliation                |
|-------|-------------------------|--|--|
| 1     | Dr. Zoya Ali Rizvi      | Deputy Commissioner                        | MoHFW                                    |
| 2     | Ms. Anita Makhijani     | DTA  | MoWCD                                    |
| 3     | Dr A M Kadri            | President                                  | IAPSM                                    |
| 5     | Dr Kapil Yadav          | Professor, CCM                             | AIIMS, New Delhi                         |
| 6     | Dr Chandrakant S Pandav | Professor & former Head, CCM               | AIIMS, New Delhi                         |
| 7     | Dr. K. Aparna Sharma    | Professor, Gynaecology                     | AIIMS, New Delhi                         |
| 8     | Prof Jugal Kishore      | HOD, Community Medicine                    | VMMC & SJH                               |
| 9     | Dr Harivansh Chopra     | Ex-President                               | IAPSM                                    |
| 10    | Dr Ravneet Kaur         | Additional Professor                       | AIIMS, New Delhi                         |
| 11    | Dr Mohan Bairwa         | Assistant Professor, CCM                   | AIIMS, New Delhi                         |
| 12    | Dr. Smita Sinha         | Additional Professor                       | AIIMS, Rishikesh                         |
| 13    | Dr Vikas Bhatia         | Executive Director                         | AIIMS, Bibinagar                         |
| 14    | Dr. M.M.A. Faridi       | Principal and Dean                         | Lucknow Medical College and Hospital     |
| 15    | Dr. Anna rao Kulkarni   | President elect, IAPSM                     |  |
| 17    | Dr Monica Agarwal       | HOD  | KGMC                                     |
| 18    | Dr. Bratati Banerjee    | Director Professor                         | MAMC                                     |
| 19    | Dr. Sanjiv Kumar        |  | Ex-NHRC, Ex- UNICEF                      |
| 20    | Dr. Praveen Kumar       | Director Professor (Pediatrics)            | Lady Hardinge Medical College, New Delhi |
| 21    | Dr. Srikanta Basu       | Director Professor                         | Lady Hardinge Medical College, New Delhi |
| 22    | Dr. Preeti Singh        | Associate Professor                        | Lady Hardinge Medical College, New Delhi |
| 23    | Dr Rambha Pathak        | Professor & Head                           | GIMS, Greater Noida                      |
| 24    | Dr Vartika Saxena       | Professor & Head                           | AIIMS, Rishikesh                         |
| 25    | Dr Lima Jamir           | Assistant Professor                        | AIIMS, Guwahati                          |
| 26    | Dr Gomathi R            | Assistant Professor                        | AIIMS, Bibinagar                         |
| 27    | Dr S K Kapoor           | Prof & Former In Charge, CRHSP, Ballabgarh | AIIMS, New Delhi                         |
| 28    | Sutapa B Neogi          | Director (Dean, Research)                  | IIHMR, Delhi                             |
| 29    | Prof Suneela Garg       |  | NIHFW                                    |

|    |                        |                                     |  |
|----|------------------------|-------------------------------------|--|
| 30 | Dr Richa Pandey        | Nutrition Specialist                | UNICEF   |
| 31 | Dr Sameer Pawar        | Nutrition Specialist                | UNICEF   |
| 32 | Dr Richa Kapoor        | Professor                           | VMMC & SJH                                       |
| 33 | Prof Sanjay Chaturvedi | Professor                           | UCMS   |
| 34 | Dr Jagdish Chandra     | Professor                           | ESI  |
| 35 | Dr Surabhi Puri        | Senior Resident                     | AIIMS, New Delhi                                 |
| 36 | Dr Nitika Sharma       | Assistant Professor                 | KCGMC, Karnal                                    |
| 37 | Dr. Bani Tamber Aeri   | Professor, Food and Nutrition       | Institute of Home Economics, University of Delhi |
| 38 | Dr. Dinesh Baswal      | Lead, MNCH                          | PATH   |
| 39 | Ms. Sylvie Chamois     | Chief Nutrition                     | UNICEF   |
| 40 | Dr. Sebanti Ghosh      | Senior Technical Advisor, Nutrition | Alive & Thrive                                   |
| 41 | Noveena Swapnabh       | Communication & Advocacy Specialist | Alive & Thrive                                   |
| 42 | Dr Narendra Patel      | Consultant                          | Institute of Economic Growth                     |
| 43 | Ms. Avi Saini          | Consultant                          | Institute of Economic Growth                     |
| 44 | Dr C Palnivel          | Additional Professor                | JIPMER   |
| 45 | Dr Vijay Silan         | Assistant Professor                 | BPSGMC   |
| 46 | Dr Thejas Achary       | Senior Research Officer             | NCEAR A  |
| 47 | Ms.Kashish Vohra       | Research Officer                    | NCEAR A, AIIMS NEW DELHI                         |
| 48 | Ms.Areeba Khanam       | Consultant                          | NCEAR A, AIIMS NEW DELHI                         |
| 49 | Dr Preeti Khanna       | Post-Doc                            | NCEAR A, AIIMS NEW DELHI                         |
| 50 | Mr. Inderjeet          | Admin                               | NCEAR A, AIIMS NEW DELHI                         |
| 51 | Mr. Manish             | Admin                               | NCEAR A, AIIMS NEW DELHI                         |
| 52 | Mr. Manik              | Admin                               | NCEAR A, AIIMS NEW DELHI                         |
| 53 | Dr. Anjusha            | Senior Resident                     | AIIMS, New Delhi                                 |
| 54 | Dr. Anand              | Senior Resident                     | AIIMS, New Delhi                                 |
| 55 | Dr. Ritu Arya          | Junior Resident                     | AIIMS, New Delhi                                 |
| 56 | Dr. Arvind             | Junior Resident                     | AIIMS, New Delhi                                 |

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