

SAFANSI

The South Asia Food and Nutrition Security Initiative

FOOD AND NUTRITION SECURITY IN TRIBAL AREAS IN INDIA

Background

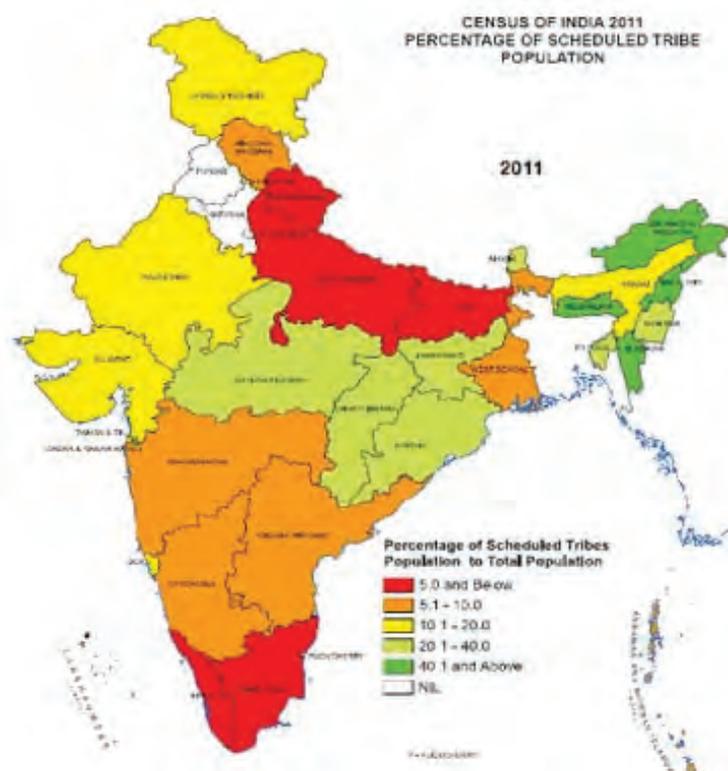
Malnutrition is one of India's most serious and persistent problems. As of 2007, an estimated 43 percent of children under five are underweight, a rate more than double that of Sub-Saharan Africa, and five times greater than that of China. Approximately 48 percent of Indians are stunted, 20 percent are wasted, 70 percent are anemic, and 57 percent are vitamin A deficient.¹ Despite the targeted efforts of national programs, progress has been slow. A more recent study from 2011, conducted across 100 districts, observed that the percentage of children under five who are underweight is 42 percent, representing only a 1 percentage decrease since 2007. Indeed, the stunting figure among children under five also increased to 59 percent.

While nutrition outcomes across India are poor, they are typically worse in tribal areas. Sixty percent of the burden of malnutrition occurs in seven states: Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, and Uttar Pradesh. These states, lag in terms of per capita income and human development indicators, and also possess significant proportions of Scheduled Castes (SCs) and Scheduled Tribes (STs). Traditionally Scheduled Castes have faced social segregation and discrimination, and Scheduled Tribes have been isolated and excluded physically and, hence, socially (Beetle, 1991 cited in World Bank report, p. 38). India's 'indigenous peoples' number about 104 million and account for 8.6 percent of the overall population.

It is within these communities that individuals face some of the direst nutritional outcomes. For instance,

in ST communities, approximately 54 percent of children under the age of five are stunted, 55 percent are underweight, and 28 percent experience wasting. Such figures are observably higher than national rates. Figure 1 shows a map of the Tribal States in India.

Figure 1. Tribal States in India²



The Approach: Creating Livelihood Opportunities for the Poor

The South Asia Food and Nutrition Security Initiative (SAFANSI) has provided funding to the National Rural Livelihoods Mission (NRLM) to strengthen the capacity of government and/or communities to deliver effective

¹ International Institute for Population Sciences (IIPS) and Macro International. 2007. National Family Health Survey (NFHS 3), 2005-6: India: Vol I: Mumbai, IIPS

² Chandramouli, C. 2013. Release of Primary Census Abstract Data Highlights, Census of India 2011, Registrar General and Census Commissioner of India, Ministry of Home Affairs

food and nutrition security interventions in tribal and conflict-affected areas.

The NRLM, as implemented by the Ministry of Rural Development, possesses a budget of over US\$5 billion, and has been designed to support state-level livelihood projects across the country. Modeled on livelihoods experiences in Andhra Pradesh, the program seeks to extend the outreach of poverty alleviation programs and build livelihood activities in rural areas by building capacity, creating livelihood opportunities and organizing institutions for the poor.³

This study seeks to examine how the NRLM can enhance the effectiveness of the program's core livelihoods focus, while strengthening the capacity of the Government of India (GoI) to deliver (or support) effective FNS interventions in tribal areas. This would be achieved by (1) developing the evidence base for and designing pilot interventions to improve food and nutrition security in tribal areas; and (2) implementing the pilots and assessing improvements in nutrition and food security in the areas selected. As such, the study aims to do the following:

- Develop the evidence base on those constraints which STs face with regard to achieving food security and favorable nutritional outcomes;
- Examine approaches which have been used to address issues of poor nutrition elsewhere in India or abroad to identify interventions that could be effective in tribal areas; and
- Recommend models for improving FNS in tribal areas within the context of NRLM.

The three pilots implemented were in Jharkhand and Odisha, through civil society partners. The first was an intervention by the M.S. Swaminathan Research Foundation aimed to improve access to a range of government entitlement schemes that directly impact food and nutrition security outcomes in the tribal areas of Koraput district, Odisha. The second was an intervention by Jagruti that set out to support the revival of cultivation of traditional rice and millet varieties in Daringbari, Kandhamal district, Odisha. The third



This program works to build livelihood activities in rural areas like Jharkhand. (World Bank)

was an intervention by the Child in Need Institute that focused on hand washing and clean water use behavior change in Gumla, Jharkhand.

Behavior change related to clean drinking water and hand washing is critical to improving health conditions in tribal areas in India. (Curt Carnemark, World Bank)

Leveraging Community Involvement to Improve Nutrition

Mobilized communities are capable of implementing a range of interventions focused on the most relevant sub-issues tied to nutrition outcomes. Not surprisingly, the majority of nutrition interventions focused on essential services for pregnant women, lactating mothers, infants and young children. However, there were also interventions that focused on mitigating seasonal food insecurity or improving diversity of diet. Others focused on improving access to and quality of existing services or managing service delivery entirely. There are several options for NRLM to consider or present to communities themselves to choose from.

Additionally, to be successful, community groups need a tremendous amount of sustained support in the form of capacity building, technical support, and financial resources; all of this requires a substantial investment in time. The mobilizing agencies throughout the research conducted had been working in the area and mobilizing those communities for a substantial period of time (measured in years) allowing them to build

³ World Bank. 2014. Republic of India, India: Food Security and Nutrition in Tribal Areas. Report No: ACS9269

relationships and establish trust. Indeed, developing capacity and leadership skills of the community groups is the engine for community-driven approaches. If community learning is generally essential for any successful intervention, there appear to be two ways of facilitating the process. The first by leveraging what the communities already know and understand, and the second by creating opportunities for community members to learn from their peers or important influencers. Finally, technical inputs must also be supplied from an external source.

While there appears to be much that the National Rural Livelihoods Program could possibly do toward improving food and nutrition outcomes, a key constraint to confident action is a weak evidence base for most community-based interventions. Nevertheless, those we discussed above were primarily chosen because there was evidence documenting their effectiveness. Community interventions by their very nature are difficult to replicate, given the peculiarities of any particular set of individuals in some unique context; this is especially so in tribal communities that are less homogenous culturally and linguistically.

Lessons Learned

Though already known from the 2011 Census and other anthropomorphic data, it was reinforced by this study that tribal communities lag in every major area important for nutrition, including year-round access to

food, delivery of optimal care and feeding practices, and access to health, water, sanitation, and other basic services. Additionally there is low consumption and lack of dietary diversity, derailing nutrition improvements. High poverty levels and low levels of income contribute to lower levels of food security, as well. Various government programs exist to address nutrition, but implementation issues such as supply-side, service delivery and utilization challenges, often at the community level, constrain and reduce effectiveness.

Culturally, days with three meals are considered to be good food days, on par with festivals or days when households earn a cash income. These good days are from December to January, and bad days are September to November and again in March and April. This suggests the seasonal variation in food security noted from the data.

Conclusion

In order to make sustainable and positive changes going forward, it will be critical to support food and nutrition security as a core approach for tribal areas. With its grassroots focused, self-help group-driven implementation model, NRLM is optimally placed to improve tribal malnutrition by supporting communities to engage with existing programs and policies for food and nutrition. Empowered self-help groups could bridge service delivery gaps, increase awareness and utilization of programs, or advocate for improved coverage and service quality.

Secondly, it is recommended that NRLM provide technical and financial assistance to the State Rural Livelihood Missions (SLRMs) for promoting community-led food and nutrition security activities in these tribal areas. A Social Observatory already exists at the center for assessing real time impact of the project, and it might prove a good model for the suggested tribal area program which could take forward the “identify – pilot



Behavior change related to clean drinking water and hand washing is critical to improving health conditions in tribal and backward areas in India. (Curt Carnemark, World Bank)

– validate” learning cycle that this study has started in a small way.

Additionally, creating an institutional space to undertake these activities, possibly in the form of a FNS committee or task force, would increase chances of success. It is ultimately the State Rural Livelihood Missions that must plan, finance, and support the implementation of FNS interventions. Having a dedicated space to manage this process and activities will support these efforts.

Lastly, training a cadre of FNS community resource persons to assist the adoption of community-managed FNS models in tribal areas will strengthen the approach. The specialized community resource people will mobilize the community and self-help groups, and more

specifically, could be trained in one of three areas to do so. One area would lead efforts to manage food security, such as kitchen gardens or grain banks and to support the access and utilization of related programs. A second area would be to lead efforts to support the adoption of optimal maternal and child care. This would include support for behaviors related to hand washing, clean water use, toilet construction and use, breastfeeding, complimentary feeding, antenatal care and supplemental nutrition for the mother and so on. A third area of special training for community resource persons would be to support self-help groups or village organizations to manage the local service delivery of FNS-related schemes, especially a mid-day meal scheme and public distribution system.



Year-round access to food is critical to improving health outcomes. (John Isaac, World Bank)

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