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THE PROBLEM OF FOOD SECURITY

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"Food security implies access by all people at all times to sufficient quantities of food to lead an active and healthy life". As noted by P.V. Srinivasan. this requires not iust adequate supply of food at the aggregate but also enough purchasing level capacity with the individual/household to demand adequate levels of food. As far as the question of 'adequate supply' is concerned, it involves two dimensions; (i) the quantitative dimension (in the sense that the overall food availability in the economy should be sufficient to meet the demand), and (ii) the qualitative dimension (in the sense that the nutritional requirements of the population are properly looked after). As far as the question of 'enough purchasing capacity' is concerned, it involves the introduction of employment generation programmes so that the income and purchasing power of the people increases. To tackle the quantitative and qualitative aspects of the food security problem, the Government of India has relied on the following three **food-based** safety nets: (1) public distribution system (PDS), (2) integrated child development services (ICDS) and (3) mid-day meals programme (MDM). As far as the issue of providing purchasing power to the people is concerned,

various employment programs have been introduced from time to time.

The Quantitative Aspect. Because of chronic food shortages that the country faced in the years following Independence, the focus of food policy was to achieve self-sufficiency.

Integrated Child Development Services

Integrated Child Development Services (ICDS) launched in 1975 is a centrally sponsored scheme implemented by the Ministry Human Resource of Development. The Central Government is responsible for programme planning operating costs while and State governments responsible are for programme implementation levels of malnutrition, cash transfers cannot substitute the essential role that the PDS plays.

Mid-Day Meal Scheme

The national programme of nutritional support to primary education, commonly known as the mid-day meal (MDM) scheme launched in 1995, is а nationwide Central scheme intended to improve the enrollment and regular attendance and reduce dropout in schools. It is also intended to improve the nutritional status of primary school children. MDM is the world's largest school feeding programme reaching out to about 11 crore children in over 12

lakh schools (EGS) centre across the The scheme is being country. implemented in all States and Union Territories. In order to improve the quality of meal and ensure better infrastructural facilities, the scheme has been revised many times over the years. As envisaged in September 2004, the scheme aimed at providing cooked midday meal with 300 calories and 8-12 grams of protein to all children studying in class I-IV in Government and aided schools and alternate and innovative education centres. In addition to free supply of food grains, the scheme provided Central Assistance for: (i) cooking cost at the rate of \overline{X} 1 per child per school day, (ii) transport subsidy of $\overline{\mathbf{X}}$ 100 per quintal for special category States and \overline{X} 76 per quintal for other States, (iii) management, monitoring and evaluation costs at the rate of 2 per cent of the cost of food grains, transport subsidy and cooking assistance, and (iv) provision of mid-day meal during summer vacation in drought affected areas. In July 2006, the scheme was revised and assistance for cooking cost was raised to \overline{X} 1.80 per child per school day for north-eastern States and to $\overline{\mathbf{x}}$ 1.50 per child per school day for States. IN October 2007, the scheme was extended to cover children in upper primary (classes VI to VIII) initially in 3,479 Educationally Backward Blocks (EBBs). From 2008-09, i.e., with effect from April, 2008 the scheme covers all children studying in Government, Local **Body and Government-aided primary** and upper primary schools and the alternate and innovative education centres including Madersa and Magtabs supported under SSA (Sarva Shiksha Abhiyan) of all areas across the

country. The calorific value of a mid-day meal at upper primary stage has been fixed at a minimum of 700 calories and 20 grams of protein by providing 150 grams of food grains (rice-wheat) per child per school day. The cooking cost was raised for primary to $\overline{\mathbf{X}}$ 2.29 per child per day and \overline{X} 2.29 per child per ₹ 4.03 for upper primary dav and children from April 1. 2010. Recognizing the need for appropriate infrastructure, assistance for construction of 94,500 kitchen-cum-stores was sanctioned for the first time to States in 2006-07 (Budget Estimates). A common unit cost of construction of kitchen shed at the rate of \overline{X} 60,000 for the whole country was adopted. Since this was impractical and inadequate, the cost of construction of kitchen-cum-store is now determined on the basis of plinth area norm and State Schedule of Rates. The allocation for MDM scheme was 5,348 crore in 2006-07 which was raised to \overline{X} 9,440 crore in 2010-11. Against this budget allocation of \overline{X} 9,440 crore, the actual expenditure incurred was $\overline{\langle}$ 9.128 crore in 2010-11 from the MDM scheme. The performance of mid-day meal scheme has varied across States. In Uttar Pradesh, because of powerful food mafias and corrupt officials, there has been implementation. verv poor However, in Tamil Nadu, it has proved to be quite a success. Introduced way back in 1982, the scheme – called Free Noon Meal Scheme (FNMS) – currently covers 17.26 lakh children between the ages of 6 months and 5 years. Currently, the scheme is being implemented in 41,344 schools covering 58.76 lakh children upto the tenth grade. The FNMS has helped improve the nutritional status of children considerably, from 41.40 in

1992-93 to 61.45 in 2005-06, and severe malnutrition has been reduced from 0.45 per cent in 1999 to 0.07 per cent in March 2006. The infant mortality rate has also dropped from 53 per 1000 live births in 1998 to 42 in 2003. Under the directions of the Supreme Court, private sector has also been involved in the scheme in various States. Thousands of women in gram panchayats are cooking and serving hot food to children in their villages in these States. This has not only helped to feed children with quality meals cooked and served piping hot during their lunch break but has also led to women empowerment.

A Critical Appraisal of ICDS and Mid-Day Meal Scheme

Three National Family Health Surveys were carried out between 1992 and 2006. All these consistently bring out that the nutritional status of children in India is abysmal. Moreover, there does not seem much improvement over time. For instance. the percentage of undernourished children was 45.5 according to NFHS-II (1998-99) and 42.4 according to NFHS-III (2005-06). The percentage of wasted children according to NFHS-II was 15 and according to NFHS-III it was 17. In 1998-99, 73 per cent children suffered from anemia and in 2005-06, 77 per cent children suffered from anemia. There are many reasons for the dismal performance of ICDS as the following discussion brings out :

1. The overall impact of ICDS on malnutrition has remained very limited due to a meager allocation of resources to this programme and faulty project design.

2. The programme is regressively distributed between the States. The

States with a high degree of malnutrition like Bihar, Madhya Pradesh and Uttar Pradesh have a relatively low coverage. Results for Uttar Pradesh presented by NFHS-III and reproduced earlier show that 52 per cent of children under 3 years of age in this State are undernourished and the prevalence of stunting, wasting and being underweight is an high as 52 per cent.

3. While ICDS is meant to be a package of services' including *integrated* nutrition services, nutrition counseling, micronutrient supplementation, and antenatal care for pregnant women, in practice the focus has tended to get limited to supplementary nutrition programme (SNP). Further, the main focus of SNP has been on children in the age group of three-six years. Younger children have been comparatively neglected if not excluded. As correctly pointed out by Shanti Ghosh, there is a need to pay more attention to children under the age of three years as this is the critical period in the development of the child, when his or her 'capabilities' (health, nutrition, learning abilities etc.) are largely determined. For example, this is the time when 90 per cent of the brain develops.

4. Tara Gopaldas has pointed to the need to distinguish between overt (or raw) hunger and 'hidden hunger'. The former implies the need to fill the belly every few hours due to the 'pangs of an empty stomach' while the latter implies deficiencies micronutrient such as inadequate intake of iron, calcium, iodine or Vitamin A. The 'hidden hunger' has been neglected in ICDS as it is "not felt, recognized or voiced by the child or her parents." However, it has

serious consequences for the child's health.

5. The FOCUS (Focus on Children under Six) survey carried out in six States in May-June 2004 brought out the fact that health services under ICDS are quite patchy. The main activity in this field in child immunization and, in this respect, the programme does not seem to play a useful role. For instance, the proportion had never been of children who immunized (among those enrolled in ICDS) was as high as 36 per cent in Rajasthan and 15 per cent in Uttar Pradesh. Pre-school education (PSE) is another neglected aspect of ICDS with Tamil Nadu being the only exception in the six States covered by the survey.

6. The most serious problem in ICDS relates to *implementation* and accountability'. Since children have no 'voice' in the system, there is no selfcorrection mechanism whereby implementation failures lead to outspoken protest and timely redressal. As a result, ICDS is poorly implemented and suffers from sheer neglect. For instance, their study in on implementation of ICDS in Bihar and Jharkhand, Nandini Nayak and Naresh C. Saxena have found that in Bihar, 85 per cent of the supervisor posts are vacant, and 18 per cent of the ICDS 'projects' do not have а single supervisor. In Jharkhand, even the post of child development project officer (CDPO, the project incharge) is vacant in about half of the project. It is difficult to expect anganwadis to provide quality services without any supervision. Moreover, in both Bihar and Jharkhand, the entire staff of ICDS (including CDPOs, supervisors, aganwadi workers and helpers) get their salaries only twice

a year. This is a highly demotivating factor for the staff.

7. One of the most important reasons for failure of ICDS and mid-day meal scheme is rampant corruption. The FOCUS report released on December 19, 2006 points out that "rampant corruption, fudged records and bland 'panjiri' (ready-to-eat energy mix)" is the reality of the ICDS. For example, in Uttar Pradesh the governments spend Rs. 500 crore a year to procure pushtahar (nutritious food) for distribution among children and pregnant and lactating women living in rural areas through 1.3 lakh anganwadi centers under the ICDS. But the food does not reach most of them. It has been reported that at several places, *panjiri* meant for mid-day meals is being used illegally to feed the cattle of the rich and influential by the 'panjiri *mafia*' that controls the supply of nutrition to the poor.

8. Commenting on the functioning of ICDS and mid-day meal scheme, R. Radhakrishna highlights the following shortcoming: (i) irregular supply of food by the State government and reduction in quantity when food is supplied, (ii) irregular supply of medicines, (iii) lack of community participation either in the running or monitoring the functioning of the ICDS, (iv) housing of anganwadi in a dilapidated building located in an unhygienic environment, and (v) Central allocations of food grains falling short of the entitlement under the mid-day meal scheme and the State governments not even spending the norm fixed by the Central government for States.

Supreme Court Orders

Since 2001, the Supreme Court has been monitoring the implementation of ICDS in the context of a "Public Interest Litigation" (PIL) on the right to food. In response to this PIL, Supreme Court has been issuing interim orders that reinforce the mandate and importance of ICDS, which had faded somewhat between 1975 and 1990s.

The order dated November 28, 2001 gave an unprecedented boots to ICDS, with the Supreme Court stating that the scheme must be implemented in full and must be extended to each child. adolescent girl, pregnant woman and nursing mother in India. The Court additional further stated that supplementary nutrition under the scheme should be made available to each malnourished child and that every settlement should have an anganwadi, The order states, "We direct the State governments and Union Territories to implement the Integrated Child Development Services (ICDS) in full and ensure that every ICDS disbursing centre in the country shall provide as under: (a) each child upto six years of age to get 300 calories and 8-10 grams of protein; (b) each adolescent girl to get 500 calories and 20-25 grams of protein; (c) each pregnant women and each nursing mother to get 500 calories and 20-25 grams of protein; (d) each malnourished child to get 600 calories and 16-20 grams of protein; (e) have a disbursement centre in every settlement."

Further orders were issued in April 2004 and October 2004. For example, on April 29, 2004, the Supreme Court directed that "all 0-6 years old children, adolescent girls, pregnant women and nursing mothers shall receive supplementary nutrition for 300 days in a year."

However, as discussed earlier, the implementation the ICDS and mid-day

meal scheme has remained woefully inadequate. The statistics presented by NFHS-III and reproduced earlier are, to say the least, shocking and clearly bring out that the nutritional status of children in India continues to be abysmal. Taking serious note of the poor implementation of ICDS, the Supreme Court directed the Government in December 2006 to:

1. Set up at least 14 lakh functional aganwadi centers in a phased manner by December 2008. While doing so, the Centre should indentify SC and ST hamlets/habitations for anganwadi centers on a priority basis.

2. Ensure that the population norms are maintained – the upper limit is of one anganwadi centre per 1,000 populations, the minimum limit is 300.

3. Entitle rural communities and slum dwellers to "aganwadi on demand" for a settlement with at least 40 children under 6 but no anganwadi.

4. ICDS services should extend to every child under the age of 6, all pregnant women and lactating mothers and all adolescent girls.

In orders to comply with the above directives of the Supreme Court, the government has expressed its commitment to expand the scheme in order to cover all habitations and settlements during the Eleventh Plan period and to reach out to pregnant women, lactating mothers and all children below the age of six. In line with this commitment, the Government has increased the budget allocation for ICDS and MDM schemes considerably during the recent years. In addition, ICDS has been universalized. The benefits of MDM scheme were extended to as many as 11.04 crore children across the country in 2009-10.

Nutrition Plan Way off Target. The seventh Report of the Commissioners (N.C. Saxena and Harsh Mander) of the Supreme Court has pointed out that the nutrition plan of the government is way off the target. For instance, while there were 160 million children sought to be covered by the SNP (supplementary nutrition programme), only 58 millions are 'SNP beneficiaries'. Thus, two out of three children from poor families in being ignored by India are a programme that seeks to provide them supplementary nutrition. According to Saxena, the poorest compliance is in States that need the programme the most "25 per cent of India's districts are responsible for more than 50 per cent of malnourished children. and these districts are mostly located in the poorer States. Yet, the poorest States and those with the highest levels of under-nutrition have the lowest levels of programme funding, supervision staff, capacity to utilize funds and monitor progress, resulting in poor outcomes".

As far as funds structuring is concerned, the Central Government provides 50 per cent of the funds for SNP and the balance 50 per cent is to be provided by the States on a 'matching' basis. Many States are not willing to pay their share and frequently their funding of SNP is as low as 25 per cent. Since States can avail only that proportion of Central funding that they have matched, this effectively means that only 50 per cent funding is met. Thus, States meet only half their obligation.

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