Food Security

This booklet contains a selection of articles by Prof Jean Dreze[1] and Ms Reetika Khera[2]. They are recommend by the authors as an introdution to the issues around Food Security and the Public Distribution System. Click on the title to go the article page.

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Indian Journal of Human Development, July 2007

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[1] Jean Dreze is a development economist who currently serves as an Honorary Professor at the Delhi School of Economics and as Senior Professor at the G.B. Pant Social Science Institute, Allahabad. He is a member of the National Advisory Council.

[2] Reetika Khera is affiliated with the Centre for Development Economics at the Delhi School of Economics.

Food Security: Time to Act!

Hunger Amidst Plenty: Will you tolerate it?

Do you know that one Indian child dies every minute of nutrition-related causes?

Meanwhile, 60 million tonnes of grain are lying idle in FCI godowns. If all these sacks of grain were piled on top of one another, the pile would reach up to the moon!

National Food Security Act: Beyond Cheap Promises

The UPA-2 government has promised a National Food Security Act that will ensure "food security for all". However, the draft prepared by an Empowered Group of Ministers is a non-starter– what it promises (25 kgs of grain per month at Rs 3/kg for BPL households) is not very different from what is there already. What is required is a comprehensive food security act, including:

- A universal Public Distribution System (PDS), with every family entitled to 35 kgs of grain at Rs 3/kg, along with pulses and edible oil.
- Community kitchens and feeding centres for people who remain vulnerable to hunger.
- Social assistance pensions for vulnerable groups, such as single women, the elderly, and disabled persons.
- Universal entitlement to all ICDS services (nutrition, health and pre-school education) for all children under six years.
- Hot, cooked, nutritious midday meals for all children in primary and upper-primary schools.
- Maternity entitlements for pregnant and lactating women.

Did You Know?

1. One Indian child dies of hunger-related causes every minute.
2. More than 60 million tonnes of grain are lying idle in FCI godowns – more than one quintal per family below the poverty line.
3. About 28% of this grain is lying in the open, and without adequate cover, much of it is rotting.
4. "Tax revene foregone" on account of tax exemptions was more than Rs 500,000 crores in the last financial year (2009-10).
5. The Central Government spends about twice as much on defence (2.2% of GDP) as on health and food security (1.2%)?

6. The proportion of underweight children is higher in India (close to 50%) than in any other country in the world except Nepal.

7. For children aged 4-6 years, average intake is only 16% of Recommended Daily Allowance for Vitamin A, 35% for iron and 45% for calcium.

8. The latest National Family Health Survey found that more than 60% of children below 2 years had not consumed any milk the night before.

9. Half of the poorest rural households do not have a BPL card.

10. In Bihar, 95% of rural BPL households do not get any grain from the Public Distribution System (PDS). Tamil Nadu, by contrast, has a well-functioning “universal” PDS, with everyone getting not only grain but also 10 other commodities.

Food Security: Time to Act!

The UPA-2 government has promised a National Food Security Act that will ensure “food security for all”. However, the draft prepared by an Empowered Group of Ministers is a non-starter – what it promises (25 kgs of grain per month at Rs 3/kg for BPL households) is not very different from what is there already. What is required is a comprehensive food security act, including a universal Public Distribution System (PDS), universal nutrition programmes for children, and social assistance schemes.

A Framework for the Right to Food Act

Reetika Khera
June 2010

Prior to the 2009 general elections, the Indian National Congress promised twenty-five kilograms of food-grain per month, at three rupees per kilogram, to every poor family in India. Reports indicate that there are moves to deliver on this promise. Congress' eagerness to make good on this promise can be traced to the widely-held view that the National Rural Employment Guarantee Act (NREGA) played an important role in the victory of the Congress. Another reason for Congress' eagerness could be the electoral success of those state governments where similar provisions of cheap food-grain are already in place, indicating "political capital" to be gained through such policies.

There are, of course, substantive reasons for a Right to Food Act (RTF). India's food security and nutrition indicators are among the worst in the world. Worse, some of these indicators have barely improved in recent years. For instance, the proportion of underweight children was much the same in 1998-99 and 2005-06, according to National Family Health Survey (NFHS) data.

There are legal compulsions too; the interpretation of Article 21 (the fundamental "right to life") of the Indian Constitution, as encompassing the right to food, Article 47 of the Directive Principles which directs the state to "regard the raising of the level of nutrition and the standard of living of its people...as among its primary duties," and India being a signatory to various international treaties on these issues. Most importantly, the Supreme Court has issued several orders pertaining to nutrition-related schemes in the "right to food case."

The electoral promise provides an excellent opportunity to put in place a comprehensive RTF Act that would help to deal with the country's dismal record on nutrition and health, and to enshrine the Court's orders in law.

A Possible Framework

What shape should a RTF Act take? The right to food goes beyond the provision of subsidized cereals. It is about ensuring freedom from hunger, malnutrition and other deprivations associated with the lack of food. This requires not only nutritious food but also attention to child care, clean water, hygiene, basic health care, etc. Unfortunately, this goes beyond the sort of legislation that is being contemplated, and requires political will and vision of a kind that is sorely lacking.

A complex legislation, the RTF Act will impact a wide section of the population with diverse needs. To illustrate, for infants, the right to food requires focusing on breastfeeding, maternal health, and safe drinking water. In the case of vulnerable groups – the aged, disabled and widows – pensions are needed along with the Public Distribution System (PDS). At the very least, the RTF Act should build on four major types of interventions: nutrition schemes for children, the PDS, social assistance for vulnerable groups (e.g., pensions) and other interventions. These should cover not only rural areas but also urban areas (or at least the most impoverished sections).

Children ought to have the first claim under the RTF Act. Research on nutrition has unambiguously demonstrated that it is in the 0-3 years of age group that nutritional interventions are most required. In terms of the new law, this would imply strengthening the Integrated Child Development Services (ICDS), especially the services for children under three. Maternity entitlements (including income support for child birth) are also important and should be included.

Given the vulnerabilities faced by very large sections of the rural poor, the Public Distribution System (PDS) plays an important role in the realization of the right to food. A universal PDS should form the basis of the RTF Act, with “expanded” entitlements including, for instance, subsidized pulses and oil to ensure better nourishment for those who are poor and vulnerable.

Special attention will be necessary to the food-insecure in urban areas; adequate coverage under the PDS, community kitchens for those who are unable to access PDS such as migrants, the homeless, and the destitute). Their vulnerabilities are magnified because in urban areas, there is hardly any recourse to charity from neighbors, forest products, and the like.

Interventions, such as pensions for the aged and disabled, and for widows are necessary as these vulnerable groups have little recourse to other sources of cash. Available evidence suggests that the relatively small cash transfers through existing pension schemes for such groups serve as a lifeline for many of their beneficiaries. Finally, special measures (e.g., community kitchens) to deal with emergencies and disasters (such as floods, earthquakes, and riots) are also required.

Contentious Issues: Financial Implications and Universal PDS

An important issue that needs to be addressed is that of cost. Though expensive, such legislation is feasible. Many of the proposals for the RTF Act are already in place as government schemes, such as the Mid-Day Meal scheme, and the ICDS. In 2009-10, the central government spent 642 billion rupees on these schemes. The RTF Act will, of course, result in an increase in the food bill that will depend on the extent to which the current schemes are expanded and improved. As an example, "universalization with quality" of the ICDS would require a committed expenditure of 300 billion rupees per year.

Another big item on the food bill could be a universal PDS. The cost can be calculated as the difference between the so-called “economic cost” of grain – total cost of delivering food through the Food Corporation of India – and issue price multiplied by quantity. Based on this, the total cost would be around 820-1,150 billion rupees (for a quota of twenty-five or thirty-five kilograms respectively). These illustrative calculations suggest that the total cost, with better coverage and expanded entitlements, is likely to be about twice as large as the current food bill.

PDS: Universal, not Uniform

The proposal for a universal PDS is likely to be hotly debated because of the cost and the corruption afflicting the current system. Nevertheless, a universal PDS is appealing for several reasons. The “right to food” has to be a universal right. Further, targeting is also costly, and includes identifying beneficiaries and targeting errors. Most importantly, the targeted approach is very divisive. Universal programs – such as NREGA – create solidarity among the poor. As Amartya Sen says, “benefits for the poor end up being poor benefits.”

One option would be to start with universalizing the PDS in the poorest two hundred districts with provisions for time-bound extension to other districts. Another option is to universalize coverage with lower entitlements. Such variants of the system are currently in place in some states, such as Andhra Pradesh, Chhattisgarh, Kerala and Tamil Nadu. This universalization needs to be accompanied by effective grievance redressal mechanisms. Strong penalties and a time-bound framework for disposing appeals must be put in place. Lessons can be learned from Tamil Nadu and Chhattisgarh to prevent large scale diversion of PDS grain.

Politically, the main challenge is to ensure that the RTF Act is not trivialized by reducing it to the electoral promise of “twenty-five kilograms at three rupees per kilogram for below poverty line households.” The ultimate shape of the RTF Act will depend on whether the government merely seeks to gain “political capital” from it, or whether it is guided by its responsibility to the people of India. The government's eagerly-awaited draft will help to clarify whether the government’s commitment to the “*aam aadmi*” (common man, and presumably women and children too) goes beyond electoral rhetoric.

Reetika Khera is affiliated with the Indian Statistical Institute, Delhi. This article has been adapted from a more detailed version printed in Economic & Political Weekly.

Source: http://casi.ssc.upenn.edu/iit/khera

The Task of making the PDS work

Jean Dreze

July 2010

When I first visited Surguja district in Chhattisgarh nearly 10 years ago, it was one of those areas where the Public Distribution System (PDS) was virtually non-functional. I felt constrained to write, at that time, that "the whole system looks like it has been designed to fail." Ration shops were in the hands of corrupt private dealers, who made money by selling PDS grain in the open market. People were powerless to argue when a dealer told them that, for no fault of his, the stocks were bare. Hunger haunted the land.

Ten years later, there has been a remarkable turnaround on the PDS front. One hesitates to give good marks to the Government of Chhattisgarh these days, given its monstrous actions in other domains – the sell-out to mining companies, backing of Salwa Judum, and suppression of human rights, to mention a few. Still, the revival of the PDS in Chhattisgarh is a major achievement, of interest to the whole country.

I had an enlightening view of this revival in Surguja a few weeks ago. Today, almost every household in this area is entitled to 35 kg of grain each month, at Re. 1 or Rs. 2 a kg (depending on the type of ration card). What is more, the system is working – everywhere we went, we found that people were getting 35 kg of grain on time, every month. For people who live on the margins of subsistence, this is a dream.

The planned National Food Security Act represents a unique opportunity to achieve similar gains across the country. However, the current draft, prepared by an Empowered Group of Ministers, is a non-starter in this respect. Indeed, the food guarantee is restricted to 25 kg of grain (at an unspecified price) for BPL households. This is less than their existing entitlements. In response to recent agitations, the government seems willing to raise the poverty line by a few notches, so that more households are included. Even then, a targeted PDS is not the way to guarantee the right to food.

The main problem with targeting is that it is both unreliable and divisive. The first point is evident from many investigations into the distribution of BPL cards. The "exclusion errors" are enormous. For instance, among all rural households falling below the "poverty line" according to National Sample Survey data, almost half did not have a BPL card in 2004-05. Similar findings emerge from National Family Health Survey data.

Perhaps exclusion errors can be reduced with better BPL identification methods. The N.C. Saxena Committee has made valuable suggestions in this respect. But the fact remains that there is no reliable way to identify poor households based on proxy indicators – it is bound to be a hit-or-miss exercise. A landless household, for instance, may or may not be poor, and similarly with a Scheduled Caste or female-headed household. The fact that a household may be well-off today, but poor tomorrow (due, say, to illness, displacement or unemployment) does not help matters. Last but not least, the power equations in the rural areas are such that any BPL survey is liable to be manipulated. There is no reason to expect the next BPL survey to be more reliable than the last one.

Targeting is also divisive: it prevents the emergence of a cohesive public demand for a functional PDS. And vocal demand is very important for the success of the PDS. This is one reason why the PDS works much better in Tamil Nadu than elsewhere: everyone has a stake in it. Chhattisgarh's recent success builds on the same principle – about 80 per cent of the rural population is covered.

In short, targeting is an ugly business, and it would be particularly dangerous to "freeze" the BPL-APL distinction into law. That will amount to converting a purely statistical benchmark, the "poverty line," into a permanent social division. Surely, the purpose of the Food Security Act is not to manufacture class conflict?

For all these reasons, serious consideration must be given to the obvious alternative – a universal Public Distribution System, at least in the rural areas and urban slums. Consider the potential benefits first: every family will have food assured in the house, month after month. Gone will be the days of cold hearths and empty stomachs. For those at risk of hunger, the PDS will be a lifeline. For others, it will be a form of income support and social security – valuable things to have, even when you are not hungry. The case for universalisation builds on this "dual purpose" of the PDS – food security and income support.

The nutrition impact of the PDS, one may argue, is likely to be limited even in the "universal" version. This may well be true. One reason is that the PDS may not do much for young children – the crucial age group as far as nutrition is concerned. What most children need is not more foodgrains but more nutritious food (including animal protein), better breastfeeding practices, health care and related support. They need to be fatter at birth, which requires further interventions (important in their own right) related to women's health and maternal entitlements. Special programmes are needed for marginalised groups such as the urban homeless. Thus, a universal PDS is only one part of an effective system of food and nutrition security.

This is not likely to come cheap. Tentative calculations suggest that a comprehensive Food Security Act may cost something like one lakh crore rupees a year. This may sound like a mind-boggling price tag, but it is not. For one thing, in a country where half the children are undernourished, there is no quick fix — any serious attempt to deal with mass undernourishment is bound to be expensive. For another, one lakh crore rupees is just about 1.5 per cent of India's Gross Domestic Product. Is that an excessive price to pay to protect everyone from hunger?

Incidentally, India already spends more than that sum on things that are rather trivial compared with the right to food. I am not just thinking of military expenditure, which could do with some pruning, especially when it is being used also for internal repression. The fertilizer subsidy is in the range of one lakh crore rupees a year, with doubtful social benefits, not to speak of the environmental damage. And the annual "revenue foregone" on account of tax exemptions is more than five lakh crore rupees, according to the Finance Minister's own "Foregone Revenue Statement." This includes about Rs. 80,000 crore of corporate income tax foregone (some of it "on account of contributions to political parties") and nearly Rs. 40,000 crore of foregone customs duties on "vegetables, fruits, cereals and edible oils."

The "food subsidy" itself is already around Rs. 70,000 crore. The problem is not so much that this subsidy level is too low, but that it is badly used. A telling symptom of this today is the mindless accumulation of nearly 60 million tonnes of grain in government warehouses. Instead of whining about food inflation, and blaming "hoarders" for it, the government would do well to release some of the gigantic food stocks.

This is not to dismiss the resource constraints. One way ahead will be to introduce universal PDS, say, in the poorest 200 districts, and extend it gradually to the whole country – much as in the case of the National Rural Employment Guarantee Act. Today's excess stocks will be of great help in the initial phase of this transition. Five years from now, the cost of a comprehensive food security system will be closer to 1 per cent than 1.5 per cent of GDP, if the current rates of growth continue. Meanwhile there will be enough time to enhance food procurement and mobilise extra funds. The roadmap is clear: promote local procurement and tax the rich.

None of this, of course, will be of much use unless the PDS can be made to work. Universalisation itself will help in that respect, as argued earlier. But systemic reforms of the PDS are required, building on the wealth of insights that have been gained from recent initiatives to restore transparency and accountability in various domains. If Chhattisgarh can turn the PDS around, why not other States?

The National Food Security Act is not going to eliminate malnutrition in one go. But it could be the end of hunger, and the beginning of a new movement for the realisation of everyone's right to good nutrition. Let all this be clear before the idea is dismissed as unaffordable.

Source: http://www.thehindu.com/opinion/lead/article504695.ece

Ending Destitution

Jean Dreze
July 2002

SAMRI DEVI is a 70-year-old widow who lives in Kusumatand, an impoverished hamlet in Palamau district, Jharkhand. Her son, Bhageshwar Bhuiya, suffers from TB and is unable to work. Her daughter-in-law has taken leave of this world. So the burden of looking after Bhageshwar and his seven children rests on Samri Devi's frail shoulders. She feeds the family, somehow, by gleaning leftover rice from a local rice mill, collecting wild foods and begging from time to time. The children are severely undernourished and none of them goes to school. Except for one cooking pot and a few rags, Samri Devi's family owns absolutely nothing — not even a blanket or a pair of chappals.

Samri Devi's is one among millions of households in rural India that might be described as "destitute". These households typically have no able-bodied adult member and no regular source of income. They survive by doing a variety of informal activities such as gathering food from the village commons, making baskets, selling minor forest produce and keeping the odd goat.

We met Samri Devi during a recent survey of destitution in five States (Andhra Pradesh, Chhattisgarh, Jharkhand, Rajasthan and Uttar Pradesh), conducted by researchers from the Centre for Development Economics and the Centre for Equity Studies. We were shocked to find that even in prosperous villages some households lived in conditions of extreme poverty and hunger. A casual visitor is unlikely to notice them, as destitute households keep a low profile and are often socially invisible. But if you look for them, you will find them, quietly struggling to earn their next meal or patiently starving in a dark mud hut. From this, one point is clear: destitute households cannot rely on spontaneous community support. Social security arrangements are needed.

As things stand, however, destitute households are beyond the pale of most development programmes and welfare schemes. They are unable to participate in rural employment programmes, if available. Getting a bank loan is for most of them beyond the realm of possibility. Even "self-help groups" tend to shun them. Some destitute households are able to take advantage of pension schemes such as those meant for widows and the aged, but the coverage of these schemes is very limited and the formalities involved often end up excluding the poorest of the poor.

In this sea of neglect, an island of hope has recently emerged — the Antyodaya Anna Yojana. This programme, introduced in early 2001 (despite predictable objections from the Finance Ministry), is addressed to the poorest of the poor, as identified by gram panchayats and gram sabhas. Antyodaya households have special ration cards and are entitled to 35 kg of grain a month at highly subsidised prices (Rs. 2 a kg for wheat and Rs. 3 a kg for rice).

The survey mentioned earlier indicates that the programme is doing well, in sharp contrast with other components of the public distribution system (PDS). First and foremost, the selection of Antyodaya households appears to be quite fair: among the 450 Antyodaya households living in the sample villages, a large majority turned out to be very poor. Nearly two thirds of these households are constrained to skip meals from time to time. More than half do not own a single blanket or quilt. Only two per cent of the sample households lived in economic conditions described by the field investigators as "better than average", compared with other households in the village. In other words, the community-based selection procedure is working. Antyodaya also seems to be reasonably successful in terms of the timely and effective distribution of food rations. This is particularly so in Andhra Pradesh, where most of the sample households had received their full quota every month since the programme was initiated. Taking the five sample States together, we estimated that the average Antyodaya household obtained close to 75 per cent of its full entitlement

since the programme began. Regarding the quality of grain received, 85 per cent of the respondents described it as "average" or "good". And while the prices charged to the Antyodaya households were occasionally higher than the official issue prices, the extent of overcharging is not very large — about 13 per cent on average.

This is not to say that the programme is flawless. In some areas (particularly in Jharkhand), we found that many Antyodaya households had been deprived of their entitlements, as ration-shop dealers took advantage of their powerlessness. Yet, the experience so far strongly suggests that these failures can be addressed and that the basic approach underlying the Antyodaya programme is quite sound.

The main limitation of the Antyodaya Anna Yojana, seen as a social security programme, is its restricted coverage (less than 5 per cent of the rural population). But there is absolutely no difficulty in expanding and consolidating it. Today, it absorbs less than three million tonnes of food per year — a trivial proportion of the country's aggregate food stocks of 65 million tonnes. An expanded programme of Antyodaya-style social security for the destitute, covering (say) 10 per cent of the rural population with enhanced entitlements of 10 kg of grain per person a month, would require about eight million tonnes of grain per year. This is a small price to pay for protecting the rural population from extreme poverty.

It is useful to see the case for a major expansion of the Antyodaya programme in the context of the "problem" of ballooning food stocks in the country. The needs and rights of destitute households should of course be the primary consideration, but as it happens, there are also independent reasons why food transfers to the destitute are a good way of using the surplus grain stocks. First, the overhead costs of these food transfers are low. This is a crucial consideration, because overhead costs have been the main stumbling block in the way of other constructive uses of food stocks, such as mid-day meals and food-for-work programmes. Second, food transfers to the destitute also have the advantage of boosting the aggregate consumption of foodgrains. Indeed, since there is widespread hunger among destitute households, most of the food given to them translates into additional consumption. In contrast, food transfers made under programmes such as school meals or food-for-work create little additional demand for foodgrains, as they substitute to a large extent for food that would otherwise be bought in the market. This, too, is a crucial point, because in the absence of additional demand the only long-term solution to the problem of ballooning food stocks (short of exporting them) is to reduce procurement prices, something that is unlikely to happen in the near future.

In short, there is an overwhelming case for introducing a large programme of food-based social security for the destitute. The Antyodaya experience shows that this approach is feasible. A permanent programme along the same lines is likely to work even better, as eligible households learn to claim their entitlements. It would go a long way towards ending the extreme insecurity and deprivation that ruin the lives of destitute households in rural India. In addition, this is an economically attractive way of reducing the country's bloated food stocks. There is little reason for hesitation.

Source: http://www.hinduonnet.com/thehindu/2002/07/29/stories/2002072900661000.htm

Where Welfare Works: Plus Points of the Tamilnadu Model

Jean Dreze
May 2003

Sometimes a little bit of fieldwork is worth years of academic study. So I felt last month after returning from a brief reconnaissance of rural Tamil Nadu with a former student. It was a revelation. Our main object was to visit schools, health centres and related facilities. I have done this off and on for some years in north India, and it is almost always a depressing experience.

Millions of children waste their time and abilities in dysfunctional schools. Health centres, where they exist at all, provide virtually no services other than female sterilisation. Ration shops are closed most of the time. And other public amenities, from roads and electricity to drinking water, also tend to be in a pathetic state.

The situation seems radically different in Tamil Nadu. Though we visited only three districts (Kancheepuram, Nagapattinam and Dharmapuri), the basic patterns were much the same everywhere and they are likely to reflect the general situation in the state. For instance, each of thenine schools we visited enjoyed facilities that would be quite unusual in north India: A tidy building, basic furniture, teaching aids, drinking water, mid-day meals, free textbooks and regular health check-ups.

More important, the teachers were teaching, and most of them were even using the blackboard, a rare sight in north Indian schools. There was, of course, much scope for improvement, but at least children were learning in a fairly decent and stimulating environment. It was a joy to observe the mid-day meal programme in government schools. Everywhere, the meals were served on time according to a well-rehearsed routine. The children obviously enjoyed the whole affair, and the teachers also felt very positive about this arrangement. Nowhere did we find any sign of the alleged drawbacks of mid-day meals, such as stomach upsets or disruption of classroom activity.

Seeing this first-hand, one wakes up to the fact that mid-day meals should really be seen as an essential feature of any decent primary school, like a blackboard. We were also impressed with the health centres. They were clean, lively and well-staffed. Plenty of medicines were available for free, and there were regular inspections. The walls were plastered with charts and posters giving details of the daily routine, facilities available, progress of various programmes and related information. Patients streamed in and out, evidently at ease with the system.

What a contrast with the bare, deserted, gloomy, hostile premises that pass for health centres in north India. Another pleasant surprise was to find functional anganwadis in most villages. In north India, anganwadis are few and far between, and those that exist have little to offer, when they are open at all. Often, the local residents are not even aware of the fact that their village has an anganwadi.

In Tamil Nadu, however, a functional anganwadi seems to be regarded as a normal feature of the village environment. Anganwadis have separate buildings, two or three helpers, cooked lunches, teaching aids, health check-ups and regular inspections. The helpers we met were well-trained and gave us credible accounts of their daily routine. The public distribution system (PDS) provides yet another example of the striking contrast between Tamil Nadu and north India as far as social services are concerned.

In north India, collecting wheat or rice from the local ration shop is like extracting a tooth. The cardholders are sitting ducks for corrupt dealers, especially in remote areas where the latter have overwhelming power over their clients. Quite often, people have no idea of their entitlements and are unable to take action when they are cheated. But in Tamil Nadu we found that even uneducated Dalit women were quite clear about their entitlements and knew how to enforce them. This pattern is consistent with secondary data: The National Sample Survey indicates that consumers in Tamil Nadu get the bulk of their PDS entitlements, in contrast with north India where massive quantities of PDS grain end up in the black market.

I am not suggesting that social services in Tamil Nadu are flawless or even adequate. Even there, civic amenities fall short of the norms prescribed, say, by the directive principles of the Constitution. Also, there are significant social inequalities in the provision of public services. But at least the rudiments of a credible welfare state are in place, and Tamil Nadu's experience (like Kerala's) points to far-reaching possibilities in this domain. An obvious question arises as to why social ser-vices function so much better in Tamil Nadu or Kerala than in the bulk of north India.

This question is beyond the scope of this brief article, but I venture to suggest that the contrast relates in part to the role of women in society. For one thing, women's votes in Tamil Nadu matter a great deal, because women are relatively well-informed and vote with their own mind. This forces political leaders to pay attention to women's aspirations, including those relating to health and education. For another, women are the prime movers of social services in Tamil Nadu. All the facilities I have mentioned (with the exception of ration shops) are staffed mainly by women. And everywhere we went, there were signs of their special competence in these matters.

It may not be an accident that the only north Indian state whose achievements in the field of social development are comparable to those of Tamil Nadu, namely Himachal Pradesh, also happens to have much in common with Tamil Nadu in terms of the role of women in society.

Source: http://timesofindia.indiatimes.com//Home/Opinion/Edit-Page/LEADER-ARTICLEBRWhere-Welfare-Works-Plus-Points-of-the-TN-Model/articleshow/46991734.cms#ixzz10H9X158j

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The State of India's Children

Jean Drèze, Reetika Khera and Sudha Narayanan

It has been suggested that the first question the Indian Prime Minister should ask his ministers is not "how is the economy growing?", but rather "how are children growing?". The ministers, however, would probably rather answer the former, for the state of Indian children is nothing short of a humanitarian emergency. Few countries, in fact, have worse indicators of child development, and progress in this field has been excruciatingly slow. This crisis casts a deep shadow on India's progress in other fields. This paper presents a brief update on this issue, with special focus on children under the age of six years.

1. Stumbling from the Start

The average Indian child gets a rather poor start in life. Even before birth, he or she is heading for disaster due to poor ante-natal care and maternal undernutrition. About one third of expectant mothers in India are deprived of tetanus vaccination, an important defence against infection at birth. Similarly, about one fourth of pregnant women do not have a single ante-natal check-up, and a majority of deliveries take place without the assistance of any health professional (Table 1). Worse, the average Indian mother is frail and anaemic. This is likely to result in low birth-weight, a major cause of child undernutrition.

After birth, life continues to be precarious. About one third of all new-born babies in India weigh less than the acceptable minimum of 2.5 kilograms. Undernutrition levels keep increasing during the first two years of life, largely due to poor breastfeeding and faulty weaning. About half of all children below three years of age are undernourished, more than half are deprived of full immunization, and a large majority suffer from anaemia (Table 2). Illness is also widespread, with a fifth of all children suffering from diarrhoea and almost a third suffering from fever. A substantial proportion of Indian children (about one tenth) never reach the age of five.

As children grow up, poor nutrition and ill health affects their learning abilities and preparedness for schooling. In 1998-9, almost one third of all children in the 15-19 age group had failed to complete Class 5, and one half had not completed Class 8. By the time Indian children are supposed to complete upper-primary school, many of them have actually been pushed into the labour force and are further ruining their health by working long hours in harsh conditions.

In short, millions of Indian children are condemned to stumble right from the start. During the first six years of life, and especially the first two, they sink in a dreadful trap of undernutrition, ill health and poor learning abilities. This burden is very difficult to overcome in later years.

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[*] This note is based on our respective contributions to the Focus On Children Under Six (FOCUS) Report. The findings of the third National Family Health Survey ("NFHS-3", conducted in 2005-6) are in the process of being released, and available findings have been included in this note. Where NFHS-3 results are not available, we have used the second National Family Health Survey ("NFHS-2", conducted in 1998-9).

2. Slow Progress

Another disturbing aspect of the situation of children in India is that the rate of improvement over time is very slow. Extreme forms of hunger and undernutrition, such as marasmus and kwashiorkor, have sharply declined over the years. But the general progress of nutrition indicators (such as the heights and weights of Indian children) is sluggish. The findings of the third National Family Health Survey ("NFHS-3"), which are in process of being released, are quite alarming in this regard. For instance, as Table 2 shows, the proportion of undernourished children, based on standard weight-for-age criteria, was virtually the same in 2005-6 as in 1998-9: in both years, nearly half of all Indian children were underweight. Even the decline of stunting in that period, from 45 per cent to 38 per cent, is far from impressive - about one percentage point per year. If the incidence of stunting continues to decline at this rate, it will take another twenty-five years or so for India to reach levels similar to those of China today.

Health-related indicators from the third National Family Health Survey are no less disturbing. For instance, they suggest that child immunization rates were much the same in 2005-6 as in 1998-9 (Table 2). The incidence of anaemia among children was also similar in both years; in fact, it was a little higher in 2005-6, according to the available NFHS-3 data. While some other indicators have improved, the general pace of change is excruciatingly slow – much slower, for instance, than in neighbouring Bangladesh (see below).

Similar concerns arise if we look at mortality indicators. In India as in most other countries, the infant mortality rate has steadily declined during the last fifty years or so: from about 150 per 1,000 live births in the late 1950s to 60 per 1,000 or so today. However, the decline of infant mortality slowed down significantly in the nineties, compared with earlier decades. The rate of decline seems to have picked up again during the last few years, but nevertheless, the overall progress made since 1990 is quite limited in comparison with many other countries.

This slow progress in the field of child health and nutrition is all the more striking as the Indian economy is one of the fastest-growing in the world. During the last fifteen years, India's GDP has been growing at about 6 per cent per year on average, and per-capita income has more than doubled. Few countries have had it so good as far as economic growth is concerned. Yet the progress of child development indicators has been much slower in India than in many countries with comparable or even much lower rates of economic growth.

3. India and South Asia

When India is compared with other countries, the comparison is usually made with "big" countries – say China or the United States. The focus also tends to be on relatively advanced countries, and on how India fares in comparison: whether, say, its army can withstand China's, or whether democracy is more developed in India than in the United States. Except for the occasional comparison with Pakistan, India's immediate neighbours in South Asia are usually ignored. They do not seem to be considered worthy of comparison with India, perhaps because they are too small, or because they are assumed to be relatively backward. After all, isn't India an emerging "superpower"?

Yet there is a great deal to learn from looking around us within South Asia, especially in matters of nutrition and health. Far from being "backward" in comparison with India, other South Asian countries are generally doing better than India in this field. The point is conveyed in Table 3.

It is disturbing to find that India has the lowest child immunization rates in South Asia. For instance, the proportion of children without BCG vaccine in India is twice as high as in Nepal, more than five times as high as in Bangladesh, and almost thirty times as high as in Sri Lanka! Turning to child undernutrition, India emerges in a poor light again, with only Nepal doing worse. And despite its sophisticated medical system and vast army of doctors, India has not been able to achieve higher rates of child survival than any of its neighbours except Pakistan. Almost any "summary index" of these child development indicators would place India at the bottom of this list of countries.

Some aspects of this picture are relatively well known. For instance, Sri Lanka's outstanding achievements in the field of child health have been widely noted. In spite of being almost as poor as India in terms of per-capita income, Sri Lanka has an infant mortality rate of only 12 per 1,000 – less than one fifth of India's (about 62 per 1,000). Similarly, child immunization is virtually universal in Sri Lanka, in sharp contrast with India where this is still a distant goal (Table 3). What is less well known is that Sri Lanka's success in this field is largely based on public intervention. Free and universal provision of essential services, especially in health and education, became an important feature of social policy in Sri Lanka at an early stage of development. For instance, most children in Sri Lanka have been integrated in a common schooling system of reasonable quality, under government auspices. In fact, private schools have been banned since the 1960s, up to the secondary level. Indian readers may also be surprised to hear that in Sri Lanka "few people live more than 1.4 km away from the nearest health centre" (Oxfam International, 2006). The fact that Sri Lankan children are doing so well in comparison with their Indian siblings is no accident – it reflects highly divergent levels of public commitment to the well-being of children in these two countries.

No less interesting is the contrast between Bangladesh and India. In spite of being poorer (much poorer) than India, Bangladesh has better indicators of child development in many respects, as Tables 3 and 4 illustrate. The contrast in immunization rates is particularly sharp: the proportion of children without vaccination is two to five times as high in India as in Bangladesh, depending on which vaccine one looks at. Similarly, infant and child mortality rates are significantly lower in Bangladesh than in India.

This pattern is a relatively recent development: it is during the last fifteen years or so that Bangladesh has "overtaken" India in this field. While Bangladesh had a much higher infant mortality rate than India in 1990 (91 and 80 per 1,000 live births, respectively), today the positions are reversed: 56 per 1,000 in Bangladesh compared with 62 per 1,000 in India. India has been neatly leap-frogged, that too during a period when economic growth was much faster in India than in Bangladesh.

It is also worth noting that the contrast between India and other South Asian countries would probably be even sharper if we were to focus on deprived regions or communities of each country, instead of national averages. This is because the internal inequalities are typically larger in India. Other South Asian countries tend to be less "heterogeneous", not only in terms of regional differences but also in terms of socio-economic inequalities. It is doubtful whether any country in South Asia (other than India) has substantial pockets where children live in such dreadful conditions as, say, among the Musahars of Bihar or the Sahariyas of Madhya Pradesh. And it is worth remembering that Musahars alone represent a population of about 2.5 million – more than the entire population of Bhutan, or for that matter of 45 of the 177 countries listed in the latest Human Development Report.

In short, we would do well to take more interest in our neighbours. South Asia is a useful "lens" through which India can look at itself more realistically, tone down its superpower aspirations and acknowledge its awful treatment of children. There are also many positive lessons to learn from the recent achievements and initiatives of other South Asian countries. As India races for higher international status, catching up with Bangladesh in matters of child development would be a good start.

4. Regional Contrasts

National averages often hide major disparities between regions and socio-economic groups. This is particularly the case in a country like India, which is so large and so diverse.

To illustrate, consider immunization rates, as reported in the second National Family Health Survey (1998-9).[1] For a child born in Tamil Nadu, the chance of being fully immunized by age one is around 90 per cent (and even higher among privileged Tamil families). But the chance of being fully immunized is only 42 per cent for the average Indian child, and drops further to 26 per cent for the average "scheduled tribe" child, and a shocking 11 per cent for the average Bihari child. When different sources of disadvantage (relating for instance to class, caste and gender) are combined, immunization rates dip to abysmally low levels. For instance, among "scheduled tribe" children in Bihar, only 4 per cent are fully immunized, and 38 per cent have not been immunized at all. Startling disparities can also be observed in terms of other aspects of child development.

The regional disparities are further explored in Table 5, also based on NFHS-2 data. The table focuses on four crucial aspects of the well-being of children: Survival, Immunization, Nutrition and Schooling (their SINS, so to speak). For each of these, a standard indicator has been chosen (other indicators could have been used, but the choice does not matter much for our purposes). Each indicator is measured in percentage terms, and can be roughly interpreted as the "probability" that an average child in the relevant state achieves a particular goal: survival until age five, full immunization, adequate nourishment, and school participation, respectively. In the last column, we present a simple "summary index" of child development, based on these four indicators. This index is not very mysterious: it is just an unweighted average of the four indicators. To stress the vital importance of the achievements reflected in this index, we call it the "Achievements of Babies and Children" (ABC) index.[2]

In interpreting this index, it is useful to remember that we are focusing here on very basic achievements of Indian children, as the acronym indicates. Ideally, we would like every child (or almost every child) to survive until age five, be fully immunized, be well nourished, and go to school. In that case, the ABC index would be close to 100 per cent – full marks. As Table 5 shows, however, this ideal situation is nowhere near being realized in any Indian state, even Kerala – the trail-blazer in this field. At the bottom of the scale, the ABC index is barely 50 per cent for the states formerly known (somewhat unkindly) as "BIMARU" states – Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh. Roughly speaking, this corresponds to a situation where the average child in these states achieves only half of the four elementary goals captured in Table 5.

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[1] This survey is almost ten years old, but as mentioned earlier, immunization rates were much the same seven years later, at the time of the third National Family Health Survey (2005-6). The NFHS-2 figures are being used here because the corresponding figures from NFHS-3 are not available at the time of writing.

[2] We are grateful to Dr. Vandana Prasad for the inspiration behind this name and acronym.

It is not surprising to find Kerala at the top of this ranking, since Kerala is well known for its achievements in the fields of health and education, which have a long history. However, it is interesting to note that Kerala is no longer “way ahead” of all other states, as it used to be. Further, the states that are “catching up” with Kerala do not seem to be doing it on the basis of economic growth alone. If the achievements of babies and children were driven by economic success, we would expect Punjab and Haryana (India’s most prosperous states) to be ahead of other states. But in fact, Punjab and Haryana rank fourth and sixth, respectively, in terms of the ABC index. Both have been overtaken by Tamil Nadu and Himachal Pradesh, which are now quite close to Kerala as far as child development is concerned.

There is an important pointer here to the role of public action in this field. Indeed, both Tamil Nadu and Himachal Pradesh have made serious efforts to ensure that all citizens have access to basic health, nutrition and education services. In Himachal Pradesh, for instance, a “schooling revolution” of sorts has taken place during the last few decades (PROBE Team, 1999). Widely considered as an educationally “backward” state not so long ago, Himachal Pradesh has rapidly caught up with Kerala, based on active state promotion of elementary education. In 1998-9, school attendance rates in the 6-14 age group were as high as 99 and 97 per cent for boys and girls, respectively, compared with 97 per cent in both cases for Kerala. This schooling revolution, together with related social initiatives, has not only led to a dramatic increase in education levels but also paved the way for rapid advances in other fields, including health and nutrition. Himachal Pradesh’s high ABC index is one manifestation of this general pattern of accelerated social progress based on public intervention.

Similar remarks apply to Tamil Nadu. Though Tamil Nadu has not been as successful as Himachal Pradesh in the field of elementary education, it has an outstanding record of active state involvement in the provision of health and nutrition services. For instance, it was the first state to introduce cooked mid-day meals in primary schools, way back in 1982 – almost twenty years before the Supreme Court nudged other states in the same direction.

Tamil Nadu is also far ahead of most other states (with the possible exception of Kerala) in terms of the reach and quality of the Integrated Child Development Services (ICDS), the only national programme that addresses the needs of children under six. Here again, it is not an accident that Tamil children are doing relatively well, and nor is it due primarily to economic growth. Rather, it reflects active state intervention and public involvement in the field of child development.[3]

At the other end of the scale, the dismal levels of child development in Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh reflect a long history of public apathy towards the well- being of children in these states. In some of these states, or their “offshoots” (Chhattisgarh, Jharkhand and Uttaranchal), there have been positive signs of change in recent years. For instance, Chhattisgarh launched an innovative community health programme (the “Mitanin” programme) in 2001-2, and recent data from the Sample Registration System as well as from the third National Family Health Survey suggest that this programme may be having a significant impact on child health, as Table 6 illustrates. However, the general level of attention to children’s well-being in these states remains abysmally low.

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[3] For further discussion, see the Focus On Children Under Six (FOCUS) Report, Chapter 7.

Concluding Remark

In this note, we have presented a brief update on the state of Indian children, with special focus on "children under six". In particular, we have examined recent trends in child development indicators, how India fares in this field vis-à-vis other South Asian countries, and the comparative achievements of children in different Indian states. From these different angles, one overarching hint emerges again and again: economic growth is not a dependable means of achieving rapid improvements in child development.[4] The contrast between runaway economic growth and the sluggish improvement of child development indicators in recent years is particularly telling in this respect.

This point would hardly need to be made were it not for the fact that economic growth continues to be seen in influential quarters as the golden gate to human development. This outlook is evident, for instance, in the Finance Minister's latest Budget Speech. While the speech endorsed the 11th Plan's "declared goal" of "faster and more inclusive growth", the fine print made it clear that "faster" was the priority. Human development is essentially treated as a by-product, and is even invoked at the end of the speech to justify the single-minded focus on faster economic growth: "Our human and gender development indices are low not because of high growth but because growth is not high enough". This odd statement trivialises any possible dissent with the growth-centred strategy by equating such dissent with the foolish claim that India's human development indicators are low "because of high growth". The concluding sentence of the speech drives the last nail in the coffin of the critics by quoting Nobel Laureate Mohammad Yunus to the effect that there is "no other trick" than faster growth to achieve rapid poverty reduction.

Recent experience suggests otherwise, at least in the field of child development. This is not to say that the "other tricks" are obvious or straightforward. Putting in place effective child development services is a major challenge, which calls for sustained attention to a range of financial, logistic, administrative and political issues.[5] But the first step is to acknowledge the limitations of "unaimed growth" as a way of protecting children from malnutrition, ill health and premature death.

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[4] The international evidence presented in Haddad et al (2002) is also relevant in this context.

[5] Some of these issues have been discussed in a series of documents prepared in the context of the preparation of the 11th Plan. See e.g. Government of India (2004, 2006a, 2006b, 2007a, 2007b, 2007c) and Gupta et al (2007); also Drèze (2006) and the studies cited there.