

FOOD SECURITY SCHEMES TO ENSURE WOMEN AND CHILD WELFARE

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Abstract: Food security is the immediate challenge that India is facing and it can be analyzed in terms of availability, accessibility, adequacy and sustainability. These are examined in terms of equity and justifiability. India ranks 135th place in Human Development Index (HDI). There are 820 million chronically hungry people in the world and 1/3rd of the world's hungry live in India. Nearly 4.836 million Indians survive on less than Rs. 20 (less than half-a-dollar) a day. Over 7000 Indians die of hunger every day. These statistics show the intensity of food insecurity that is prevailing in India. It is not only hunger but many other factors like under nutrition, food price hikes, level of education among males and females, income stability, gender inequalities, multi dimensional poverty health and hygiene of children and youth especially females and many more stand reasonable for increasing food insecurity in the country. The objective of this paper is to give a brief view of various schemes that are available to women and children sponsored by various international and national organizations and ministries and their role in addressing the issue of food security from various perspectives. It also suggests the methods in which awareness can be increased to reap the fruits of developmental schemes to the utmost.

Key words: Food Security, Schemes, children, HDI

Introduction: The promise to respect, protects, and fulfills young people and children's right to health is more than a promise; indeed it is our obligation. The basic reason behind health issues is assigned to food insecurity that is more prevalent in the developing countries like India. The quantitative aspects of food security includes affordability and availability where as the qualitative aspects include quality food and safe health. The Global Food Security Index (GSI) provides a worldwide perspective on which countries are the most and least vulnerable to food insecurity. According to this report, India ranks 68th out of 109 Index countries and the economic status of Indians is concentrated in lower middle income group. Nearly 59.2% of the population is below poverty line and 17% of the total population is under nourished. Only 29.9% of the total household expenditure is spent on food which accounts to 47% affordability, 56% availability and 45.3% of quality and safety score.

Food security exists when all people at all times have physical and economic access to adequate amounts of nutritious, safe, and culturally-appropriate food to maintain a healthy and active life. Millennium Development Goals (MDG) recognizes that hunger and food insecurity are the core afflictions of poor people, and specifically sets out to halve the proportion of extremely poor and hungry people in the world. Amartya Sen added a new dimension to food security and emphasized the "access" to food through what he called 'entitlements' – a combination of what one can produce, exchange in the market long with state or other socially provided supplies.

In order to address food and social security issues many schemes have been introduced by the central as well as state governments. The organizations that are associated with issues related to women and children

include WHO (1948), UNICEF (1949) at International level and MFHW (1955), MHRD (1985), MWCD (2006) and so on at national level.

Review of International and National Level Schemes related to Women and Child development:

A. International Organizations:

1. World Health Organization -WHO (1948):

It is involved in Scaling up reproductive, maternal, newborn, child and adolescent health services beyond the traditional set of mother and child issues. Emphasis will be put on improving access for difficult-to-reach people to high-quality, certified and supervised services supported by training and controls. WHO intends to use a gender-awareness approach by synchronizing with the government in its effort to pay preferential attention in India to:

- a. Adolescent health, linked to nutrition, the cultural aspects of early marriage and inter-generational issues
- b. Home based care of the newborn and postnatal care (related to breastfeeding);
- c. Management of low birth weight related to the capacity of nurses and midwives.

As a part of this, a summit was held in 2015 it discuss about "Accountability for women's & children's Health" and took headed towards various policy measures.

2. United Nations Children's Emergency Fund -UNICEF (1949):

The organization began its work in India in 1949 with three staff members and established an office in Delhi three years later. Currently, it advocates for the rights of India's children in 16 states The main programmes include

- a. **Applied Nutrition Programme (1963):** India signed a master plan of operation with UNICEF

and its sister agencies, WHO and FAO. UNICEF assisted ANP with equipment and supplies.

- b. Integrated Child Development Services (1975):** The Government launched the Integrated Child Development Services scheme to improve nutrition and health for children under six as well as expectant and nursing mothers. The scheme now reaches nearly forty million children.
 - c. Reduction in MMR (2013):** UNICEF's support to the National Health Mission (NRHM) and the second phase of the Reproductive and Child Health programme resulted in increased access to institutional and community-based maternal, neonatal and child health services. This contributed to a reduction in the Maternal Mortality Rate (MMR) from 254 in 2004-06 to 167 in 2011-13, and the Infant Mortality Rate (IMR) from 66 in 2001 to 40 in 2013. In February 2013, India launched its Call to Action to reduce the under-five mortality.
 - d. Communication Campaign on Maternal and Child Nutrition (2013):** The Ministry of Women and Child Development (MWCD) successfully launched a nationwide Communication Campaign on Maternal and Child Nutrition in November 2012, jointly with Mr. Aamir Khan, the renowned actor and UNICEF Ambassador promoting nutrition for children. This was one of the largest public service campaigns in the country, reaching people across India, through diverse means of communication in 18 languages.
 - e. India Newborn Action Plan launched (2014):** This Action Plan, the first of this kind in the region, builds upon the existing commitments for newborn under Call to Action, the RMNCH+A (Reproductive, Maternal, Newborn, Child Health + Adolescent) Strategic Framework and the National Health Mission, and is part of a series of initiatives taken by MOH to reduce child deaths giving simultaneous focus on pneumonia and diarrhea.
- 3. Ministry of Human Resource Development – MHRD (1985):** It was created on September 26, 1985, through the 174th amendment to the Government of India (Allocation of Business) Rules, 1961. Currently, the MHRD works through two departments:
 - i. Department of School Education & Literacy**
 - ✚ The Sarva Shiksha Abhiyan (SSA)
 - ✚ Rashtriya Madhyamik Shiksha Abhiyan (RMSA) Integrated
 - ✚ National Literacy Mission –Adult Education
 - ✚ Vocational Education
 - ✚ Teacher Education
 - ii. Department of Higher Education**
 - 4. Ministry of Women and Child Development – MWCD (2006):** The Department of Women and Child Development, Government of India, came into existence as a separate Ministry with effect from 30th January, 2006, earlier since 1985 it was a Department under the Ministry of Human Resources Development.
 - a. Integrated Child Protection Scheme (ICPS):** The scheme would set up a child protection data management system to formulate and implement effective intervention strategies and monitor their outcomes. Regular evaluation of the programmes and structures would be conducted and course correction would be undertaken.
 - b. Rajiv Gandhi Scheme for Employment of Adolescent Girls – SABLA Scheme:** It aims at empowering girls between 11-18 years by improving their nutritional and health status, upgradation of home skills, life skills and vocational skills. The girls would be equipped with information on health and family welfare and guidance on existing public services.
 - c. Kishori Shakti Yojana (KSY):** It seeks to empower adolescent girls, so as to enable them to take charge of their lives. It is viewed as a holistic initiative for the development of adolescent girls. The programme through its interventions aims at bringing about a difference in the lives of the adolescent girls. It seeks to provide them with an opportunity to realize their full potential.
 - d. Central Adoption Resource Authority (CARA):** It is an autonomous body under MWCD and functions as a nodal body for adoption of Indian children and is mandated to monitor in-country and inter-country adoptions. CARA is designed as a central authority to deal with inter-country adoptions in accordance with the provisions of the Hague Convention on Inter Country Adoption 1993, ratified by Government of India in 2003.
 - e. National Institute of Public Cooperation and Child Development (NIPCCD):** It is a premier organization devoted to promotion of voluntary action research, training and documentation in the overall domain of women and child development. Established in New Delhi in the year 1966 under Societies Registration Act of 1860, it functions under the aegis of the Ministry of Women and Child Development. In order to cater to the region-specific requirements of the country, the Institute, over a period of time, has established four Regional Centres at Guwahati (1978), Bangalore (1980), Lucknow (1982) and Indore (2001)
 - f. Swadhar Greh:** A Scheme for Women in Difficult Circumstances was launched by the Department of Women and Child Development in 2001-02. The scheme through the provisions of shelter, food, clothing, counseling, training, clinical and

legal aid aims to rehabilitate such women in difficult circumstance.

g. Integrated Child Protection Scheme (ICPS): In 2009 the central government takes the scheme its approval and has begun the extensive task of providing children with a protection and safe environment to develop and flourish. The purpose of the scheme is to provide for children in difficult circumstances, as well as to reduce the risks and vulnerabilities children have in various situations and actions that lead to abuse, neglect, exploitation, abandonment and separation of children.

h. Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act,: In 1994an Act of the Parliament of India enacted to stop female foeticides and arrest the declining sex ratio in India. The act banned prenatal sex determination.

i. Beti Bachao, Beti Padhao (BBBP) Scheme: It has been introduced in October, 2014 to address the issue declining Child Sex Ratio (CSR). This is being implemented through a national campaign and focused multi sectoral action in 100 selected districts low in CSR, covering all States and UTs.

This is a joint initiative of Ministry of Women and Child Development, Ministry of Health and Family Welfare and Ministry of Human Resource Development.

j. Indira Gandhi Matritva Sahyog Yojana (IGMSY): . It was introduced in 2010 and is implemented by the Ministry of Women and Child Development for pregnant and lactating women of 19 years of age or above for first two live births. It provides a partial wage compensation to women for wage-loss during childbirth and childcare and to provide conditions for safe delivery and good nutrition and feeding practices. In 2013, the scheme was brought under the National Food Security Act, 2013to implement the provision of cash maternity benefit of 6,000 (US\$88) stated in the Act.

k. National Food Security Act, 2013 (or Right to Food Act): It is an Act of the Parliament of India which aims to provide subsidized food grains to approximately two thirds of India's 1.2 billion people. It was signed into law on 12 September 2013, retroactive to 5 July 2013. It includes the Midday Meal Scheme, Services scheme and the Public Distribution System. Further, the NFSA 2013 recognizes maternity entitlements. The Midday Meal Scheme and the Integrated Child Development Services Scheme are universal in nature whereas the PDS will reach about two-thirds of the population (75% in rural areas and 50% in urban areas).

l. Midday Meal Programme : With a view to enhancing enrolment, retention and attendance and simultaneously improving nutritional levels among children, the National Programme of Nutritional Support to Primary Education (NP-NSPE) was launched as a Centrally Sponsored Scheme on 15th August 1995. Mid Day Meal with a minimum content of 300 calories of energy and 8-12 gram protein per day for a minimum of 200 days was served in every Government and Government aided primary schools.

In October 2007, the Scheme was extended to cover children of upper primary classes and the nutritional norm for upper primary stage was fixed at 700 Calories and 20 grams of protein.

5. Department of Health and Family Welfare (DHFV) : The schemes that come under the purview of this department include

a) **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY):** It aims at correcting the imbalances in the availability of affordable healthcare facilities in the different parts of the country in general, and augmenting facilities for quality medical education in the under-served States in particular. The scheme was approved in March 2006.

b) **Rashtriya Swasthya Bima Yojna:** It is a Social Security and healthcare assurance for all has been the motto of Government of India, and it has taken various steps in this regard. One of the most important policy milestones is the Unorganized Workers Social Security Act (2008) enacted by the Central Government to provide for the social security and welfare of the unorganized workers.

c) **Janani Suraksha Yojana (JSY):** is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women.

d) **Rashtriya Kishor Swasthya Karyakram (RKSK):** The Ministry of Health & Family Welfare has launched a health programme for adolescents, in the age group of 10-19 years, which would target their nutrition, reproductive health and substance abuse, among other issues on 7th January, 2014. The key principle of this programme is adolescent participation and leadership, Equity and inclusion, Gender Equity and strategic partnerships with other sectors and stakeholders.

The programme envisions enabling all adolescents in India to realize their full potential by making informed and responsible decisions related to their health and well being and by accessing the services and support they need to do so.

e) **Balika Samridhi Yojana** : This scheme was introduced to change negative family and community attitude at birth and towards her mother. It is also concerned with increasing enrolment of girls in schools and thereby increase the age of marriage of girls and also see to it that they are engaged in income generating works to feed themselves and their families.

6. **Ministry of Rural Development (MRD)**: Being the nodal Ministry for most of the development and welfare activities in the rural areas, the Ministry of Rural Development plays a pivotal role in the overall development strategy of the country. The vision and mission of the Ministry is sustainable and inclusive growth of rural India through a multipronged strategy for eradication of poverty by increasing livelihoods opportunities, providing social safety net and developing infrastructure for growth. This is expected to improve quality of life in rural India and to correct the developmental imbalances, aiming in the process, to reach out to most disadvantaged sections of the society.

a. **Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA)** is a law whereby any adult who applies for employment in rural areas has to be given work on local public works within 15 days. If employment is not given, an unemployment allowance has to be paid.

Projecting India's HDI with reference to food security: Human Development Index (HDI): A composite index measuring average achievement in three basic dimensions of human development—a

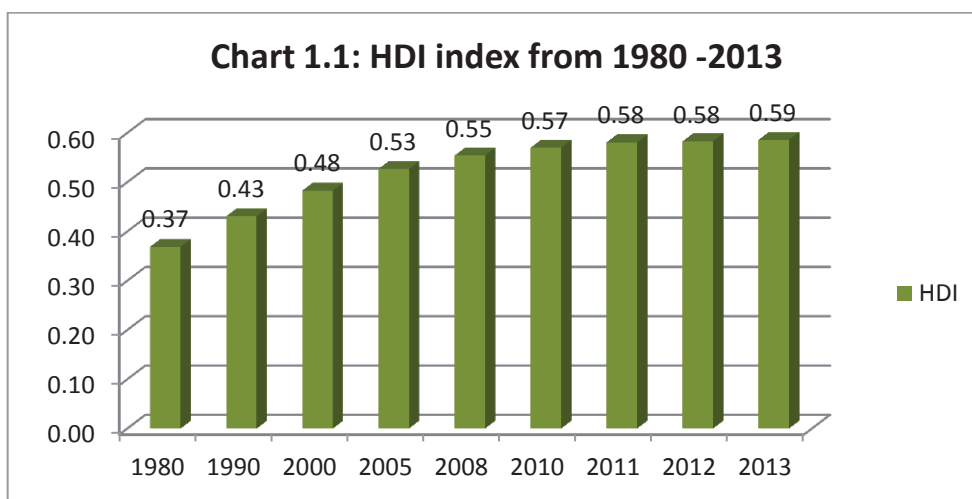
long and healthy life, knowledge and a decent standard of living.

India is the second populous country in the world containing 17.5% of world population. In India more than 50% of the population come from age group below 25 years and 65% of them are from age group below 35 years. It shows that children, youth and middle age constitute the majority of the population. It shows the sign of good economic progress that can be achieved in the coming future if they are provided with better opportunities and good living conditions.

Table 1.1: HDI index from 1980 to 2013

YEAR	HDI
1980	0.369
1990	0.431
2000	0.483
2005	0.527
2008	0.554
2010	0.57
2011	0.581
2012	0.583
2013	0.586

Source: HDR 2014 Statistical Reports



From the chart 1.1, it can be observed that the yearly growth rate of HDI is very low. A hike of around 22% is noticed from 1980 to 2013, which can be regarded as very low in spite of so many developmental activities that are taken up at central as well as state level along with a positive support from various international organizations like WHO, UNICEF etc. various factors

that lead to food insecurity are briefly discussed below.

a. **Literacy Rate:** The level of literacy in India is 74.04% according to 2011 census which is very less when compared to world literacy rate of 84%. The growth is very sluggish which has its impact on increasing gender disparities that adversely affect

decision making power of women in important family as well as social concerns. The expenditure that is spending on education is only 3.3% of GDP which is very low when compared to the developed countries and some of the developing countries.

- b. Gender Inequality Index:** India ranks 127th place in gender inequality index in 2013 which is 56.3%. The maternal mortality rate is 200 deaths per every 1,00,000 live births. The adolescent (15-19) birth rate is only 32.8 during 2010 -2015. The population with some secondary education (age of 25 & above) between 2005-2012 is 50.4% for males and it is only 26.6% for females. The labour force participation ratio is 80.9% for males and only 28.8% for females. This shows a wider gap in gender inequality that is existing at the gross root level.
- c. Gender Related Development Index:** The mean years of schooling is only 4.4 years which is expected to be 11.7 years according to HDI. The mean years of schooling is 5.6 for male and 3.2 for female. The HDI value of males is 62.7% and for females it is 51.9% . So, if the education levels are equalized among men and women there is scope of increasing the HDI and also reduce the gender gaps in the country.
- d. Multi dimensional Poverty Index:** The income poverty rate of India is 32.68% during the period 2002-2012. The headcount percentage of multi dimensional poverty is shown in Table 1.2 which takes into consideration sever poverty, education, health, and living stocks.

Table 1.2: Multi dimensional poverty index

Criteria	Head count %
Severe Poverty	27.80
Education	22.70
Health	32.50
Livestock	44.80

Source: HDR 2014 Statistical Reports

- e. Health of Children and Youth:** The infants who are exclusively breast fed during the survey period of 2008-2012 is only 46.4%. It indicates that the infants are not getting the naturally available nutrients and immunization from mothers which is leading to various diseases that are caused due

to low immunity and there by increasing the death rate below 5 years. The vaccination is also ignored as the total DTP vaccination is only 12% and that of measles is 26%. The infant mortality rate is 44% and that of children aged under 5 is 56%. The percentage of live births is only 74.2%.

- f. Social Competencies:** The employment to population ratio is 60.8% who are aged above 25 years. The vulnerable employment (the unpaid family members who depend on same income earned by other family members) is very high which is about 80.8%. the youth employment (aged between 15-24 years) is 10.7% . This figure shows that they have stopped education due to various reasons and are supporting financial requirements of their families. The unemployment rate is 9.3% where as child laborers are 11.8%. The employment opportunities are not there for the aspirants but the child labour is encouraged and the reason may be to reduce financial cost for getting their work done through children.

Suggestions: The government is taking up many innovative steps in order to address the food security and other related issues but they are not successful up to the expectations of the government. To make them successful as desired many gross root level changes are to be taken up to educate the people that only government is not responsible for the development of the country but each and every citizen has to contribute towards the goal. It is suggested that:

1. Rural population are to be educated well about these policies as most of the population in our country lives in rural areas.
2. The promotional activities are to be designed at gross root level.
3. Awareness programmes are to be conducted to tell about all these schemes to the uneducated and the deprived sections of the society.
4. Schools and educational institutions are to be strengthened in order to meet the competitive job environment in order to ensure good living conditions after they get a job.
5. Self employment can also be encouraged so that the dependency on government for jobs will reduce and there by have a scope improve financial stability and have good life expectancy.

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