

Food security: Policy Note

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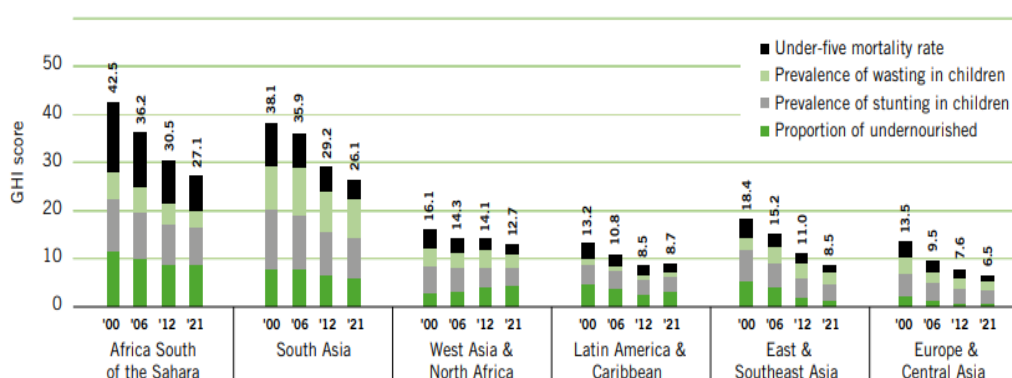
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1 Food security at the world level

According to the World Food Programme 2021, 135 million individuals suffered from acute hunger broadly due to man-made conflicts, climate change and economic downturns. The COVID-19 pandemic could now double that number, putting an additional 130 million people at risk of suffering acute hunger (United Nations 2022).

Malnutrition, meanwhile, is taking a heavy toll across developing and developed nations. Of major concern is rising on undernourishment rate, which increased from 19.6 percent in 2014–2016 to 21.8 percent in 2018–2020. In the year 2021, Africa South of the Sahara has reported the highest hunger levels in the world, with Global Hunger Index (GHI) scores of 27.1 (Figure 1). In addition, these regions are amongst the highest rates of undernourishment, child stunting, and child mortality of any region of the world (Grebmer et al. 2021).

Figure 1. Regional 2000, 2006, 2012, and 2021 Global Hunger Index Scores, with Contribution of Components



Source: Global Hunger Index Hunger and Food Systems in Conflict Settings

The State of Food Security and Nutrition in the World (2021) by Food and Agriculture Organization of the United Nations (FAO) reported that of the total number of undernourished people in 2020 (768 million), 418 million were in Asia, 282 million in Africa, 60 million in Latin America and Caribbean (FAO 2021). These reports clearly show that the world is not on track to achieve the Zero Hunger goal (Sustainable Development Goals (SDG) 2) by 2030 and achieve food security. According to FAO, the world has not been generally progressing either towards ensuring access to safe, nutritious, and sufficient food for all people all year round or to eradicating all forms of malnutrition.

2 Food security in India

India has made a considerable progress towards the SDGs of Zero Hunger and eradicate the malnutrition. However, the recent nutritional reports reveal that India is ranked at 71st position in the Global Food Security (GFS) Index 2021 of 113 countries and consequently, the food systems remain vulnerable to economic, climatic, and geopolitical shocks. In comparison among countries, India has reduced malnutrition, but it is 27% worse than Brazil, 26% worse than China and 21% worse than South Africa.

The National Family Health Survey (NFHS) is a large-scale nationwide survey and is a representative sample of households throughout India. Table 1 shows the comparison between women anaemia condition (aged between 15-49 years) in 2015-16 and women anaemia condition in 2019-20 by the National Family Health Survey (NFHS-4 and NFHS-5), Government of India. The descriptive statistics clearly suggest the significantly increasing rates (percentage) of women anaemia in duration 2019-2020 in presence of COVID pandemic across major states of India. Anaemic condition in women could adversely impact on birth outcomes and genetically cause health issues (e.g., low birth weight) among children.

Table 1: Comparison of women aged 15-49 anaemia level during 2019-20 and 2015-16 by the National Family Health Survey (NFHS-4 and NFHS-5), Government of India.

States	NFHS-4 (2015-16)	NFHS-5 (2019-20)	
	All women aged 15-49 years who are anaemic	All women aged 15-49 years who are anaemic	
		Rural	Urban
Andaman & Nicobar Islands	65.7	57.6	57.2
Andhra Pradesh	60	59.3	57.8
Assam	46	66	65.2
Bihar	60.3	63.1	65.6
Goa	31.3	37.4	40
Gujarat	54.9	67.6	61.3
Himachal Pradesh	53.5	53.3	51
Jammu & Kashmir	48.9	67.5	61.4
Karnataka	44.8	50.3	43.9
Kerala	34.3	35.8	37
Lakshadweep	78.4	93.5	89.5
Ladakh	46	23.7	26.4
Maharashtra	48	56.1	52
Meghalaya	56.2	54.3	51.8
Manipur	26.4	28.8	30.5
Mizoram	24.8	39.9	30.8
Nagaland	27.9	29.8	27.3
Sikkim	34.9	41.9	42.4
Telangana	56.6	58.9	55.2
Tripura	54.5	67.6	66.1
West Bengal	62.5	74.4	65.1

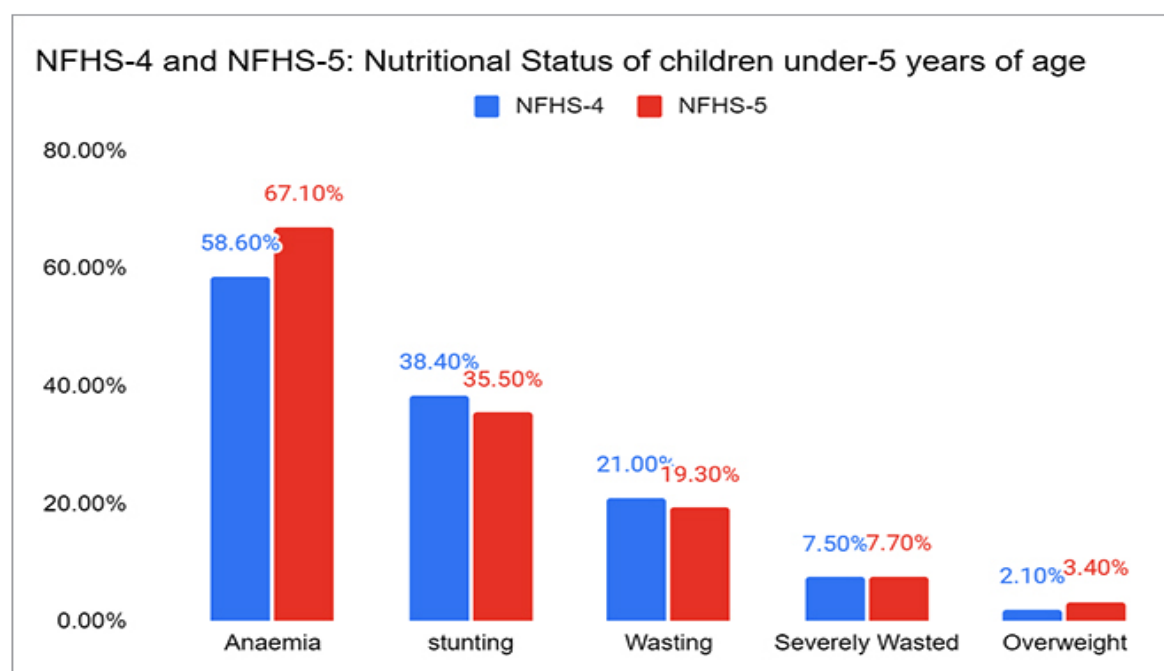
Average	48.38	53.66	51.31
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Table 2 shows the difference between health/nutritional status of children aged under five years during 2019-20 and 2015-16 by the National Family Health Survey (NFHS-4 and NFHS-5), Government of India (Ministry of Health and Family Welfare 2020). The data shows that the proportion of children experiencing stunted, wasted, underweight, and overweight have not changed significantly across India, from 2015 to 2020. The latest data shows, 7.7% of children are severely wasted, 19.3% are wasted and 35.5% are stunted in the country (ORF 2022). Additionally, anaemia among children under 5 years of age has become significantly worse with the current prevalence at 67.1% compared to 58.6% according to NFHS-4 (Figure 2).

Table 2: Comparison of health/nutritional status of children aged under five years during 2019-20 and 2015-16 by the National Family Health Survey (NFHS-4 and NFHS-5), Government of India.

States	NFHS-4 (2015-16)				NFHS-5 (2019-20)			
	Stunted	Wasted	Under weight	Overweight	Stunted	Wasted	Underweight	Overweight
Andaman & Nicobar Islands	23.3	18.9	21.6	3.0	22.5	16.0	23.7	5.7
Andhra Pradesh	31.4	17.2	31.9	1.2	31.2	16.1	29.6	2.7
Assam	36.4	17.0	29.8	2.3	35.3	21.7	32.8	4.9
Bihar	48.3	20.8	43.9	1.2	42.9	22.9	41.0	2.4
Dadra & Nagar Haveli and Daman & Diu	37.2	26.7	35.8	3.9	39.4	21.6	38.7	1.9
Goa	20.1	21.9	23.8	3.7	25.8	19.1	24.0	2.8
Gujarat	38.5	26.4	39.3	1.9	39.0	25.1	39.7	3.9
Himachal Pradesh	26.3	13.7	21.2	1.9	30.8	17.4	25.5	5.7
Jammu & Kashmir	27.4	12.2	16.6	5.7	26.9	19.0	21.0	9.6
Karnataka	36.2	26.1	35.2	2.6	35.4	19.5	32.9	3.2
Kerala	19.7	15.7	16.1	3.4	23.4	15.8	19.7	4.0
Lakshadweep	26.8	13.7	23.6	1.6	32.0	17.4	25.8	10.5
Ladakh	30.9	9.3	18.7	4.0	30.5	17.5	20.4	13.4
Maharashtra	34.4	25.6	36.0	1.9	35.2	25.6	36.1	4.1
Meghalaya	43.8	15.3	28.9	3.9	46.5	12.1	26.6	4.0
Manipur	28.9	6.8	13.8	3.1	23.4	9.9	13.3	3.4
Mizoram	28.1	6.1	12.0	4.2	28.9	9.8	12.7	10.0
Nagaland	28.6	11.3	16.7	3.8	32.7	19.1	26.9	4.9
Sikkim	29.6	14.2	14.2	8.6	22.3	13.7	13.1	9.6
Telangana	28.0	18.1	28.4	0.7	33.1	21.7	31.8	3.4
Tripura	24.3	16.8	24.1	3.0	32.3	18.2	25.6	8.2
West Bengal	32.5	20.3	31.6	2.1	33.8	20.3	32.2	4.3
Average	30.94	17.00	25.6	3.07	31.96	18.15	26.95	5.57

Figure 2. Comparison between nutritional status of children NFHS-4 and NFHS-5



Source: ORF, 2021

The available data on (NFHS-5) malnutrition and anaemia show an increase in child wasting (low weight for height) in states like Telangana, Kerala, Bihar and Assam, compared to the previous round of the same survey in 2015-16. Stunting (low height for age) has increased in states like Telangana, Kerala, Himachal Pradesh and Goa. In addition, the proportion of underweight children, again, several big states, Gujarat, Maharashtra, West Bengal, Telangana, Assam and Kerala, have seen an increase (Barkha Mathur 2021).

The findings of the NFHS-5 show that among children, anaemia has increased in 16 out of 17 states and two out of five UTs that were surveyed under NFHS-5. The improvement in the status of anaemia among children was recorded in only Meghalaya and the UTs of Andaman and Nicobar Islands, Dadra and Nagar Haveli and Daman and Diu and Lakshadweep (Barkha Mathur 2021).

The food insecurity due to the issues related to inaccessible balanced diet, poverty, lack of awareness during the pandemic remains key challenges in eliminating malnutrition particularly in vulnerable communities, such as people living in low-income households, women and children, and senior citizens. Additionally, prolonged lockdown, restricted movement, lack of vitamin and mineral deficiencies, limited access to fresh foods have

increased the incidence nutritional health issues including undernutrition, hidden hunger, overweight, obesity, diabetes type 2, and cardiac diseases. Hence, the terrible burden of malnutrition calls for immediate actions of policy makers to improve nutritional status of vulnerable population in order to eradicate malnutrition and achieve the Zero Hunger goals worldwide.

3 Steps taken by the Govt for alleviation of malnutrition

For alleviation of malnutrition, Government has announced Mission Poshan 2.0 to strengthen nutritional content, delivery, outreach and outcomes with focus on developing practices that nurture health, wellness and immunity to disease and malnutrition.

- Government implements Anganwadi Services, Pradhan Mantri Matru Vandana Yojana and Scheme for Adolescent Girls under the Umbrella Integrated Child Development Services Scheme (ICDS) as targeted interventions to address the problem of malnutrition in the country (PIB 2021). The Government of India has recently restructured the ICDS program with the aim of moving towards a more balanced multi-sectoral program to tackle this persistent challenge. The revised program will now focus on providing supplementary foods to pregnant women, nursing mothers and children under three years of age. It will also work to improve mothers' feeding and caring practices as well as promote the immunization and growth monitoring of children.
- Another government scheme to tackle the prevalence of malnutrition is the National Nutrition Mission or POSHAN Abhiyaan, which was introduced by the Prime Minister in 2018. The Mission focusses on improving sanitation and hygiene conditions, anaemia, antenatal care and optimal breastfeeding, amongst other issues, for over 130 million children (NITI Aayog 2022).

Although India has nominally reduced malnutrition over the last decade, and several government programs are in place, there remains a need for effective use of knowledge gained through studies to address undernutrition, especially because it impedes the socio-economic development of the country (Narayan, John, and Ramadas 2019).

4 What can the Govt do to address the issue better

The recent academic studies on bioecological determinants of malnutrition particularly in context of underprivileged children in India has been highlighted the importance of maternal access to healthcare as basic determinant of child well-being and aim at removing major barriers, including inaccessibility, unavailability, unaffordability, and unawareness to healthcare for mothers could significantly improve the nutritional health status of children.

Furthermore, the studies emphasised on the need to introduce childcare facilities in the underprivileged communities to support working mothers in providing proper nutrition and care to children while financially supporting their households. Policy recommendations include a provision of childcare activities such as providing creches for children and income-generating activities for women within the underprivileged households that could economically support their nutrition and healthcare activities, particularly whose child is under five years of age.

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