

COVID-19-INDUCED DISRUPTIONS: IMPACT AND CHALLENGES FOR NUTRITION SECURITY IN INDIA

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Abstract

Despite having targeted food security programs for decades, India still face high level of hunger crisis with large-scale under nutrition and micro nutrient deficiencies as highlighted by the NFHS-5 data, even before the outbreak of Covid-19 pandemic. The unfolding crisis of Covid-19 since March 2020 in India has had profound impact on food security and nutrition. It has affected food systems and threatened access to nutritious food especially of the vulnerable groups, undermining the right to food and stalling efforts to meet Sustainable Development Goal of “Zero hunger.” This paper analyses the nutrition crisis that resulted due to closure of anganwadi centres and mid-day meal schools in India as part of nation-wide lockdown, through which supplementary nutritious meals were being provided to the targeted groups. At the end it provides insights to address the hunger and under nutrition pandemic to help deal better during future adversities.

Key words: Covid-19 pandemic, nutrition security, supplementary nutrition,

Introduction

Global pandemics have the potential to severely affect social security measures in developing countries, exacerbating the already existing social inequity. The Covid-19 pandemic and associated lockdown policies have globally disrupted services related to education, health and nutrition, food security, disproportionately affecting billions of population, especially marginal social groups, children and women. As families lose their sources of income due to COVID-19 restrictions, the global economy went into a downturn, triggering an unprecedented economic crisis with more households falling into the poverty trap. As per a technical note of UNICEF [18] 2021, “*Compared to the pre-covid situation, by the end of 2021, around 100 million more children would be living in multi-dimensional poverty globally based on access to education and/or health services. Around 60 million more children could be living in monetary poor households by the end of 2021 compared to the pre-COVID situation.*”

Although it is too early to know the impact of COVID-19 on nutritional status in India, yet there are causes for concern. India's nutritional status was already fragile even before the COVID-19 pandemic had struck. India was facing a critical hunger situation and was likely to miss the global nutrition targets. India was far behind to achieve Sustainable Development Goal 2— *“to eliminate hunger and all forms of malnutrition by 2030”*. As per Global Hunger Index (GHI) 2020, India ranked 94 out of 197 countries, which in 2021 stood at 101th position among 116 countries, much behind Bangladesh, Pakistan and Nepal (Global Nutrition Report 2020). The Comprehensive National Nutrition Survey (CNNS) [15] undertaken between 2016 to 2018, reveals that only 17 percent children aged 6-23 months (the first 1000 day crucial period) received minimum dietary diversity and barely 6 percent children received minimum acceptable diet and only 42 percent children were fed minimum number of times. This is in spite of the fact that India has huge excess of food grains and cereals. The findings from the National Family Health Survey - 5 (NFHS-5) also align with the findings of the Global Nutrition Report that India was facing a critical hunger situation. As per the NFHS -5 data [12], the findings are alarming. Stunting (low height for age), a result of chronic or recurrent undernutrition, is usually associated with poverty, poor maternal health and nutrition, frequent illness and/or inappropriate feeding and care in early life, and have consequences on human capital, poverty, and equity. The data reveals that of the 28 states, in as many as 11 states stunting figures shows negative trends as compared to NFHS-4 [11] and another 6 states had less than 2 percent reduction in the interim 5 years. The World Bank quotes, *“A 1% loss in adult height due to childhood stunting is associated with a 1.4 percent loss in economic productivity”*. [23]

Even other indicators of malnutrition from NFHS-5 survey like wasting, underweight, iron deficiency, all reveals a dismal picture of India's nutritional status. Micronutrient (vitamins and minerals) deficiencies, referred to as 'hidden hunger,' affect cognitive and mental development, impacting foetal development, productivity and overall quality of life. Nutritional anemia is caused by deficiency in iron, folate, and vitamin B12. In India around 60 percent women suffer from it.

India besides carrying a heavy burden of multiple forms of malnutrition as shown above has also high prevalence of micronutrient deficiencies as well as overweight, and obesity. In the midst of such an aggravating nutritional situation in India, the country had to bear the socio-economic shock of the novel coronavirus disease (COVID-19) pandemic, which is predicted to increase nutritional disparity among disadvantaged social groups due to disruption of public health and nutritional services. As the government responded to the pandemic with lockdowns in March 2020, supply and demand-side factors such as inflation, income losses, informal food market disruptions, and the inaccessibility of government safety net programs like closure of school-based

mid-day meal scheme or anganwadi centres (AWCs), are expected to worsen nutrition security, especially for the marginalised sections.

This paper analyses the nutrition crisis that resulted due to closure of anganwadi centres and mid-day meal schools in India as part of nation-wide lockdown, through which supplementary nutritious meals were being provided to the targeted groups. At the end the paper also provides insights on how to address undernutrition and hunger to ensure nutrition security in the country.

India's nutritional status and policy scenario – Blatant gap

Following international initiatives like the World Food Summit in Rome in 1996 and the Millennium Summit in 2000, goals related to fighting hunger and malnutrition have been explicitly formulated in many countries. Strong reasons, both in basic and instrumental terms, exist for giving priority to nutrition in national policy formulation. International Declarations like Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) are implicit about government's responsibilities towards improving nutritional conditions of its population. And the 'rights based framework also makes it obligatory for the countries to give priority to nutrition on the development agenda.

Over the years, Government of India has launched various programs to improve the nutritional status. These include targeted food supplementation program through the Integrated Child Development Services (ICDS) scheme launched in 1975, provision of subsidized food (through the Public Distribution System, PDS), provision of cooked meal through the Mid-Day Meal Scheme, micronutrient programs (like e.g. distribution of iron-folate and vitamin A; salt iodization, fortification of grains, etc), and the National Food Security Mission, among others. Recent initiatives to improve nutrition like the National Nutrition Mission (NNM), popularly known as POSHAN Abhiyan, recognizes the importance of nutrition-specific actions, such as behavioral interventions to improve feeding, care, and hygiene practices; and interventions to deliver micronutrients, to improve maternal nutrition, and to prevent severe malnutrition. It also acknowledges the role of interventions and actions to address critical nutrition sensitive issues such as household poverty, food security, social equity, women's empowerment, and other underlying factors. To ensure that all key actions for nutrition are implemented, necessitates convergent action between nutrition, education, health, agriculture, livelihoods, and women's empowerment sectors at both horizontal and vertical levels.

However, even with strong constitutional and legislative policy, plans, programme commitments and institutions, including the National Food Security Act (NFSA) of 2013, the financial allocations to support the nutritional interventions have remained inadequate. As per the budget analysis undertaken by Accountability Initiative, the

approved budgets for supplementary nutrition program (SNP) only accounted for 44 percent of the total required amounts for the year 2019-20 and the amount allocated for ICDS program decreased by INR 432 crore. [1]

While the overall impact is still manifesting, this paper takes a snapshot at the immediate impacts of the pandemic on nutrition, health and education of children in India, and the challenges ahead. It outlines measures currently being taken by the government, non-governmental organisations and other stakeholders and provides recommendations to overcome the challenges in the fight against the Covid-19 pandemic and maximise opportunities in the recovery for a more inclusive and sustainable growth as the country emerge from this crisis.

Impact of covid-19 on nutrition support programs

Given the context of nutritional interventions in India, the probable impact of COVID-19 on under-nutrition is likely to worsen the already significant burden of hunger and under-nutrition in the country. Globally, social protection measures are seen as a powerful medium to address malnutrition and its root causes in the post-2015 development agenda. India provides nutritional support to the vulnerable group i.e., children, adolescent and pregnant and young mothers mainly through its two key programs – Supplementary nutrition program implemented through ICDS, Ministry of women and child development (MWCD) and Mid-day meal scheme (MDM), renamed as PM-POSHAN (*Pradhan Mantri Poshan Shakti Nirman*) Scheme, in September 2021, Ministry of Education. Both the programs are covered by NFSA 2013. In this section we would analyse how the Covid-19 pandemic affected these two nutritional interventions, and how these had impacted the already existent nutritional crisis situation.

Supplementary Nutrition Program (SNP)

The Supplementary Nutrition Program is one of the provisions offered under the Integrated Child Development Services (ICDS) Scheme, primarily “*intended to bridge the gap between the Recommended Dietary Allowance (FDA) and the Average Daily Intake(ADI)*”. [14] The objective of the ICDS programme is to provide essential services to ensure the health and nutrition outcomes of children, adolescent girls, young mothers. Food distribution is a major component of ICDS, and SNP is the largest feeding programme. It is an agri-food value chain-based public food distribution initiative to ensure that vulnerable groups get the required nutrition based on the standards specified under the NFSA 2013. The details of the 2017 Rules of SNP for different categories of beneficiaries are given in Table 1.

Table 1: Supplementary nutrition provision under ICDS		
Sl No.	Categories	Type of mean or food as per the nutritional standards specified in Schedule II of the NFSA
1	Children (between 6-36 months)	Take home ration as per anganwadi services (ICDS) guidelines in conformity with the provisions of the NFSA.
2	Malnourished children (between 6-36 months)	The same type of Take Home Ration as above with food supplement of 800 calories and 20-25 grams of protein
3	Children (between 3 to 6 years)	Morning snacks and hot cooked meal as per anganwadi services (ICDS) norms
4	Malnourished children (between 3 to 6 years)	Additional 300 calories of energy and 8-10 grams of protein in addition to the meal or food provided to children between 3 to 6 years
5	Pregnant women and lactating mothers	Take home ration as per anganwadi services (ICDS) guidelines in conformity with the provisions of the NFSA.
Source: Supplementary Rules 2017		

Impact and challenges due to covid-19 on SNP

Thus SNP has 2 components –hot cooked meals and take home ration (THR). As stated above, freshly cooked hot food is provided to children 3-6 years who attend the Anganwadi centre daily, for 300 days annually. These foods were usually cooked at the anganwadi centres, although in some states and union territories (UTs), the food is supplied by women groups or cooked in the community kitchen.[17] It is estimated that with the shutdown of anganwadis on 18th March 2020 as part of nation-wide lockdown due to corona virus pandemic, 158 million kids registered with the anganwadis would be affected and would possibly be going hungry and lose their only source of nutritional diet. Besides children and young women losing out on nutritious food, closure of anganwadis also had another detrimental effect. It became hard for parents of young children to take up their usual labour jobs if at all available during that time, as many depended on these centres to care for children while they were at work. This led to further neglect of children and economic backlash for those families.

Acknowledging the importance of AWCs in combating undernutrition in the country, in November 2020 Government of India issued an order to all states to resume operations of AWCs. The order said that all state governments should resume anganwadi services lying outside containment zones with immediate effect, complying with all covid-19

related directions issued by the Ministry of Health and Family Affairs (MoHFW). The order directed all states and UTs to provide cooked food or take home rations either at the AWCs or at home, based on the prevailing local situations.[8] In fact way back on March 30, MOCD asked state governments and UTs to extend food security allowance to each beneficiary if they are unable to home deliver the entitled amount of food grains or meals under the SNP.[19] Taking cognisance of the situation, Supreme Court has also issued notices to governments, both at central and state level, to ensure food provision for children from the marginalised sections. In fact it stated that “while dealing with one crisis (Covid-19 pandemic) by closing anganwadi centres may lead to another crisis of large-scale undernourishment”, particularly, in rural and tribal areas.[6]

The ground reality:

In spite of these directives and notifications from the Supreme Court and the government, situation at the ground level was dismal. For instance in West Bengal, since the initiation of lockdown, from April 2020 each beneficiary (6 month - 6 year old child and lactating and pregnant mother) was given 2Kg rice, 2Kg potato and 300gms of dal (pulses) only per month, which is much less than the amount prescribed for each beneficiary before Covid-19 pandemic induced lockdown, where they were given egg as source of protein. Moreover due to shortage of provisions, even the rations provided were not given from Sept 2021 to December 2021. In West Bengal pre-covid situation returned only from March 2022. Situation in other states were not much different. A government official in Karnataka stated in August 2021, that since April 2020 no hot cooked meals have been dispensed in 65911 anganwadis in the state, and instead rations were being provided.[5] In Maharashtra, anganwadis were halted in March 2020, and started providing beneficiaries with take away ration, which comprised of 2 kg each of rice, wheat, dal, chana along with cooking oil, salt and spices. However, Indian express reported that beneficiaries complained about the quality and quantity of ration.[10] AWCs in Maharashtra remained closed till April 2022, thus denying a once a day full meal to its beneficiaries. So during the whole Covid-19 pandemic period which was nearly 2 years, the SNP in the country consisted of take away ration of varied quality and quantity all over the country. Another problem with take-away ration is that it gets shared by other family members at home and children often lose out on the required daily calories and nutritional needs. Young mothers were the most affected due to replacement of cooked meals by take away rations in a patriarchal society like India. Besides, due to closure of AWCs, the access to the required micronutrient supplement like iron, folic acid, vitamins to the pregnant and lactating mothers were discontinued, further aggravating their nutritional status.

A multistate study conducted between December 2020 and February 2021 using mixed-method approach under the technical support of NITI Aayog, observes that

nutritional service provision through AWCs continued to be low with 43 percent of households with pregnant women or with children under nine months of age reported facing challenges in receiving food from AWCs. One of the main reasons for this was because anganwadi workers (AWWs) spent less time on undertaking various nutrition-related activities. Only 47 percent of AWWs reported spending more time providing take-home rations to children/ pregnant and lactating women, and all most all(95%) of them reported not providing hot cooked meals anymore, although there were large inter-state and intra-state differences. In-depth interviews with parents of young children revealed that due to disruptions to food availability during the pandemic (especially during lockdown phase), parents reduced their own portions of nutritional food and took on more debt for food purchases to ensure that their children received sufficient nutrition.[4]

Mid Day Meal (MDM) scheme

Under the mid-day meal scheme, launched by the Union Ministry of Human Resource Development (MHRD), daily hot cooked meals are [provided](#) to all primary and upper primary students (class 1 to 8) in government schools, government-aided schools, schools under local bodies, Education Guarantee Scheme schools and other educational institutions supported under Sarva Siksha Abhiyan. [7] According to this scheme, every child is eligible for 100 gms food grains at primary stage and 150 gms at upper primary stage on each working day. It was renamed PM-Poshan in 2021, covered more than 87 percent students enrolled in government schools across the country before the pandemic.[2] However, with the closure of schools in March 2020, there was a threat to 60 million students who may go hungry due to Covid-19 lockdown. [6] Moreover, children from poorer neighbourhoods who are likely to rely on school feeding services for accessing nutritious diets are therefore likely to be disproportionately affected by the closure of schools and lockdown measures.

The ramification of closure of schools through which MDM is implemented is multifaceted. A scheme essentially envisaged for ending the classroom hunger, improving the nutritional security of children and their retention in schools. The scheme was also supposed to enhance growth of the local economy through new economic opportunities, which will be available to communities across supply chains, including distribution, processing, and food handling as well as local procurement benefitting small farmers.

The ground reality:

Following the lockdown in March 2020, MHRD [16] had issued notifications to distribute rations or a commensurate food security allowance under the MDM program in the event of closure of schools as well as during summer vacation. The Central government also issued implementation guidelines and budget enhancement.

However, anecdotal evidence reveals that in many states, either the take away ration was not distributed at all, or they were distributed in inadequate quantities and questionable quality. For instance, in a letter dated April 6, 2020, the director of the Tripura elementary education department had asked the inspector of schools to transfer the cost for food grain and cooking cost as prescribed under the MDM scheme into the accounts of all students or their parents. However, documents accessed by The Wire under the Right to Information Act, states that amount credited to the bank accounts of students were less than the amount prescribed as the cost of cooking under the MDM scheme.[22] In Uttarakhand, the government has not provided food under the mid-day meal scheme to around 1.38 lakh children during the months of April and May 2020 [21] following the imposition of lockdown in March. In some states like Uttar Pradesh supply of MDM ration has been erratic. The first dispatch of MDM rations was done in June, July and August of 2020 and the second dispatch was distributed between October and December, 2020, and the third dispatch was started in August 2021, with a gap of six months.[20]

In November 2021, government of India issued notification asking all UTs and states to resume MDM scheme (or PM-POSHAN) on priority basis to eligible children attending schools while adhering to the Covid-19 guidelines. This was supposed to benefit 118 million students enrolled in classes 1-8 across 1.1 million schools in the country.[9] Yet in many states like Maharashtra or Delhi, hot cooked meals were yet to resume in schools, one reason being non-attendance of large proportion of school children, who will then miss out on the meals.

Discussion

Although large community-based surveys are yet to be conducted in India on the nutritional impact of discontinuation of supplementary nutrition programs, yet findings from other low income countries observes that households living in poorer neighbourhood with a school feeding program and with primary school children reported 8 and 7 percentage point higher changes in their experiences of skipping a meal, when compared with households living in poorer neighbourhoods with no school feeding services.[13] Empirical evidence shows that single mothers, poorer households, and those living in remote areas experienced relatively larger deteriorations in food security because of the disruptions of school feeding services along with other lockdown measures. Large-scale surveys had confirmed that there exists strong correlation between access to school-based feeding program and lower stunting rates.[3] The additional financial burden of out-of-pocket 'food expenditure' has pushed many households into the poverty trap. The inequitable impact of the lockdown, particularly on those who live off their physical labour and form part of the informal economy has been huge and needs to be noted.

Government of India responded to the unprecedented disruption by resorting to innovative strategies during the Covid-19 crisis like – take-away rations, cash transfers— although their effectiveness depended on the quality, size and timeliness of ration disbursed, as many of these were adhoc strategies that varied considerably in terms of their reach and scale. The Covid-19 crisis can be viewed as an opportunity for improvement of supplementary nutrition programs.

Urgent action needed

The COVID-19 pandemic exacerbated and highlighted the deep contradictions in our social, economic and policy making systems, like never before. As we move into a post-COVID-19 situation, taking into account experiences from the last 2 years, government both at the central and state level should take urgent steps to end the growing hunger crisis.

- *Build fairer and sustainable food systems:* Government must commit to put fairer, gender just, resilient and sustainable food systems.
- *Develop institutional mechanism to ensure nutrition security during future crisis:* To ensure that the nutrition security measures are comprehensive, there is a need for further work on decentralised procurement as well as ensuring food diversity besides cereals at minimum support prices and simultaneously address the issue of ensuring remunerative prices for small and marginal farmers. Government should also ensure non-disruption of food supply chain and market closure, as supply bottlenecks increased the prices of perishable, micronutrient-rich nonstaple food. There is a need to look beyond hunger to overcome the issue of food security, especially during crisis situations.
- *Reach out to the excluded from the marginal sections:* Most of the schemes are not universal, and so there is a need to reach out to the excluded like the children of migrant workers who may not be the beneficiary of their home state, or due to absence of 'documents'. So with economic slowdown still continuing, the issue of their entitlements are still relevant.
- *Document the learnings:* Need to analyse the ground-level initiatives to identify the bottlenecks in those strategies and develop robust operating procedures so as to deal in a better way in future. Need to generate gender-disaggregated data to recognize how women have been disproportionately affected during economic downturns and in times of food insecurity.
- *Nutrition finance:* Significantly higher allocations than the present trends of budget

allocations for nutritional interventions are needed for effective implementation of POSHAN 2.0. The allocated central budget for ICDS of 2021-22 was grossly inadequate.

- *Need for transparency in the implementation process:* A social audit process may be initiated to bring in transparency in the implementation. Recovery from the crisis must lead to more equal, inclusive and sustainable economies and societies.

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