



Food insecurity: disruption of food intake or eating patterns because of lack of money and other resources.

- A shortage of food may happen when not enough food is produced, such as when crops fail due to drought, pests, too much moisture OR pandemics like COVID.
- Food insecurity is difficult to solve because of poverty, unemployment/under-employment, and inconsistent access to enough healthy food.

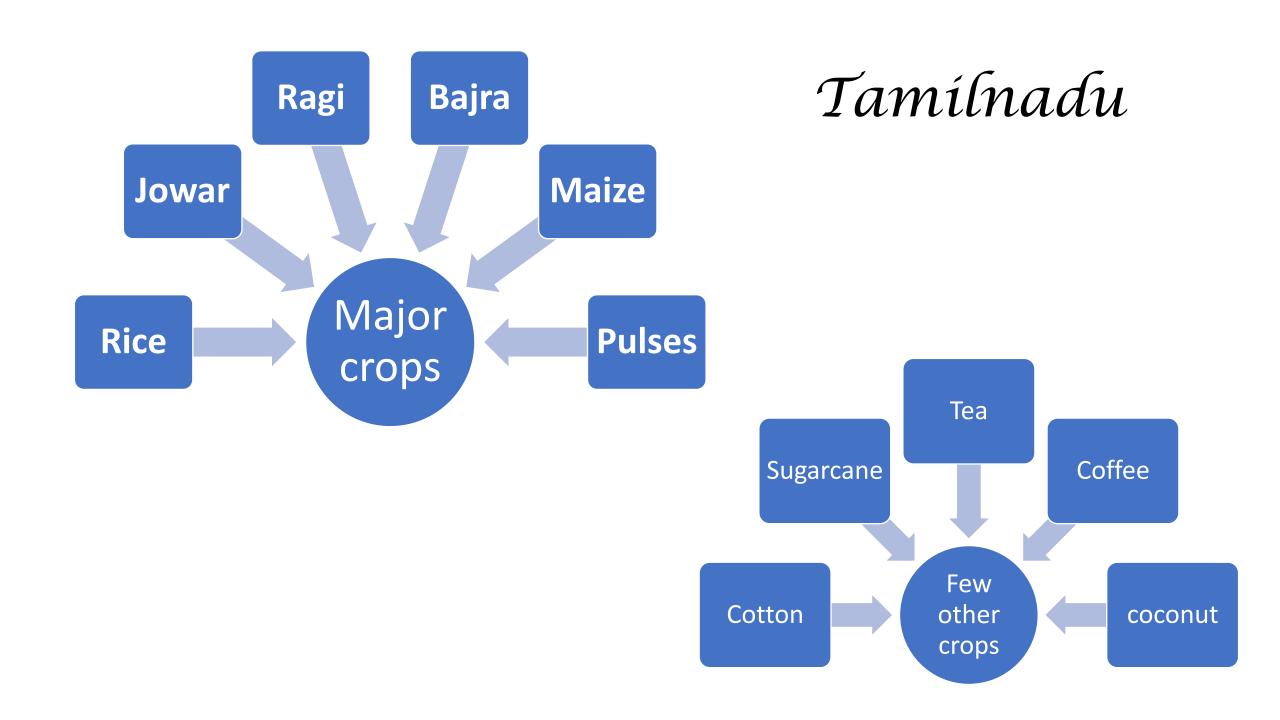
The causes of food insecurity can be analysed in three concepts

Traditional concept

 which includes factors such as unavailability of food and poor purchasing capacity

Sociodemographic concept which includes illiteracy, unemployment, overcrowding, poor environmental conditions and gender bias

Politicodevelopmenta I concept comprising of factors such as lack of intersectoral coordination and political will, poorly monitored nutritional programmes and inadequate public food distribution system.



PRODUCTION IN TAMILNADU

CONTRIBUTION TO INDIA

120 lakh MT of food grains

140 lakh MT of fruits and vegetables

3 % of India's food grain

7 % of vegetable produce

12 % of fruit produce

Tamil Nadu is one among the biggest producers of Banana, Tapioca and Cloves.

Tamil Nadu has also gained a commendable status is the horticultural sector in its agricultural department.

Around **70 percent** of the state's population is involved in agricultural activities as this is one of the major means of livelihood in Tamil Nadu

the art or practice of garden cultivation and management.

commonly used to measure SES in urban and rural areas

consists of a composite score which includes the education and occupation of the Family Head along with income per month of the family, which yields a score of 3–29

Only 76 households used the public distribution system for buying rice-the staple food

Of the 130 households surveyed, food insecurity with hunger was present in 61.5%

food insecurity without hunger in 13.1%

A door-to-door survey of 130 households in an urban area in Vellore district, Tamil Nadu was done and information on food security status was collected using the United States Department of Agriculture Household Food Security Scale, on socioeconomic status using the modified Kuppuswamy scale and demographic details.

63 households in the lower socioeconomic strata used the public distribution system for buying rice.

Prevalence of any form of food insecurity was present in three-fourths of the households

and food security in 25.4%

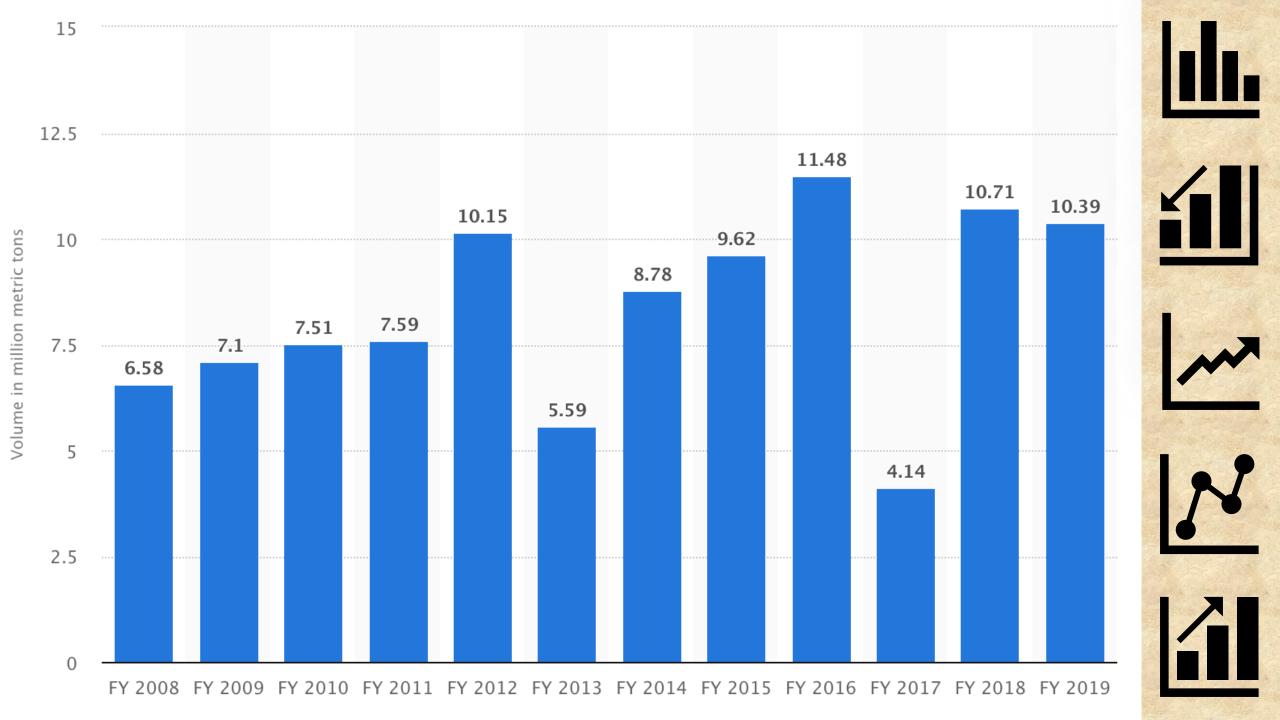
Chennai food crisis 2020

Chennai Koyambedu Foodgrains
Wholesale Merchants Association
secretary R Punnaiappan said the
shutdown could have an immense
impact on the entire city as
Acharappan Street (Kothwalchavadi
market) is a major distributor of
pulses across the city as well as
other districts in the State.

The city is likely to stare at shortage of food grains and pulses as Koyambedu wholesale foodgrains complex and Kothwalchavadi market near Parry's have been shut since May 6.

While the city may not face an immediate crisis now, the shortfall is likely to be witnessed by the end of May when the stocks in grocery shops and homes deplete, said T Shanmugakani, a member of Tamil Nadu Pulses Traders Association.

Meanwhile, official sources told Express that the wholesale foodgrains market was shut along the wholesale vegetable market as the workers in both markets move across.



Results also showed that TINP at an annual cost per person of US\$10.96 was less expensive than other government programs.

TINP integrated nutrition and selected health services. The services were delivered by 2 types of health personnel: multipurpose health workers, and communiy nutrition workers (CNW).

The Tamil Nadu Integrated Nutrition Project (TINP) was highly successful in reducing malnutrition in children by targeting those who needed nutrition the most--children aged 6-36 months. Prior to this project the government was running more than 25 separate programs that were reaching fewer than 10% of the children in this category.

The 2 groups cooperated with each other through a referral system. Based on growth monitoring information selected children were enrolled in the supplemental program that included daily feeding at the community nutrition center and intensive counseling of mothers.

Once children gained weight for at least 90 days they graduated from the feeding program.3 out of 5 children graduated within 90 days, and 3 out of 4 graduated in 6 months or less.



cnWs were trained specifically to focus on the at-risk group of 6-36 months. Health workers were responsible for women's health and for children outside the target age group.

CASE CLOSED