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OVERCOMING THE CHALLENGES OF URBAN FOOD AND NUTRITION SECURITY

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Despite the high contribution of urban areas to the Gross Domestic Product (GDP), urban poverty and nutrition security in India remains a challenge. Poor infrastructure, high unemployment, poor state of basic amenities, and the sub-optimal performance of major food safety-net programs in urban India contribute to the perpetual poor nutritional status of women and children. Urban food security has improved only marginally between 1998-2000 and 2004-06, and progress has been uneven across states. This situation calls for discussion and policy dialogue on urban food and nutrition issues at the highest levels. Critical policy actions are required to expand productive and remunerative employment; improve basic amenities, including nutrition and health infrastructure, especially in small and medium towns and slums through urban schemes like the Jawaharlal Nehru National Urban Renewal Mission (JNNURM); revitalize schemes like Public Distribution Systems, Mid-Day Meal Scheme and Integrated Child Development Services with efforts to improve nutrition education; and ensure adequate financial outlays and fiscal frameworks.

Indian economy is the world's eleventh largest economy by nominal GDP. However, more than 230 million people remain undernourished. In this regard urban areas present their own challenges. Despite a 58 percent contribution to the country's GDP (2008) which is expected to increase to 70 percent by 2030, and an 80 percent contribution to the country's tax revenue, urban areas-with about one-fourth of the men and women undernourished-present unacceptably high levels of undernutrition. (For the situation of nutrition in urban areas refer to Policy Note# 1, Figure 5). While these statistics reflect the overall urban situation, urban poor persistently face higher rates of undernutrition-starting before birth, aggravated throughout infancy by poor infant feeding practices, and perpetuated in childhood by poor diets and intra-family distribution of food and poor access to health and sanitation services. Yet, the situation of urban areas is often overlooked at the highest levels of policy formulation during deliberations on food and nutrition security. This note focuses on the challenges of food and nutrition security among urban populations and makes recommendations to address the situation. While acknowledging the importance of the 'double-burden', i.e., the simultaneous existence of a large section of undernourished population and a smaller (but growing) section suffering from over-nutrition, this note focuses only on undernutrition and related aspects.

Urban food and nutrition security: its unique challenges and dimensions

There is a marked distinction between the characteristics of

rural and urban food and nutrition security. Whereas in rural areas, all three dimensions of food and nutrition security—availability, access and absorption—are critical, in the Indian urban context, because of the greater reliance on markets and private investments for availability, the access and absorption dimensions assume greater significance. Challenges related to these aspects and their impact on nutrition outcomes are discussed below.

Urbanization of poverty: Urbanization, recognized as an important component of economic growth, is also a contributor to poverty. Between 1993 and 2002, globally, urban population increased from about 38 percent to 42 percent and the share of urban poor increased from about 19 percent to 25 percent. [1] India's urban population too is growing faster than its total population and by 2030, it is estimated that India will have over 575 million people or 41 percent of its population living in cities and towns, compared to the present 286 million or 28 percent. Over 80 million poor people live in the cities and towns in India as per NSSO and rate of decline in poverty is much lower in urban areas as compared to rural areas.[2]This rapid urbanization and the 'urbanization of poverty' pose serious challenges to the food and nutrition security of urban populations.

Urban inequality and infrastructure: Urban poverty is multi-dimensional and complex. Problems of shelter, water, sanitation, health, education, social security and livelihoods exacerbate poverty. The population living in slums has almost doubled between 1981 (27.9 million) and 2001 (40 million). However, infrastructure and basic amenities have not matched this growth. The situation

differs from state to state. In cities with population of over one million, one-fourth of the population resides in slums.[3] The strain on available infrastructure impacts the urban population as a whole, but is compounded multi-fold for the people living in slums. Thus, the rising urban inequality, an increasingly insecure workforce, a growing slum population lacking the most elementary health and hygiene, and significant under-investment in urban health and nutrition infrastructure, all taken together, make for a situation that reflects a state of 'permanent food and nutrition emergency'.

Employment issues: Urban employment patterns show a significant increase in the proportion of both male and female workers in the self-employed category across all states of India. A predominant section of workers are unorganised, and earn less than the minimum wages. The rate of unemployment is higher among females as is of their employment as marginal workers. In general, smaller towns exhibit higher unemployment rates and greater 'casualisation' of the workforce. Slum populations have higher incidence of marginal workers compared to non-slum populations, and slums account for a significant proportion of the population of metropolitan cities and big towns.

Declining consumption levels: The average consumption of cereals, pulses, meat and sugar by a typical urban consumer in the country has declined, when compared at two points in time, 2004-05 and 1993-94. All major Indian states have exhibited a decline in cereal intake over this period, irrespective of the initial levels of consumption. Moreover, the prevailing level of consumption is below the Recommended Dietary Allowance (RDA) prescribed by the Indian Council of Medical Research (ICMR).

Poor state of basic amenities: Significant sections of the

urban population are not yet covered by basic amenities. In the country as a whole, access to safe drinking water among urban households increased from 81 percent in 1991 to 90 percent in 2001. The problem is relatively more acute among the smaller sized towns. Though the percentage of households without access to toilets has gone down between 1991 (36 percent) and 2001 (26 percent), yet in urban India, one out of every four households does not have access to toilets.

Situation and trends of urban food and nutrition insecurity

The multi-dimensional nature of food and nutrition security and its complexities cannot be captured by a single indicator. Therefore, to provide a summary measure of food and nutrition security, a composite index with six variantsⁱⁱⁱ was constructed. The mapping of urban food insecurity for 15 major Indian states, based on this index, at two different time intervals, 1998-2000 and 2004-06, is shown in Figure 1.

The situation and trends from Figure 1 reflect marginal improvements over time and uneven progress across states.

Marginal improvements: There has been modest improvement between 1998-2000 and 2004-06 in the food security situation of urban India. The decline in the Composite Urban Food Insecurity Index is quite small, from 0.542 in 1998-2000 to 0.538 in 2004-06.

The Composite Index of Food Insecurity is a summary measure of the following indicators:

- Percentage of urban population consuming less than 1890 kcal per day;
- ii) Number (per 1000) of urban female workers not in regular employment;
- iii) Number (per 1000) of urban male workers not in regular employment;
- iv) Percentage of households without access to toilets;
- v) Percentage of ever-married urban women (15-49) with any anaemia;
- vi) Percentage of ever-married urban women (15-49) with chronic energy deficiency;
- vii) Percentage of urban children (6-35 months) with any anaemia; and
- viii) Percentage of urban children (6-35 months) who are stunted.

Uneven progress across states: There has generally been little change in the category status of the states across the two periods. Bihar and Madhya Pradesh improved from a very high insecurity category to a high insecurity category. Gujarat moved up from being highly insecure in 1998-2000 to being moderately insecure in 2004-06 while

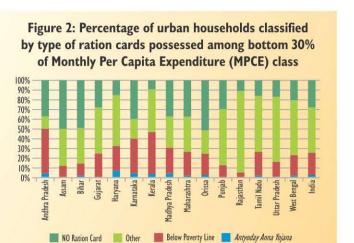
Figure 1: Food insecurity situation across 15 major states of India

Composite index of Urban Food Insecurity (Variant I) (1998-2000)

Composite index of Urban Food Insecurity (Variant I) (2004-2006)

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Maharashtra graduated to moderately insecure in 2004-06 from low insecurity category of 1998-2000. Uttar Pradesh has been the outstanding performer—moving from being highly insecure in1998-2000 to the low insecurity category in 2004-06. Given that this performance was during a period when India's GDP growth rate exceeded 6 percent per annum compound, there clearly is a need for more concrete action if a significant improvement in the food and nutrition security of urban India is desired.

Existing food safety-nets in urban context: How much do they contribute?

In an economy where a substantial proportion of the population is food insecure and where markets for food-grains are poorly integrated, public food delivery systems have an important role to play. This is especially important in the context of the urban poor who, given their dependency on the market, are particularly vulnerable to price shocks and food and nutrition insecurity. However, the actual contribution of public food delivery systems to urban food security needs to be examined.

The Public Distribution System (PDS): While the PDS is the key instrument for food and nutrition security in urban India, at the all India level, very few urban households reported consumption of rice (13 percent) and wheat (6 percent) from the PDS. There are large exclusion errors. Only one-fourth of the lowest consumption expenditure class (bottom 30 percent Monthly Per Capita Expenditure) consumes PDS rice. The proportion of poor populations not possessing any PDS ration card ranges from a low of 9.4 percent in Kerala to around 50 percent in Orissa, Bihar and Assam (Figure 2). Amongst the bottom 30 percent consumer expenditure class, only 2.8 percent possess the Antyoday Anna Yojana (AYY) card; 46.5 percent possess another card and 28.1 percent posses no ration card. This partially explains the poor off-take from the fair price shops.

Mid-Day Meal Scheme (MDMS): The MDMS, effective since September 2004, provides a full cooked meal to school children of classes I-VIII attending government, local body, government body and government-aided

schools. While the scheme has had a significant positive impact on enrolment and retention of students across the country, the concurrent, participatory monitoring and evaluation systems for improved quality and reach, need to be strengthened to ensure better delivery.

Integrated Child Development Services (ICDS): Implemented through more than 1 million Anganwadi centres across the country, ICDS targets pregnant and lactating women and children up to 6 years of age. Though the supplemental feeding norms have been revised to provide higher calories and proteins, per NFHS-3(2005-2006), coverage in urban areas is low (Figure 3). Percentage of women accessing health check-ups and other services is abysmally low (less than 16 percent). The Union Budget for 2009-10 has proposed that all services under ICDS be extended to every child under the age of six by March 2012-a tall order, considering that only about 30 percent of the children were covered as of March 31, 2006. In view of this huge expansion and the ground to be covered, budgetary allocations for the ICDS for 2009-10 and 2010-11 have been rather inadequate.

Other related schemes and upcoming food security bill: The JNNURM and other urban development/urban poverty alleviation programs tend to emphasise the urban unit as a whole, which de facto means privileging the more affluent

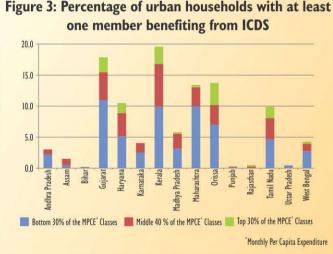


Figure 3: Percentage of urban households with at least

sections of the urban population. One of the objectives of the mission is to provide basic services to urban poor, including security of tenure at affordable prices, improved housing, water supply and sanitation, and ensure delivery of other existing universal services of the government for education, health and social security.[4] Additionally, there is an emphasis on building infrastructure. Nutrition and food insecurity, and creation of related infrastructure, however, is completely overlooked.

Government of India's intent to ensure access to qualitatively and quantitatively adequate and safe food for

a dignified life, free from hunger, through the upcoming National Food Security Act, is appreciable. The success of such initiative, however, will depend on the allocation of adequate budgets, and unambiguous and effective implementation mechanisms with clearly defined accountability structures. The existing and future policies and programs must take cognizance of the important determinants discussed above.

Policy recommendations

To address urban food and nutrition security, the following key policy actions are important.

Firstly, expanding productive and remunerative employment in urban areas, especially in the small and medium towns, is critical. This requires special focus on urban employment schemes in line with the Urban Employment Guarantee Act, as well as on assistance measures—ranging from credit to marketing to infrastructure provision—for small and tiny enterprises in the urban economy, as also suggested by the National Commission for Enterprises in the Unorganized Sector (NCEUS). Creatively linking employment schemes and efforts to improve urban amenities would bring dual benefits.

Secondly, flagship programs such as the JNNURM and other urban schemes should focus on the needs of small and

medium towns, and on slums in all cities. It is important that urban programs address the needs of the poor, especially for shelter, water, sanitation, drainage, adequate quality nutrition and nutrition education.

Thirdly, the PDS, ICDS or MDMS though only a part of a comprehensive urban food security strategy, in order to be effective must be better targeted, located and managed to address the special needs of the slum and other urban poor. Piloting urban models, especially those that promote transparency, improve accountability and bring about convergence of these services is essential. It is also important to focus on behaviour change in addition to food security. Nutrition literacy being critical to promoting positive behaviours, ICDS and health systems must focus on counseling and awareness campaigns.

Finally, achieving urban food security depends as much on the fiscal policy framework as it does on effective program implementation, and a pre-condition to achieve targeted outcomes is adequate outlays. Economic reforms, therefore, need to be 'reformed' if inclusive urban development that addresses the needs of urban food security for all is to be realized. The National Food Security Act and new programs like the National Urban Health Mission (NUHM) should ensure special emphasis on urban food and nutrition security.

This policy note is based on the 'Report on the State of Food Security in Urban India (2010)' published jointly by M.S. Swaminathan Foundation (MSSRF) and United Nations World Food Programme (WFP), which is an update of 'Food Insecurity Atlas of Urban India (2002)'.

"Class 1 towns: population 1 million and above; Class 2 towns: population between 50,000 and 1 million; Class 3 towns: population less than 50,000.

"For more details on the methodology of construction on Index, and individual indicator progress, please refer to 'Report on the State of Food Insecurity in Urban India'; Section 3.3, page 59.

^{iv} The five categories of food insecurity are-Very High Insecurity, High Insecurity, Moderate Insecurity, Low Insecurity and Very Low Insecurity.

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