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## Dalits and Under-nutrition Levels, Determinants, Affirmative Actions, Challenges and Way Forward

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**Conflict of Interest:** This study has been supported by Global Alliance for Improved Nutrition (GAIN) and this paper is a part of series on dalit undernutrition issues published by the authors in mainstream media.

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(Received 02 June, 2014 Accepted 30 August, 2014)

**ABSTRACT:** India, represents a complex social fabric with stratification and entrenched hierarchy. Discriminatory and exclusionary forces took their toll and currently half of Indian dalit children are malnourished and one third of Indian dalit adult population is underweight. Social determinants of health are playing a significant role in this malnutrition enigma.

This study was conducted to see the magnitude of under-nutrition amongst dalits and its determinants. The study also mapped the affirmative actions which aspire to achieve equity among different social groups, especially Dalits.

The paper reviewed the constitutional provisions, national programmes, policies, budgetary provisions and the relevant literature from various scholars pertaining to dalit under-nutrition paradox.

This study followed a meta-analytic research design and compared two major unit level data-sets of National Family Health Survey (NFHS). The under-nutrition prevalence amongst the Scheduled Caste children and their respective determinants have been analyzed through (NFHS 2 and NFHS 3). Dataset from Census and National Sample Survey was also used to substantiate the argument.

The paper concludes with the findings, structural, governance and operational challenges and a proposed agenda for action. The paper argues for locating nutrition in the context of overall development and a rights' narrative to achieve optimal results for the marginalized and excluded groups' children in general and dalits in particular.

### I. INTRODUCTION

In a deeply stratified society like India with entrenched elitism, the Scheduled Caste citizens have been subject to inter-generational violence, discrimination and reprehensible practices like untouchability. Same untouchability has meant that Dalits have faced discrimination in housing and habitation, in the ownership of productive assets, in accessing the public services and in the labour markets (NCDHR, 2008). Thorat *et al.*, (2012) mentioned *dalits* face various forms of discrimination in accessing public services such as schools, hospitals, nutrition feeding centres. Mamgain *et al.*, (2012) raised their concern over multiple discriminations in public service spaces, in overt and covert forms. They questioned whether the public services meant to short circuit discrimination were perpetuating the same.

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**Note:** Dalits and Scheduled Castes terms have been used inter-changeably in this paper. While the officials use the term Scheduled Castes, a more active term narrate the existential reality, i.e. Dalits as a group of people traditionally regarded as Broken/untouchables in Indian Social System.

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Constitution of India not only devised affirmative action to close the glaring gap between the different caste groups, but also put stringent safeguards with penalized measures to prevent any discrimination practices or perpetuated structural violence against *dalits*.

## II. METHODOLOGY

The methodology is drawn up in two parts - review of relevant literature, and meta-analytic research design.

## III. LITERATURE REVIEW

While choosing some keywords like *dalits*/ Scheduled Castes under-nutrition, underweight, stunting, wasting, determinants of under-nutrition in combination an online search was conducted on google scholar and J-STOR. Initial paper comprises in initial five pages, were reviewed on the basis of suitability of the titles matching the stated objective of the paper.

Additionally, the 12<sup>th</sup> Five Year Plan document was reviewed with specific focus on Women's Agency and Child Development, Health and Social Inclusion chapters. Different Ministries' web portal were explored for their initiatives to address *dalit* under-nutrition issue. Reports on poverty, food security, social exclusion and budgetary analysis were reviewed with combination of academicians, practitioner-thinkers, *dalit* intellectuals work in the discipline.

## IV. DATA ANALYSIS

Study used NFHS 2 and NFHS 3 unit level decomposition to trace the nutritional change in children of different categories. This unit level decomposition classified normal and malnourished children within different social groups on the basis of anthropometric measures. Other variables like mothers' Body Mass Index (BMI), availability of safe drinking water, exclusion in health services delivery as well as coverage; and the autonomy in decision making have been analyzed with their inter-linkages to malnutrition perplexity.

Census 2011 dataset was used to see the recent availability of safe drinking water and NSS different rounds data reflected the disparity in per capita expenditure on food and non-food items. These datasets further substantiate the arguments.

### Methodological Limitations and the Key Challenges

Most of the literature has clubbed Scheduled Castes (SC) and Scheduled Tribes (ST) together with emphasis on problem analysis and primary focus on policy recommendations. Even in case of public service delivery, the analysis is more tilted to discrimination studies, empirical enquiry and analysis than action agenda oriented. The success stories were primarily self-reportage in the practitioners' literature (Kumaran and Swain, 2013). Overemphasis on economic and political discrimination and lack of empowerment were the dominant topics in the literature rather than public service delivery and caste-based discrimination's impact on equity of public service delivery and quality. The budgetary allocations' analyses again has over-presence of the education, scholarship, positive discrimination in government services themes than down-stream operational challenges like inadequate public service response to Dalit habitats.

Access and availability of the public services is considered as reported, without considering their spatial dimension. Weaker sections of the society (especially *dalits*) live at the fringe of the village/habitats periphery and generally get excluded (spatially as well as politically) in many forms. Data on how far are the facilities from the household should also be collected in such large scale surveys, which is not the case currently. Timely data dissemination of national surveys is also a challenge, e.g. census 2011 dataset still processing some of the data even after four years of its collection. National Sample Survey provides most comprehensive expenditure pattern of the households (for food and non-food items), but it is still not disseminating the data with social group segregation. Although the dataset is available at unit level but in its report only rural, urban differences are mentioned which doesn't help in drawing exclusion or discrimination conclusions.

Scoping choices was made with respect to Hungama Report, even though it is the recent-most nutrition survey set since it gives only situational analysis with a single timedata-point.

### **Constitutional Safeguards, Policies and Programme Introspective Analysis of Institutional Provisions for *Dalits***

*Constitutional Safeguards* (GOI, 2007)

The architects of the Indian constitution provided a sound ground to break the hegemony of caste system through fundamental rights and directive principles of State's policy.

It not only expanded the remit to not only include *dalits* but also made affirmative actions possible through social, economic, political, educational and cultural rights to *dalits*, *adivasis* and other marginalized communities. The assurance that historical injustice of fundamentally treating “unequals as equals” will not be exorted by the state, affirmative actions for *dalits* around education, employment and ownership of assets came into action to break the shackles of entrapment of caste system.

Various constitutional Articles clearly state the inclusionary perspective for every citizen of India. These safeguards address equality, liberty, reservations provisions, health, education and economic interests. It has been mentioned that, “The State shall not deny to any person equality before the law or the equal protection of the laws within the territory of India”. It prohibits any discrimination on grounds of religion, race, caste, sex or place of birth (Article 14). Indian Constitution also states that there shall be equality of opportunity for all citizens in matters relating to employment or appointment to any office under the State (Article 16 A).

Article 21 mentions that no person shall be deprived of his life or personal liberty except according to procedure established by law. The Honorable Supreme Court read up this right in People’s Union for Civil Liberties, Rajasthan versus Union of India case (Writ Petition 196/2001) resulting in Right to food and work being considered essential to achievement/guaranteeing of the right to life.

Constitution on India also enabled State to make provision for the reservation of appointments or posts in favour of any backward class of citizens which, in the opinion of the State, is not adequately represented in the services under the State (Article 16 (4A)). It also mentions that State can also make special provision for the advancement of any socially and educationally backward classes of citizens or for the Scheduled Castes and the Scheduled Tribes Article 15 (4)).

Article 46 took care of educational and economic interests of Scheduled Castes, Scheduled Tribes and other weaker sections. It mentioned that State shall promote with special care the educational and economic interests of the weaker sections of the people, and, in particular, of the Scheduled Castes and the Scheduled Tribes, and shall protect them from social injustice and all forms of exploitation. Considering political participation and representation as an essential mark of social justice, Constitution of India also made provisions for SC/ST reservations in Panchayati Raj Institutions as well as lower and upper houses of the State.

All these provisions provide an assurance to uphold social justice for the most marginalized, while scripting equality, in letter and spirit and “preventing and prosecuting” discrimination.

The Special Component Plan (SCP), initiated during the sixth Five Year Plan (1980-85), envisaged a radical redefinition of planning and budgeting for *dalits* (GOI, 2013). It was based on the realization by the Government of India that decades of planning and hundreds of millions of Rupees spent in the name of “Welfare of SCs & STs” had not brought any substantial changes in the socio-economic lives of *dalits*. Hence the SCP was brought in as a radically reworked strategy of Dalit welfare and empowerment. The SCP, was expected to facilitate easy convergence and pooling of resources from all the other development sectors in proportion to the population of SCs and monitoring of various development programmes for the benefit of SCs. In the words of the Indian Planning Commission it was a policy instrument designed to ensure the fulfillment of constitutional guarantees and entitlements enjoined for the Scheduled Caste communities.

As per the 2005 Report of National Crime Records Bureau (NCRB 2006), every 20 minutes a crime against Dalits is reported in the Police Station across the country. Considering Dalits have been subjected to discrimination, profiling and denial of public services and opportunities, the Indian parliament, enacted the Scheduled Castes, Scheduled Tribes Prevention of Atrocities’ Act, 1989, in consonance with the Indian Constitution, to ensure they were not denied essential public services like healthcare, nutrition, education et al. Thus objectives of the Act clearly emphasize the intention of the Government to deliver justice to these communities through proactive efforts to enable them to live in society with dignity and self-esteem and without fear or violence or suppression from the dominant castes. The practice of untouchability, in its overt and covert form was made a cognizable and non compoundable offence, and strict punishment is provided for any such offence.

Denial of land rights to *dalits* is directly linked to caste system and its pernicious influence resulting in gross human rights violations of worst kinds in multiple forms. Perceptions of land are linked to social status and economic freedom hence land owning patterns and being a high caste member are coterminous. Landlessness amongst *dalits* is a common feature in the rural economy. This is also important considering the almost 50% hunger prevalence amongst the landless agricultural workers. State’s intervention as land reforms can be considered a positive step in this direction but still neither reforms nor land entitlements are government’s priority.

On 2<sup>nd</sup> September, 2013 the Indian Parliament ushered in a new legally-enforceable regime in India’s struggle against hunger through the historic National Food Security Act (NFSA) 2013.

The Act injects more resources into India’s food and nutrition programmes and establishes an independent grievance redress system for fixing gaps in implementation (The Gazette of India, 2013). However the Act is far from being a comprehensive piece of legislation, with many policy loopholes. Even before this Act, the government had introduced a wide range of food and nutrition schemes. These currently cover around 140 million children under

school feeding programme, provide supplementary nutrition to 91 million pregnant/lactating women and children (0-6 yrs), cover another 10.5 million women with cash transfers for maternity benefits and assure 35 kg food grains every month at a fixed price to around 1.21 billion people (including below poverty line households who got food grains at a subsidized price). NFSA brings the rights and entitlements framework in which providing subsidised food grains to 75% rural and 50% urban Indians i.e. 67% Indians, after it became a law. It brings in nutrition rich millets into the public distribution fold. It includes the school meal programme or Mid-Day Meals (MDM) and also includes Integrated Child Development Scheme (ICDS).

### **National Programmes and Policies**

Considering our constitution's emphasis on economic and political empowerment for *dalits*, most of the dedicated programmes for *dalits* are in the realm of education, employment and asset ownership/access to finance and political institutions. This is also the outcome of the resurgent *dalit* activism which has demanded representation in state positions, educational investments and economic empowerment. Two major nutritional interventions (ICDS and MDM) which have been discussed here are not targeted to *dalits* only, but they are food and nutrition programmes with universal, pro-poor, pro-rural, pro-agrarian provisions, which in an inclusive framework, would de-facto reach *dalits*, if administered appropriately. Reviewing these interventions in addition to Five Year Plan document with a social optic lens helped to explore the exclusionary operational flaws and State's response to the same.

ICDS scheme represents one of the world's largest programs for early childhood development. It was a response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other. The whole scheme focuses on nutrition and health status of children in the age group of 0-6 years, through supplementary nutrition, immunization, health check-ups, pre-school formal education and nutrition & health education. In its new improved version, it takes a life-cycle approach with strengthening reach to adolescent girls, lactating and pregnant mothers, while retaining the focus on children.

However, there are multiple design and operational flaws in ICDS which are being incrementally addressed (Swain and Kumran, 2012). They also referred to Planning Commission's comprehensive evaluation which stated that the programme is woefully inadequate in coverage and outreach and delivery. Dr N.C. Saxena, one of the Supreme Court Commissioners on the Right to Food litigation has been consistently raising the fundamental flaws in ICDS, i.e. it being a centre-based approach than an out-reach approach, the self-reporting data being very dodgy, and the coverage still being woefully inadequate (Saxena, 2012; Saxena, 2013). Hence more than, techno-managerial fixes, he feels vigilance and community monitoring will go a long way in reforming the programme.

Reporting caste discrimination in ICDS programme, in a study by Lee and Thorat (2005), the Honorable Supreme Court has directed states to give priority to *dalit* and Scheduled Tribes hamlets for setting up ICDS centres in 2005. It has also mandated *dalit* cooks and dedicated ICDS centres in habitats with over 40% *dalit* population. But these mandates are yet to be adhered in letter and spirit.

Mander and Kumaran (2006) in a study of 14 villages across four states (Andhra Pradesh, Chhattisgarh, Jharkhand and Uttar Pradesh) found that *dalit* hamlets were facing extreme exclusion where Anganwadi Centres (AWC) got established under ICDS. They mentioned that, "It is not a mere accident that in none of the surveyed mixed-caste villages was the AWC located in the Dalit or Adivasi hamlet. The decision to locate not just the AWC, but also other valued institutions and services, in the upper caste so-called 'main' village is influenced by the upper caste and politically powerful groups in the village." Within same study they mentioned that in addition to the locational factor, a large number of eligible children from impoverished and food deprived households did not access ICDS services, including supplementary nutrition for infant and small children and that the denial of these services is not random or accidental but is frequently the outcome of active social discrimination, based on caste, gender and disability. Because of the location of the AWC in parts of villages where the upper castes live, mothers from vulnerable groups had to travel through unfriendly areas to reach the school. It was one thing to brave this journey for the occasional visit to the AWC – to have the child immunised, to have his/her health checked, or growth monitored – but it was quite another thing to have to suffer this journey twice daily. Consequently, mothers from vulnerable groups opted out of sending their children to AWCs for preschool education.

While realizing that AWC add value to the lives of mothers and children Borooah *et al* (2014) did a study and found that there is relative lack of AWCs in SC, ST and Muslim habitations. Even where the mixed population live together in village the AWC is usually not located in the part where deprived population lives.

In the same study they also observed that although as per the norms, the government had to spend Rs 2.00/- per day on children and Rs 2.30/- per day on pregnant women and nursing mothers for the Supplementary Nutrition Programme (SNP) till 2008, but as per plan outlay in 2005-06 it was calculated as Rs.1.59/- .per beneficiary cost per day, but as per the actual fund release, it was mere Rs. 0.59/- per beneficiary per day cost for 365 days. It clearly shows that there was a huge shortfall in the financial allocation as per norms, and this affected the objective of ICDS to its core.

MDM also shared many exclusionary stories in media from all over the country. The caste based discrimination in this flagship programme has been observed by Human and Resource Development (HRD) Ministry's monitoring agency. They reported that the cases where the upper caste children were not sharing mid-day meals with lower caste children and *dalit* children were made to sit separately to eat their mid-day meals. They also reported the cases where upper caste children did not eat mid-day meal as cooks were of lower castes. Some cases were also reported where untouchability was in practice within school premises.

Eleventh Five-Year Plan (2007-12), mentioned it very clearly that growth is not perceived as sufficiently inclusive for many groups, especially Scheduled Castes, Scheduled Tribes, and Minorities (GOI, 2008). Exclusion in ICDS and MDM substantiate the same. The 12<sup>th</sup> Five Year Plan has been a departure from previous plans in more ways than one. It was the outcome of comprehensive civil society consultation processes and has espoused values like equity, inclusive growth in the implementation text too. The Twelfth Plan must strive harder to achieve the overall improvement in socio-economic conditions of the weaker sections by extending a well balanced prioritisation of efforts made for social development and economic empowerment based on the actual needs and problems of these communities. While the rate of decline of poverty amongst *dalits* and tribals has been higher than the national average, but the 12<sup>th</sup> Plan clearly provides that voice of sobriety too mentioning, how their base level was so low that there could have been only one way of movement, i.e. up! While addressing the inclusion, plan document mentioned that towards empowering the *dalits* the principal goals will be:

1. To ensure the security and dignity of all persons belonging to the scheduled castes, especially women and put a complete end to all forms of 'untouchability' and discrimination against them.
2. To bring members of the SCs—both men and women—at par, to the maximum possible extent, with their non-SC/ST counterparts, in terms of all developmental indices viz.—education, health, nutrition, housing, income generation and employability.
3. To empower SCs to participate in society and in nation-building, on an equal basis with others.
4. To effectively implement SCSP as the essential instrument for accomplishing inclusive growth.

Plan document elaborated that these goals will be achieved through reducing landlessness among *dalits* and an inclusive growth process through enhancement of special central assistance to the Scheduled Caste Sub Plan. Government also ensures very positive efforts for *dalits*, like completion of the socio-economic and caste census, moving towards universal health coverage, gender mainstreaming and more child centric structural transformations.

#### ***Dalit* Under-nutrition: Facts and Figures**

Though NFHS II and NFHS III represents a decade old situational analysis but still it is most reliable source of information on health statistics in different categories (i.e. Scheduled Caste, Scheduled Tribe, Other Backward Caste and General). While using the unit level decomposition for these two survey rounds, interrelationship between/within nutrition, education, safe drinking water, autonomy and exclusion has been observed and interpreted within this relational context among *dalits* and non-*dalits*.

#### **Anthropometric Indicators (for children below three years of age)**

Data revealed that *dalit* children were facing acute under nutrition as compared to children from general category. As per NFHS 3 half of *dalit* children were underweight and every fifth *dalit* child was severely underweight as compared to children in general category among which one third were underweight and every 10th of them was severely underweight (Table 1).

It was also observed that per cent point improvement was much higher in general category as compared to *dalits*. Figures on stunting also repeats the same depressing story that *dalit* children were having lower height as for their general category counterparts. Age as compared to the children of general category (Table 2).

**Table 1: Weight for Age Comparison (percentage for children below three years)\*.**

	NFHS-2			NFHS-3		
	Normal	Moderately Malnourished	Severely Malnourished	Normal	Moderately Malnourished	Severely Malnourished
SC	46.7	32.1	21.2	47.6	33.3	19.1
Gen	58.8	27.6	13.6	62.8	26.1	11.0
<b>All India</b>	<b>52.9</b>	<b>29.2</b>	<b>17.8</b>	<b>53.4</b>	<b>30.5</b>	<b>16.1</b>

\* Calculated from Unit Level analysis of NFHS 2 and NFHS 3

While observing the per cent point change in those six years (i.e. between NFHS 2 which held in 1999 and NFHS 3 which held in 2005) among underweight children of *dalits* and general category, it was found that on severely underweight to normal spectrum, the shift and the pace of general category was much higher than *dalits*. Where the same percent point *dalits* and general category children managed to move toward normality, *dalit* children covered

half of the spectrum and still got stuck in moderately underweight phase. However, while looking into stunting figures it was observed that the improvement was much better than underweight figures. Also both the figures for underweight as well as for stunting among *dalits* were predictably (i.e. NFHS 2 as well as NFHS 3) below the national average.

**Table 2: Height for Age Comparison (percentage for children below three years)\*.**

	NFHS-2			NFHS-3		
	Normal	Moderately Malnourished	Severely Malnourished	Normal	Moderately Malnourished	Severely Malnourished
SC	48.7	24.3	27.1	55.6	23.9	20.5
Gen	59.6	21.3	19.1	68.5	19.2	12.3
<b>All India</b>	<b>54.9</b>	<b>22.3</b>	<b>22.7</b>	<b>61.0</b>	<b>21.8</b>	<b>17.27</b>

\* Calculated from Unit Level analysis of NFHS 2 and NFHS 3

The relational causality which lead to this 12 per cent point different in stunting and 15 per cent point difference in underweight figures among children who were quite healthy in *dalits* and general category can be seen in further analysis where *dalits* were facing exclusion on many fronts.

To define these anthropometric based standards (i.e. Z Score based), World Health Organization (WHO) did a cross sectional survey in six countries named as, Brazil, Ghana, India, Norway, Oman and United States (WHO, 2006). In the survey it was evident that at the time of birth, there was no significant difference among these children from all these underdeveloped, developing and developed countries, which make it pretty clear that it is the socio-political adversities in their initial years of life, which make them underweight/wasted/stunted.

Mother's Body Mass Index (BMI)

Healthy Mothers have healthy babies and various scholars already established the causal association between them. While considering this causality the study observed the difference across normal and underweight children among *dalits* and general category. It was clearly evident that in the both the survey rounds, mothers having BMI less than 18.5 were having more underweight children among all the categories (Table 3).

**Table 3: Percentage of Mothers having BMI Less than 18.5 (for children less than three years of age)\*.**

<i>Underweight Mothers of Normal Children</i>		
	NFHS - 2	NFHS - 3
	Underweight	Underweight
SC	37.92	35.45
Gen	29.50	26.89
<i>Underweight Mother of Underweight Children</i>		
	NFHS - 2	NFHS - 3
	Underweight	Underweight
SC	50.80	49.30
Gen	47.10	44.73

\* Calculated from Unit Level analysis of NFHS 2 and NFHS 3

The slight difference among *dalits* and non-*dalits* makes it evident that across the classes that underweight mothers tend to have underweight children in general. Such causal association clearly seeks specific interventions on this front. Although NFSA and MGNREGA tries to cover all poor households as their beneficiaries but additional robust mechanisms are needed to address this issue while evolving some out-of-box ideas which should enhance these already existing programmes with more inclusive approach.

### Safe Drinking Water

Safe drinking water is one of the very basic necessities which should be provided without any form of discrimination. This very basic natural entitlement becomes more important when the lack of it enhances the susceptibility of diarrhea which is one of the major cause of high Infant Mortality Rate (IMR) across the globe. Diarrhea, which plays significant role in making children underweight is also caused by polluted water, so safe drinking water is a must while fighting the under nutrition battle.

The significant difference among *dalits* and non-*dalit* households which have safe piped drinking water in their households raise our concern on such discriminatory exclusionary approaches which resulted in this (see Table 4). It was also evident that over the period of time from 1999 onwards the improvement in safe drinking water is not very much upto satisfactory level especially for *dalits*. Even after setting up the millennium development goals which

also include reducing IMR, there seems very less efforts towards this direction with an intersectoral convergence approach.

In a country where 80 per cent *dalit* households are still not getting piped water in their houses, make it a major concern considering most habitat level discrimination and practices of purity and pollution is played out via water (access, inaccess and restricted access to same).

**Table 4: Households with Main Source of Drinking Water (Percentage)**

Households	Piped Into res/yard/plot	Handpump into res/yard/plot	Public Tap/ Handpump	Well/Spring/River/ Pond/Rainwater/ Tanker
<b>NFHS 2*</b>				
SC	10.6	16.9	52.0	20.5
Gen	25.1	25.0	31.5	18.5
<b>NFHS 3*</b>				
SC	13.89	-NA-	66.35	19.76
Gen	27.51	-NA-	53.60	18.89
<b>Census 2011#</b>				
SC	19.76	13.50	55.32	11.42

\* Calculated from Unit Level analysis of NFHS 2 and NFHS 3

# Calculated from Census 2011 figures

### Exclusion in Access and Coverage

Despite State's claim and policy commitment of health services' provisioning at people's doorstep is still a distant dream. It was an important finding in NFHS 2 and NFHS 3 that very less proportion of deliveries were taking place at Community Health Centre (CHC)/Rural Hospital/Primary Health Centre (PHC) level. Taking a serious note of it, National Rural Health Mission (NRHM) focused more on institutional deliveries without even having appropriate resources for the same. Anecdotal evidence and testimonies from *dalit* mothers suggests that hospital based discrimination from trained professionals is also high. As part of such discrimination is that many times the institutional deliveries were conducted by untrained hospital staff rather than trained health care professional. In such exclusionary scenario, where hype about institutional deliveries was done to the extent that people opted for private healthcare for services which public hospitals are supposed to be equipped with. This passive exclusion by the State, lead to out of pocket expenditure and added additional economic burden. It is not only healthcare facilities where *dalits* are facing exclusion, but ICDS and MDM are also repeating the same narrative from most of India.

Discrimination at service delivery point is bad, but exclusion even in coverage is worse case which kills the objectivity of any of the targeted intervention. Positioning the service (e.g. AWC, Public Ration Shop, PHC/CHC) at a spatial location which is less accessible to the *dalits* is very much problematic and needed to be addressed with a vision which considers nutrition as a multidimensional phenomenon.

### Autonomy of Women

Over the recent years self-sufficiency amongst women has increased a lot. Past policy and programmes for women empowerment has had some effect on economic emancipation and mobility.. NFHS 2 and NFHS 3 comparison revealed this change while exploring the autonomy over monetary front. Within those six years' decision making power about spending the money has been shifted heavily from husband's domain to jointly with spouse/partner. It was also evident that women who have underweight children also have less autonomy over how to spend their money. It was also observed in NFHS 3 that now women were taking decision on seeking health care more by themselves as compared to NFHS 2 . Women's enhanced autonomy in healthcare seeking is surely a very positive sign for addressing under-nutrition and beyond.

In summary women across class and categories have experienced increased autonomy and have been exercising greater agency too. Had it not been for structural challenges and state/administrative failures, this increased autonomy and agency would have resulted in even more improved outcomes for the children and mothers.

### Monthly Per Capita Calories Consumption

National Sample Survey reveals that poor are spending bigger share of their smaller income on food, education and medical care. Much has been written about food budget squeeze in the times of high food prices because other expenses are increasing too. Deaton and Dreze (2008), analyzed this calories' consumption among four quartiles and the bottom decile (see Table 5). Although this dataset does not directly represent the *dalits* per se, but as most of Dalits/marginalized groups are either in bottom decile or in bottom quartile, intuitive inference could be drawn. The huge difference in total calories consumption between bottom decile as well as bottom quartile with the top quartile clearly shows, which group is going to be under nourished. The calories consumption through cereal also

substantiate it that in bottom decile as well as in bottom quartile, cereals are the major source of energy, which is hardly half in the top quartile. Over-reliance on cereals in the bottom groups calls for specific state response, including, but not limited to, making nutrition/high protein diet cheaply accessible to the poor.

**Table 5: Total and cereal calorie consumption by decile and quartile of per capita expenditure, rural India, 1983 to 2004–05.**

Years	Bottom decile	Bottom Quartile	Second Quartile	Third Quartile	Top Quartile
<i>Total calories</i>					
1983	1,359	1,580	2,007	2,328	3,044
1987–88	1,488	1,683	2,056	2,334	2,863
1993–94	1,490	1,659	2,000	2,251	2,702
1999–00	1,496	1,658	1,978	2,250	2,707
2004–05	1,485	1,624	1,900	2,143	2,521
<i>Cereal Calories</i>					
1983	1,150	1,309	1,589	1,738	1,974
1987–88	1,221	1,359	1,598	1,715	1,894
1993–94	1,203	1,316	1,504	1,591	1,690
1999–00	1,197	1,289	1,591	1,509	1,566
2004–05	1,189	1,259	1,690	1,430	1,471

(Source: Deaton and Dreze, 2008)

### In summary

While the status of *dalit* under-nutrition indicators have improved from NFHS 2 to NFHS 3, It still differs significantly with general category and it is deviating the all India mean. Mother’s health, mother’s autonomy over finance and seeking care, are some interesting interrelationships which needed to be harnessed further in programming and policy-making. But the meta-narrative in most other indicators is bleak and catch-up is still far away.

### Wrongs Rights: Eroding Affirmative Action

The constitutional safeguards, programmes, provisions and policy aim to bridge the human development deficits and inter-generational discrimination that Dalits have been subjected to. However, rights won through people’s movements, transformative social reforms’ processes and progressive legislations are easily lost if not backed by programmes and resources, capacitated institutions to deliver the same and a vigilant citizenry to monitor it. There are many challenges which pose a danger to erode the rights and the entitlements scripted in all policies, provisions and programmes, but additionally:

*dalit under-nutrition cannot be de-coupled from the story of caste-based discrimination and marginalisation and the increasing political resurgence in the past. If nutrition is the composite tip-of-the-iceberg indicator, saying every other determinant factor is working well, then the scale and intensity of Dalit under-nutrition makes the case of severity of challenge very clear.*

India is not alone in having social groups that have been traditionally excluded; yet, the structure of the caste system and its ramifications on employment, education, and the rules of social and economic exchange are distinctive and shared only with Nepal. Both caste and gender inequalities are rooted in a philosophical tradition that justifies these through religious texts that provide systematic rules for exclusion. This is what makes these inequalities particularly durable (Tilly 1999). Nobel Laureate Amartya Sen (1998) calls these the “relational roots of deprivation,” whereby membership in a particular group (women, lower castes, indigenous people, or persons with disabilities) limits the “functionings” of individuals to acquire or use their capabilities.

At the all-India level, differences between social groups explain only a small share of total consumption inequality in India; but in some states, group differences are important and growing. At the state level the picture is less reassuring. In some states, notably rural Bihar, scheduled caste households appear, as a group, to be falling far behind the rest of the population (IBRD, 2011). It was also noted in the same study that occupational segregation and wage differentials between *dalits* and other groups were still evident. The chances of *dalits* engaging in low skill casual jobs are four times higher as compared to the general category individuals. They are also less likely than other groups to have their own business enterprises, particularly in urban areas. It is very important to note that concentration of *dalits* in casual work or in lower-paid occupations relative to other groups is in part related to

differences in education levels, but the differences persist even after controlling for education and other characteristics (Anitha, 2000; GOI, 2006; Jodhka and Newman, 2007; Thorat and Attewell, 2007).

While upward mobility amongst *dalits* is much celebrated, their base of human development during independence was so low that there could have been only one direction of movement, upwards. But the gains made recently could be eroded, unless structural reasons are addressed. It is important to note that *dalits* still don't have land ownership and are even devoid of asset ownership. Their migration has been primarily push factor than pull. They have ended up heavily in unorganized sector because of the lack of the skills which are needed for tertiary sector. Rural transformation of agriculture to nonfarm sector affected the nutritional status of those who were heavily dependent on that. *Dalits* were engaged in agricultural labour in that sector earlier and were reaping the diversity in available food basket, whereas after migration, food inflation has affected them badly.

While considering the available support and the prevalence of under-nutrition amongst *dalits*, it is very important to see through the challenges which hinder the support mechanisms at various levels, i.e. structural, operational and governance.

### **Structural Challenges**

The political economy of under-nutrition needs capacitated institutions, which operate in the framework of rights and entitlements, especially when it comes to programme delivery for the excluded groups like *dalits*. However, state patronage, clientelism are major themes of service provider behaviour when it comes to institutions (Gill, 2012). The institutional service-providers are in charge of delivering nutrition in direct mode or covertly with other institutions, and when access to such provision becomes a challenge among *dalits*, needed to be addressed adequately.

Challenges like lack of responsiveness with the systems, becomes a hindrance when institutions are under-funded, under-staffed and undermining the immense pressure and challenges of the existing staff members. This whole nexus is akin to gate-keeping and does not infuse confidence amongst communities to seek services.

Both central and state governments have introduced many innovations with cash incentives for community members to avail of services, but without a responsive system, cash incentives can bring the members to the service but fail to show impact. Hence responsive institutions, sensitive to the needs of the marginalised groups is an absolute must.

While it is variously recognised that nutrition is too important to be housed in a single ministry like the Women and Child Development ministry, suggestions have been made for mainstreaming it across health, agriculture, public health engineering department, rural development, social justice and empowerment too. In rural areas, with still-evolving institutions and discriminatory provisioning, where staffing and capacities are a serious challenge, these are not just administrative issues. Such non-coordination limits outcomes and result sub-optimal achievements. To tackle this challenge, inter-sectoral convergence between different ministries should be made.

In many states, special component plan for scheduled castes, instead of resulting in additional resources as top-up, is switching the state allocation with the central allocation and hence keeping the size of the resource pot, almost unchanged. Its decadal implementation and unwritten de-prioritisation has resulted in eroding the over-arching constitutional goals of economic liberation, educational parity, equality, security and dignity, lament the National Coalition of SCP TSP legislation (NCDHR, 2013).

Increasingly the persistent and perpetuating nature of discrimination at the point of delivery is putting pressure on planners and designers for formulating targeted programmes. But pro-poor targeted programmes have resulted in further ghettoisation and eroding the country of an empathetic, inclusive and fraternal milieu. Coupled with trust deficit of the communities vis-a-vis the state or any representative of the state like the police and block officials, means state engagement, even for demand generation and building public pressure is vanishing. This has a collateral damage of shrinking democratic spaces too. These deepening fault-lines are making it impossible for positive development in health and nutrition outcomes. Hunger has become the new normal. This needs a new narrative, a vision of development which has *dalit* affirmation at the heart, not the malaise of discrimination.

### **Operational Challenges**

The operational challenges such as shortage of skilled human resource, inadequate infrastructure, poor logistics and supply arrangements, lack of data dis-aggregations such as disease burden, morbidity & mortality profile etc, poor availability of critical emergency services, poor monitoring & supportive supervision and high absenteeism & unresponsive system not only afflict just the nutrition sector but also exists in various other sectors too which influence undernutrition among *dalits* (CADAM, 2012).

Exclusion and discrimination by the service providers get further aggravated by the fact that *dalit* households are usually located on the outskirts of the village. In village power dynamics *dalits* are relatively powerless to negotiate the fair access to services. In this regard it is important to note that mobility challenge has been highlighted by the Planning Commission evaluation for nutrition and health sector specifically.

Experiences since independence show us that information, communication and education (IEC) activities has failed miserably in bringing any positive change. This failure was inevitable because of lack of resources (material and financial) for changing behavior and absence and non-coordination in service provisioning (UNICEF, 2013).

### **Governance challenge**

Lack of awareness (enabled with exclusionary system approaches) is one of the biggest hindrance in accessing entitlements. It allows the system to continue to respond with patronage instead of responding to demands of entitlements. The positive pressure of demand never reaches a critical mass to change the nature of response. Walton (2009) mentioned that, needful interventions in communitisation of programmes, where community is not just a partner in delivery, but also an auditor and vigilant monitor, is desirable in such situation.

T. Sunderraman (2013), from National Health Systems Resource Center clearly stated that lack of work on intersectionality of food, nutrition and health suppresses the general well-being, e.g. in Chattisgarh, mitanins were more effective in giving early-child feeding and nutrition messages, than the anganwadi workers. Intersectionality of rural employment guarantee act, reproductive and child health, critical care and community management of malnutrition, public distribution system, ICDS and MDM scheme is necessary, but yet to be operationalised.

Bajaj (2013) explained that *dalit* women, being one of the most productively engaged work force, have negligible access to public funded day-care facility, which has always featured as one of their core demands in participatory appraisals. Persistent discrimination at public service spaces has been acknowledged by *dalits* self-affirmation. Hence trickling schemes and programmes while dispossessing them at a mass scale, is bound to lead to massive failure.

The macro bias also emerges at the level of utilization and very few budget analyses are able to disentangle the reasons for underutilization of budgetary allocations for centrally sponsored flagship programmes, especially in poorer focus states (CBGA, 2013). Gill (2012) analysed that, non-separation of the capacity constraints as governance failures leading to outcomes from specific social exclusion factors. There is no disaggregated tracking of budgetary allocation, release and expenditure for *dalits*.

### **Way Forward: Reclaiming Affirmative Action**

While, the programmatic and institutional challenges are many, all is not lost. Other than the federal policies, provisions and constitutional guarantees, committed civil society organisation, resurgent *dalit* movements are challenging the norm and scripting success. This section lists a pathway forward and draws upon the good work done by various agencies which have model potential. Most of the Non-Governmental Organizations (NGOs) with visible impact and models, had a strong component of engagement with state system and strengthening it, also worked on community awareness, behaviour change and change-agents model. Almost all civil society organisation which have demonstrated impact insist that working on empowerment, with local community and governance structures, in a rights and entitlements framework is an essential model.

*The importance of fostering a zero tolerance to discrimination and building a society where fault-lines of caste are eroded completely is the absolute first step. Hence the national leader, dalit icon and Indian constitution's original author, Dr. BR Ambedkar's call, "Educate, Agitate, Organise!"*

### **Locating Nutrition in the Context of Institutional Governance**

How to reduce child malnutrition is not a mystery. The causal determinants are well known, driven by interaction between food intake, health status and provision of maternal care. Moreover Indian government had been active for decades in food policy and has a long standing programme like ICDS. The core thesis is that malnutrition is not only a dimension of current (and future) inequalities but is also casually related to unequal institutional structure. The elite capture of policy-making spaces, and implementation mechanism and the tendency of local officials transforming themselves into small-time local elites ensure the lack of public services to the marginalized and the perpetuation of discrimination.

As long as pivotal democratic institutions and public service delivery mechanisms are prone to elite capture, the *dalits* getting adequate services and more would be a chimera. It is not merely income vs nutrition but the overall spending and its reach to the needy plays significant role in it. The core of India's malnutrition puzzle lies in institutional functioning. Given the nature of the problem, India's public resources and examples of relative success within India, public action has the potential to be effective. However, if the thesis is correct, effective change will be primarily about transformation of institutional structures and processes rather than just techniques and management. Prioritizing politics and power is more important than technical fixes. Supporting data-generation, people's movements, pro-small farmer, pro-food producer policies would go a long way in making policies and programmes pro-nutrition, like rain-fed agriculture, support price for millets (which are semi-arid tropics, small farmers/marginal farmers' produce).

### **Call for Action beyond Data Generation**

The public discourse around data deficit and data dishonesty and need for greater and better investments in data-generation has been on a peak, both from health, economics and development practitioners. But what happens when some of the most robust data-sets are either not asking the key questions around disaggregation or not releasing the unit-level data in time when they are relevant for effective planning? During the course of writing of this paper, various challenges were encountered with data re-analysis which has consequent call for action. For example, in NFHS 2 and 3, various questions has been phrased in different manner while adding or dropping some variables, which makes it difficult for comparison. Both for variables like frontline staff home-visits and drinking water facility, this is a challenge. Similarly National Sample Survey (NSS) collected data for social identity i.e. SC, ST (for 68<sup>th</sup> round) but disseminated that only for unit level and not mentioned that in its survey report. As does the fact that the NSS while reporting increase in non-food expenditure and decline in food budget expenditure in rural and urban India, in the same report, it did not disaggregate the same by identity or caste. Indian census, one of the most robust exercises in the world, doesn't release its unit-level data beyond the census charges, even some data variables released after half a decade of their collection, lost the opportunity and making the data irrelevant for planning and studying simultaneously. On bases of such challenges the authors propose, uniform inclusion of variables for different rounds (new variables can be incorporated but the older one should not be changed/dropped), enhance dissemination (data collected after spending public money, should be disseminated to its fullest), timely analysis and release (bigger the data collection, bigger our resultant re-analysis, more advanced the software and computer... so why delay data release?).

### **Transformations within the System and Community Mobilization**

One limitation which public sector needed to be addressed is a cohesive inclusionary approach especially for the *dalits*. A marked shift from patronage, clientelism to providing services under the *rights and entitlement*' framework is necessary amongst the service providers, petty functionaries and their bureaucratic managers. Similarly, marginalized communities, especially *dalits* need to be mobilized with some benchmarks of best inclusive services which should enable them to organize, mobilize and agitate for the best food, nutrition and public health programmes under a rights and entitlement based framework. Building a groundswell of demand side pressure will go a long way in making the insipid system respond.

### **Integrated Planning**

SCP requires contextualized bottom up planning and resource enhancement and pooling from the federal level. Unfortunately planning capacity is woefully lacking and coupled with the perverse practice of states reporting pro forma allocation and diverting central assistance to non-*dalit* purposes gives rise to a toxic cycle of failure. Hence investing in building planning capacity, bring transparent in fund, spending exclusively for *dalits* with an integrated planning at every step is desirable and will go a long way in ensuring success in this manner.

The latest Lancet nutrition series, June 2013, offers some inspiring examples of integrated planning under the Scaling Up Nutrition (SUN) movement and in countries like Senegal, Malawi, Guatemala et al. Such models need to be reviewed and best practices adapted. Mexican Oportunidades has been a trail-blazer globally and has lessons to offer India when coupled with their Social Protection schemes. Three key factors crucial for building and sustaining the momentum and for converting that momentum into results, (Gillespie et al, 2013 listed below:

1. *Knowledge and Evidence*: Undernutrition is a multisectoral challenge that is open to various interpretations (eg, health, economic growth, intergenerational rights, or humanitarian issue).
2. *Politics and Governance*: Various stakeholders and agencies, each with different and frequently competing agendas (especially in decentralised systems of governance), need to work together to reduce undernutrition.
3. *Capacity and Resources*: Human and organisational capacity need to encompass not only nutrition know-how, but also a set of soft-power skills to operate effectively across boundaries and disciplines, such as leadership for alliance building and networking, communication of the case for collaboration, leveraging of resources, and being able to convey evidence clearly to those in power.

### **Inclusive Programming**

India has many best practices played by different states like Kerala, Tamil Nadu and Himachal Pradesh. Addressing delivery and structural challenges, building on community partnerships and designing programmes with well-evolved targeting (e.g RCH, NRHM and SCP) or universalizing them with exclusion filters and self-targeting (e.g. MGNREGS or NFSA) will go a long way in addressing *dalit* distress and consequently under-nutrition. Rights and entitlement won over the years should not be allowed to be eroded via down-stream discrimination or faulty designs. Making every *dalit* voice count through consultation, is the *mantra* of inclusive programming.

### **Closing the Research Gap**

There is a dearth of literature on operationalization challenges. Programming for addressing Dalit under-nutrition should take special care in addressing this lacunae. When success stories are adapted or replicated, policy externalities and enabling institutions that caused that, need to be investigated and resourced for too. Haddad et. al. (2012), mentioned that inter-sectionality of nutrition and agriculture, health-water-sanitation and nutrition, rural development-food security and nutrition, governance and nutrition calls for research too. The lack of research on food inflation and nutrition linkages (even when India is reeling under run-away food inflation for over seven years), is one such glaring gap which needs to be addressed. This will need new collaborative designs beyond systematic reviews. New rules, new optics and new frameworks need to be co-designed where communities are not just informants but influence key research questions too.

### **Supporting National Advocacy Efforts for SCP legislation**

A very progressive provision like the SCP has been reduced to arithmetic exercise, switching finances, rather than topping them up. Andhra Pradesh has enacted a legislation to ensure SCP is implemented in letter and spirit. Nationally a coalition of *dalits* is pushing for the same agenda. Supporting to enact a legislation which ensures marginalized communities and their habitats, especially *dalits/advivasis* get additional resources, build their local planning capacities and script their development plans, requires joining of forces.

This is a worthy agenda to support, not just for nutrition actors, but social justice advocates. Considering how social justice is inter-twined with nutrition, this definitely calls for investments from Nutrition actors too.

### **Model Building through Investing in Transformational Leadership**

Demand side pressure has been celebrated as the silver bullet to build a responsive system from an effete one. This calls for resource investments at grass-roots level to build a cadre of *dalit* leaders aware of their entitlements from nutrition sector and its determinant sectors and exert pressure on the public service delivery mechanism to make it deliver for the poor and marginalized, every single time. Investing in building such models in some of the caste/deprivation entrenched areas and tracking the transformation and the change would go a long way in establishing a real feasible model and its impact on people/societies and services.

### **Build a Holistic Action Agenda**

Dalit under-nutrition sits at the cusp of India's stratification, elitism, combined with de-prioritisation of social spending, and long spell of institutional failures. This calls for a comprehensive package which would include stronger policy emphasis on small farmers and development of backward regions, improved access of agricultural land to *dalits*, Making Food and Nutrition programmes *dalit*-sensitive, embedding accountability and transparency, fostering zero tolerance for discrimination, encouraging women's engagement, involving communities and private sector, including civil society and improving household level food security and livelihoods. They all need to go together for visible impact and in time!

There appears to be two routes prevalent in flagship programme policy. The first is that of explicitly recognizing *dalits* and naming them as priority beneficiaries for the programmes. The second is of targeting rural BPL households, and, since *dalits* are over-represented amongst this target group, assuming that social exclusion concerns are thus tangentially addressed.

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