

IN THE HON'BLE SUPREME COURT OF INDIA
EXTRAORDINARY WRIT JURISDICTION
WRIT PETITION (CIVIL) NO. _____ OF 2019
(IN THE MATTER OF PUBLIC INTEREST LITIGATION)

IN THE MATTER OF:

ANUN DHAWAN & ORS. ...PETITIONERS

VERSUS

UNION OF INDIA & ORS. ...RESPONDENTS

(PAPER-BOOK)

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ADVOCATE FOR THE PETITIONER: FUZAIL AHMAD AYYUBI

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SYNOPSIS

The present Writ Petition has been preferred by the Petitioners before this Hon'ble Court seeking an order or direction from this Hon'ble Court for establishing community kitchens across the country to combat prevalent hunger, malnutrition & starvation and prevent death of persons resulting thereof. The Right to Food is a Fundamental human right recognized under national and international law, which protects the right of people to access food and feed themselves. The right to food is interlinked to one's right to life and dignity and requires that food be available, accessible and adequate for everyone without discrimination or any inequality. Therefore, unavailability and lack of accessibility of food with adequate nutrition is thereby violative of Articles 14, 21, 38, 39, 47 and 51(c) of the Constitution of India.

It has been reported in 2017 by the National Health Survey (NHS) that approximately 19 crore people in the country are compelled to sleep on an empty stomach, every night. Moreover, the most alarming figure revealed is that approximately 4500 children die every day under the age of 5 years in our country resulting from hunger and malnutrition, amounting to over 3 Lakh deaths every year owing to hunger, of children alone. Additionally, it has been reported that 7000 persons (including children) die of hunger every day and over 25 Lakh persons (including children) die of hunger, annually. Moreover, in 2015-2016 Statistics composed by the Food and

Agricultural Organization (FAO) indicated that malnutrition in children under five years results in nearly half of the 1.3 million deaths occurring in the country each year. Researchers estimate that damage caused due to undernourishment by the age of 5 years cannot be reversed in the years to come. Statistics composed by the Food and Agricultural Organization (FAO) indicate that 38% of children below the age of 5 are stunted, and 21% are categorized as wasting or low weight for height.

More importantly, while there are statistics available for malnutrition deaths in children and adults in the Country, there is no official data available for death of persons owing to starvation; as malnutrition may act as a predisposition resulting in death owing to starvation or contraction of an illness or disease. However, the irony of the present situation is reflected by a group of activists reported 56 deaths owing to starvation between 2015-2018, out of which 42 deaths took place between 2017-2018; while 25 of the 42 deaths were solely related to non-linking of Aadhaar with Ration Card or loss of Ration Card, with the highest deaths recorded in Jharkhand and Uttar Pradesh. It is stoutly emphasized at this juncture that the aforesaid figure is not in no way exhaustive but representative of the severity of the issue prevailing in our country.

Global Hunger Index 2018 report prepared by Concern Worldwide and Welthungerhilfe ranked India at 103 out of 119

qualifying countries. India also scored 31.1, indicating that it suffers from a level of hunger that is critical and serious. Pursuant to a global comparison, The Food and Agriculture Report, 2018 stated that India houses 195.9 million of the 821 million undernourished people in the world, accounting for approximately 24% of the world's hungry. Prevalence of undernourishment in India is 14.8%, higher than both the global and Asian average. Moreover, as of 2017, there were a recorded number of 1.77 million persons homeless in the Country as observed by this Hon'ble Court. Though the aforementioned number may not be exhaustive, it further reflects an existing situation wherein certain homeless and underprivileged person of the society are left uncovered by the existing schemes of the Government.

Furthermore, it is imperative to note that as per reports, in India, there is nearly a 4% loss in Gross Domestic Product (GDP) due to malnutrition. Moreover, our country is hosting 50% of the world's under-nourished children. Nation Family Health Survey – 4 reported close to 60 % of children aged between 6 and 59 months as anaemic, while only about 10% of the country's total children receive adequate diet. About 55 % of non-pregnant women and 58% of pregnant women aged between 15-49 years are anaemic. Moreover, in a recent report of the United Nations, it was stated that according to World Food Programme, the chronic malnutrition in India reduced only by 1% in the last decade, slowest among emerging countries.

Furthermore by 2022, 31.4% of the children in the Country will be stunted.

According to PRS Legislative Research, malnourishment is prevalent in our country even among adults as 23% of women and 20% of men are considered undernourished in India. Additionally, The Ministry of Women and Child Development, Government of India in a press release admittedly stated that Malnutrition is not a direct cause of death but contributes to mortality and morbidity by reducing resistance to infections. There are a number of causes of death of children such as prematurity, low birth weight, pneumonia, diarrheal diseases, non-communicable diseases, birth asphyxia & birth trauma, injuries, congenital anomalies, acute bacterial sepsis and severe infections, etc.

It is noteworthy that in the year 2003, UN India initiated 'The Zero Hunger Challenge' with the aim to achieve Zero Hunger, to a global movement to ensure the Right to Food for all and to build sustainable agriculture and food systems by 2030. The Agenda for Sustainable Development, consists of five basic elements to achieve the aforesaid goal aims enlisting sustainable food security and nutrition, as one of the primary goals. The Respondents are further running various schemes such as The Public Distribution System (PDS);Antyodaya Anna Yojana (AAY);The National Programme of Nutritional Support to Primary Education, also known as "Mid-Day

Meal Scheme”;The Integrate Child Development Services (ICDS);Annapurna Scheme; The National Old Age Pension Scheme (NOAPS);The National Maternity Benefit Scheme (NMBS); and The National Family Benefit Scheme (NFBS) to name a few. Furthermore, the Parliament of India in 10.09.2013 enacted the National Food Security Act causing a paradigm shift in the approach food security from welfare to rights based approach. Hence, both the State and Central Government in the country have launched a range of promotional, preventive and protective social measures to tackle deprivation, food insecurity and poverty alleviation.

It is pertinent to note that the concept of state-funded community kitchens is not a novelty concept in the country or globally and States such as Tamil Nadu(*Amma Unavagam*), Rajasthan(*Annapurna Raso*), Karnataka (*Indira Canteens*), Delhi (*Aam Aadmi Canteen*), Andhra Pradesh (*Anna Canteen*),Jharkhand (*Mukhyamantri Dal Bhat*) and Odisha (*Ahaar Centre*)have established the same with the object of combating hunger and malnutrition crisis in the nation, providing nutritious food at subsidized rates to the lower socio-economic strata of the society. Furthermore, the personnel employed in these community kitchens provide employment, which is an added advantage in this economy where even joblessness is rampantly on the rise, adding to the cycle of hunger and malnutrition.

A paper titled Cooperative Management, Food Security and *Amma Unavagam*- A Case Study from the Indian State of Tamil Nadu presented at 11th Asia Pacific Research Conference on Cooperatives and Sustainable Development studied the Amma Unavagam community kitchen in Chennai, Tamil Nadu. It was observed that the scheme started as a pilot project through a chain of low priced canteens has seen phenomenal growth both in terms of the numbers of canteen and poorest of the poor eating low priced cooked food. The success of the scheme lies not only in the low prices but also due to the cooperative management of all the outlets by the SHGs, which has been able to run the canteens based on democratic norms, mutual reciprocity and shared responsibilities of their job responsibilities. Results of the case study throw up important insights with policy implications. This highly subsidized scheme focused on giving cooked food to the urban poor at below the market price has been a success because the food has directly gone to the end beneficiaries – the urban poor – who were the main target. This underscores the importance of direct intervention to the poorest sections of population is far more effective than indirect delivery of subsidized food grains and pulses etc, where leakages and loopholes (hoarding and corruption) in the implementation is high. Besides the direct delivery mechanism, the scheme's success is also largely due to the quality maintenance in terms of taste, hygiene and wholesome menu sold by *Amma Unavagam* canteens. This is instructive about

how meeting targeted beneficiaries" dietary and economic requirements could determine the success of a welfare policy intervention. More notably, co-opting Self Help Groups ensured that running of *Amma Unavagam* canteens benefitted from the cooperative management of peer group members of SHGs. Additionally, the scheme's success in generating employment for poor women slum dwellers has an important implication for inclusive growth. Notwithstanding the concerns on sustainability and funding of the scheme if it were to be scaled up further, *Amma Unavagam* scheme has demonstrated quite successfully in a short span of time that a combination of innovative and inclusive strategy of co-opting women SHGs in running and managing the canteens, has played a dual role in offering food security as well as generating employment for the marginalized women slum dwellers.

Additionally, the Annual Budgetary allocation for the Department of Food & Public Distribution, Ministry of Consumer Affairs and Food & Public Distribution for the year has 2016-2017(Actual) been Rs.1.15 Lakh Crore, for 2017-2018(Revised) has been Rs.1.45 Lakh Crore, for 2018-2019 has been Rs.1.74 Lakh Crore and for 2019-2020 is Rs.1.92 Lakh Crore for various schemes, including those combating and preventing hunger, malnutrition and starvation. Though, it is the humble submission of the Petitioners that the alleged inadequacy or non-implementation of the existing

schemes appears to be evident as in spite of various schemes in operation, the figures pertaining to hunger-related deaths is at an alarming high, and even in the case where death has not occurred, the mere fact that an estimated figure of 19 crore people going to sleep on an empty stomach in this country, itself is socially and morally unjust and perturbing, as food is rudimentary to survival.

It is thus, the humble submission of the Petitioners that the implementation of state-funded community kitchens or community kitchens managed with funding from the State as well as under Corporate Social Responsibility (U/s 135 of the Companies Act, 2013 r/w Schedule VII of the Constitution of India by a Public-Private Partnership (PPP), may be implemented to complement the existing schemes. The model of community kitchens may solve a dual purpose of contributing towards decline and eradication of malnutrition and hunger as well as providing for employment to persons, required for running the said kitchens.

Moreover, it is pertinent to mention that this Hon'ble Court in the *People Union for Civil Liberties v. Union of India & Ors., 2013.*, vide Order dated 28.11.2001 directed all the States and UTs for implementation of various food related scheme, as mentioned above. However, the Petitioners have specifically mentioned the implementation of Mid-day meal scheme throughout the country for two reasons: (i) prior to the order of this Hon'ble Court dated

28.11.2001, mid-day meals were being provided in states such as Tamil Nadu, however, this Hon'ble Court through the aforementioned Order directed for Pan-India implementation of the same, and (ii) the Mid-day meal scheme is a step in furtherance of provision of uncooked/raw grains by providing cooked meals to children between the age of 6-14 years. In the present case, it is the humble prayer of the Petitioners before this Hon'ble Court for a similar order or direction to all the States/UTs for provision of nutritious edible, cooked meals to all persons.

The human rights approach to the right to food and nutrition is increasingly becoming popular as against policy oriented programmatic approach to development as it introduces normative basis and provides for an element of accountability by virtue of which State can be compelled to protect certain vital interests of subjects. Hunger and malnutrition are the twin problems that plague the world at large and continue to be a blemish on the graph of development. Though many countries have pledged their allegiance to the task of eradicating hunger, so far it has proved to be a utopian dream. Even though food is the most basic requirement for survival, it still seems to be a luxury which millions barely have access to. The only way that hunger can become a thing of the past is to make food security a reality, and to respect every individual's right to adequate food and ensuring that no one is denied the same. There is the need to

develop a normative concept of right to food in India because in urban and rural India today. Hon'ble Justice P.N. Bhagwati in the case of *Kishen Pattayanak and Ors. v. State of Orissa*, AIR 1989 SC 677 held that "No one in this Country can be allowed to suffer deprivation and exploitation particularly when social justice is the watchword of our constitution."

The pertinent object of this Petition is to ensure the Right of Food and Eradication of Hunger of the persons and this Hon'ble Court in a plethora of judgments has upheld the 'Right to Food' and 'Right to Dignity' as a Fundamental Right guaranteed by the Constitution of India under Article 21. This Hon'ble Court in a plethora of judgments has upheld *Right to Food* as a Fundamental Right enshrined under *Right to Life and Dignity* under Article 21 of the Constitution of India (*Shantistar Builders v. N.K. Tomate.*, (1990) 1 SCC 520; *People Union for Civil Liberties v. Union of India & Ors.*, 2013; *C.E.S.C. Ltd. V. Subash Chandra Bose & Ors.*, (1992) 1 SCC 441; *P.P. Gupta v. State of Gujarat.*, 1995 Supp (2) SCC 182; *Peerless General Finance and Investment Co. Ltd v. Reserve Bank of India.*, 1992 (2) SCC 343).

In *Mahadeo Savlaram Shelkae v. Pune Municipal Corporation.*, (1995) 3 SCC 33, this Hon'ble Court held that the Courts should necessarily consider the effect on public purpose and should suitably mold the relief. Furthermore, in *Cooper v. Union of India*, this Hon'ble

Court observed that that the right to personal liberty in Article 21 must be read with Article 19 and Article 14, whenever necessary with a view to strengthen the right to personal liberty.

India houses a staggering proportion of persons suffering from hunger, malnutrition and food insecurity, in today's day and age. Despite there being a wide range of Governmental Schemes and Programmes intended to achieve the decline and eradication of these pertinent issues, the desired result at present poses as a distant reality. As each of these schemes appear to be ridden with problems, ensuring right to food requires action on multiple fronts. It is noteworthy that in-spite of the existence of a plethora of schemes aimed at eradicating Hunger, Malnutrition, Starvation Deaths, and allied issues, the country is still grappling with the said problems on a large scale, leaving scope for newer radical solutions to combat the same.

LIST OF DATES

- 10.12.1948 The Universal Declaration of Human Rights (UDHR) adopted by the Nations General Assembly recognized the Right to an adequate standard of living, including food, clothing and housing under Article 25(1) of the said Declaration.
- 16.11.1974 The United Nations General Assembly adopted the Universal Declaration on Eradication of Hunger and Malnutrition establishing the Right of all people to nutrition and sustenance sufficient to ensure their well being.
- 02.10.1975 The Government of India launched 'The Integrated Child Development Services (ICDS) Scheme' which

provides food, preschool education and primary healthcare to children under the age of 6 and to their mothers.

03.01.1976 The International Covenant on Economic, Social and Cultural Rights (ICESCR) adopted by UN General Assembly under Article 11 recognized the Right to an adequate standard of living, including adequate food, as well as the Fundamental Right to be free from hunger.

03.09.1981 'The Convention on the Elimination of All Forms of Discrimination against Women' adopted by the United Nations General Assembly under Article 12 (2) establishes the obligation on States to ensure adequate nutrition to women during pregnancy and lactation. Further, it contains provisions of access to resources for rural women. The same was ratified by India on 09.07.1993.

02.09.1990 The United Nations Convention on the Rights of the Child under Article 24(2)(c) and Article 27(3) places liability on the States to combat malnutrition and to provide adequate and nutritious foods, as well as to provide material support to nutrition programmes. The same was ratified by India on 11.12.1992, subject to certain reservations.

- 2003 The United Nations initiated “The Zero Hunger Challenge”, and India participated in the same. It was noted that while India accounts for 18% of the World’s population, yet 25% of its people go hungry. The “Zero Hunger Challenge” focused primarily on two goals: (i)provision of 100% access to adequate all-year round; and (ii) to achieve zero loss or wastage of food.
- 2005-2006 As per the National Health Family Survey-3, conducted in the said period, apart from children, even adults continue to face nutritional deficiency. More than one-third (approx. 36%) of women, have a BMI below 18.5, indicating high prevalence of nutritional deficiency. Malnutrition levels appear to be higher among young girls and almost half of the girls between the ages of 15-19 years are malnourished. Moreover, the percentage of women who are physically too thin was highest in Bihar (45%), followed by Chhattisgarh and Jharkhand (43%), each. Similar variations have been seen in the case of men who are underweight and malnourished.
- 10.10.2008 An advanced copy of The India State Hunger Index: Comparisons of Hunger across States**

was released for discussion and discussion. The ISHI was developed by the International Food Policy Research Institute (IFPRI) and presented in conjunction with the NGO 'Welthungerhilfe' and the Department of Economics, University of California. It is a tool to calculate hunger and malnutrition at the regional level in India.

- 15.08.2011 Under the Public Distribution Scheme (PDS), The Government of Jharkhand launched the scheme 'Mukhyamantri Dal Bhat Yojna' aimed at providing people with meals under affordable & subsidized, costing as low as Rs. 5/-.
- 24.02.2013 The Government of Tamil Nadu launched Amma Unavagam (Amma Canteen) as a food subsidization programme run by the State. Under the scheme, Municipal Corporation of the state-run canteens serve food at subsidized prices.
- 05.09.2013 The Parliament of India enacted the National Food Security Act, 2013, with an aim to provide food and nutritional security. Sections 5 and 6 of the Act have a provision for a child upto the age of fourteen years to be provided with a meal, free of charge.
- 01.04.2014 Section 135 of the Companies Act, 2013, read with schedule VII of the Constitution of India provides

that a company under Corporate Social Responsibility (CSR) can spend money on initiatives related to health, hunger, poverty and donate to any Government's fund or scheme.

28.03.2015 An article published in The Times of India noted that a paper prepared by 'Forum for Learning and Action with Innovation and Rigour (FLAIR)' estimates more than 15 lakh children below five years of age died in India, with malnutrition as a primary reason. A report by UNICEF on child mortality also endorses the figure.

01.04.2015 The Government of Odisha launched Ahar Yojana to provide cheap food to the urban poor at subsidized rates. The actual cost of the food is around ₹ 20 but is sold at a subsidized rate of ₹ 5.

19.11.2015 The Government of Uttarakhand launched 'Indira Amma Canteen'. It is a food subsidization programme wherein the canteens serve food at low prices owing to Government subsidies.

2015-16 The National Health Family Survey 4, as conducted in the said year, reported that 38% of children below the age of five years are stunted (short for their age); 21% are wasted (thin for their height); 36% are underweight (thin for their age); and 2% are

overweight (heavy for their height). The nutritional status of adults provides that 23% of women and 20% of women age between 15-49 are thin; 53% of women and 23% of men are anaemic due to lack of nutrition across the country.

2015-16

Statistics composed by the Food and Agricultural Organization (FAO) indicate that 38% of children below the age of 5 are stunted, and 21% are categorized as wasting or low weight for height. Malnutrition in children under five years results in nearly half of the 1.3 million deaths occurring in the country each year. International Food Policy Research Institute (IFPRI)'s Global Hunger Index (GHI) has ranked India 97 among 118 countries on hunger in 2016.

22.01.2016

An article published by the Scroll.In endorsed the concept of community kitchens and further mentions that this concept was featured in the proposed National Food Security Bill, 2011 as a duty of the State Government, but not included in the Act. The article further lays emphasis on the advantage of community kitchens as an important measure of food security, by providing nutritious food at inexpensive rates for the elderly, ill, disabled

destitute, etc as well as the working persons; these kitchens can also be viewed as a response to market failures; providing employment to persons as well. The article further makes mention of the existing state-run community centres.

10.03.2016 An article published by Down To Earth indicated the Food for thought: Tackling child malnutrition to unlock to boost prosperity report, based on India, Vietnam, Peru and Ethiopia. The said report stated that India loses between 0.8 per cent and 2.5 per cent of the GDP, equivalent to \$15-46 billion to malnourishment affecting the educational development, physical productivity and health, and also perpetuates inequalities, such as those created by caste in India.

March 2016 The Government of Andhra Pradesh (undivided) launched Anna Canteen to provide subsidized food to urban poor. These canteens aim to tackle hunger in urban areas. They will offer breakfast, lunch, and dinner at Rs.5 a meal.

31.05.2016 An article published by International Business Times stated as per the report submitted by the Food and Agriculture Organization, India had nearly 195 million undernourished people in 2014-16,

which is the largest in the world. Though India has witnessed a decline in the rate of undernourished population by 7.4% since 1990-92, but it is nowhere near China, as China has registered an impressive 54 percent decline in its undernourished population since 1990-92 and had 134 million undernourished people in 2014-2016.

23.09.2016 An Article published by The Hindu reported that The National Human Rights Commission issued a notice to the Maharashtra government regarding the reports of 600 children deaths due to Malnutrition in Palghar district in the span of 2015-16. The Commission further observed that the State authorities are required to be conscious towards to the plight of the residents. The locals had alleged that funds to procure are allocated but not reaching the beneficiaries.

15.12.2016 The Government of Rajasthan launched Annapurna Rasoi Scheme to provide quality meal at cheap price to poor. Under the scheme food will be provided at subsidized rates. Breakfast will be served for Rs. 5 and lunch and dinner for Rs. 8.

28.12.2016 An article published in The Better India emphasized the role of state-run, low-cost kitchens across the

country providing affordable and nutritious meals for the working class. Numerous state-run canteens such as Amma Canteen(Tamil Nadu) provides a meal under Rs.10;Indira Amma Canteen (Uttarakhand) provides meal for Rs.20/plate; NTR Anna Canteens (Andhra Pradesh), Ahaar (Odisha), Annapurna Rasoi(Rajasthan) provides food for Rs.5/plate; Furthermore, privately-run Gurgaon-based canteen Janta Meals provides food for Rs.20-30/plate and Gurudwaras feeding persons free of costs have contributed towards food security.

19.01.2017 An article published in the New Indian Express reported that Aam Admi Canteen had launched in Lok Nayak Jayaprakash Narayan (LJNP) Hospital serving lunch at Rs. 10/- for a trial run period of 1 month, to be later extended to serving Dinner & Breakfast. Under the proposal 100 such canteens were to be established. However, the same has not been achieved yet.

27.03.2017 An article published in Live Mint while making mention of the state-run community kitchens in Tamil Nadu, Rajasthan, Madhya Pradesh, Odisha, Andhra Pradesh, Karnataka, Delhi, laid emphasis on the struggle faced by men and women in the country

pertaining to BMI and anaemia. Furthermore, the added advantage of the Amma Canteen is the employment to large number of women.

09.06.2017 A research article published by the Observer Research Foundation titled 'Preventing Hunger and Malnutrition in India' quoted the research of the Food and Agricultural Organization (2015-2016) showing that India has the highest number (one quarter) of undernourished (hungry) people in the world (194.6 million or 15 percent of India's total population during 2014-16). Hunger and undernourishment lead to severe problems. Children and youth in this state suffer from numerous nutritional deficiencies which adversely impact their overall health.

16.06.2017 An article published in Swarajya suggested for a new scheme based on the combined framework of community kitchen and food subsidy as a viable option to supplement the failing food ailing programmes. It stated that community kitchens are usually hailed as a populist move and the idea is to provide cheap or free nutritious food as a service to the general public. The community kitchens are either run by a religious institution (such as langar at

Gurudwaras or soup kitchen by churches) or by the state. This new scheme would have increased government role in running the community kitchen which would be combined with the existing food subsidies. The entire infrastructure for the new scheme can be derived from the resources of existing food aid program, and thus, only minor financial deliberations are needed to enact such a scheme.

- 15.08.2017 The Government of Karnataka launched the Scheme 'Indira Canteens' which will provide food at subsidized rates. Indira Canteens will serve lunch and dinner for Rs. 10 and breakfast for Rs. 5.
- 25.08.2017 An article published in the Hindustan Times the social and economic advantages of community kitchens in India, as a complement to the existing schemes of the Government for combating hunger and malnutrition were reported.
- 05.09.2017 The National Institution for Transforming India (NITI) Aayog launched National Nutrition Strategy. The strategy aims to lay down a roadmap for targeted action to address India's nutritional needs and reduce malnutrition in the country by 2020.
- 15.09.2017 An article published in Live Mint reported the State

of Food Security and Nutrition in the World Report, 2017 stated that the number of undernourished people in the world increased to an estimated 815 million in 2016, up from 777 million in 2015. Data from the report showed that India is home to 190.7 million of them—a 14.5% prevalence of hunger vis-a-vis its total population. The data further showed that 38.4% of children under five in India are stunted, while 51.4% of women in reproductive ages are anemic. The report defines stunting as the result of long-term nutritional deprivation which may affect mental development, school performance and intellectual capacity. Prevalence of child stunting in India at 38.4% compares with 14.7% in Sri Lanka and 9.4% in China. Data from the report also showed that while the number of children in India who are stunted fell from 62 million in 2005 to 47.5 million in 2016, the number of adults who are overweight rose from 14.6 million in 2015 to 29.8 million in 2014.

17.09.2017 An article published in The Hindustan Times reported approximately 1.77 million persons recorded as being homeless in the country.

21.01.2018 An Article published in The Financial Express

reported that nearly 4% of GDP is lost due to malnutrition in India, as per the report submitted by Assocham and EY. The report stated that only 10% of the country's total children are receiving adequate diet. In order to cater to the large unmet needs of micro-nutrients, it is imperative to focus on production diversity as well as food fortification at a macro level, for instance, it advises to feed millets to children, as it is three to five times more nutritious than rice and wheat in terms of nutrients.

03.01.2018

An Article published in The Asian Age reported that with 17% of the world's population, India is a home to a quarter of world's hungry. In 2017, India fared at rank 110 on the Global Hunger Index of 119 countries. Children are born to undernourished and anaemic teenage girls which themselves are not nourished enough and therefore give birth to undernourished and underweighted children. As per the statistics, 33.6% of Indian women are chronically undernourished and 55% are anaemic. Nearly one-third of **adults** in the country have a body mass index (BMI) below normal just because they do not have enough food to eat. Of all Indian children under five, one in three (35.7 per cent) is

underweight (low weight for age), one in three (38.4 per cent) is stunted (low height for age); one in five (21 per cent) is wasted (low weight for height) and only every second child exclusively breastfed for the first six months; 3,000 children die every day from poor diet-related illness.

02.06.2018 An article published in The Economic Times reported that the Centre had decided to refund the GST charged on the purchase of raw food items by charitable religious institutions for distributing free meals to public under the Scheme 'Seva Bhoj Yojna'.

26.07.2018 An Article published in Indian Express reported that recently a 58-year-old woman died in Jharkhand due to starvation. It further reported that an 11-year-old Santoshi died in September 2017 due to insufficient food in her stomach as alleged by the family that they had not received ration for more than 6 months. In both cases they were denied food under the PDS Scheme and their ration card was cancelled. Further, UNICEF reported that Malnutrition is a direct contributor to nearly half of all deaths under the age of five years and though

‘starvation’ or ‘hunger’ is never the final *cause of death*, but a more immediate ailment such as diarrhea or pneumonia caused due to insufficient nutrition. Recently, over 4500 deaths and nearly 1.5 million children have died annually due to hunger.

30.07.2018 An Article published in Hindustan Times reported that 34 out of 1,000 children born in the country die in the mother’s womb itself. It reported the incident of 3 innocent girls who died in Delhi’s Mandawali area wherein no trace of food was found in their stomach. Doctors told the reporter that they were surviving on fats of the body and that the girls were suffering from such severe malnutrition, that the bones were visible under the skin. Approximately 19 crore people in the country are compelled to sleep on an empty stomach.

11.09.2018 The report “The State of Food Security and Nutrition in the World 2018” provides an updated estimate of the number of hungry people in the world. According to the report 195.9 million people in India are undernourished.

September 2018 An Article published by ENN which presents a technical brief on a new conceptual framework that shows the link between malnutrition and economic

costs through: mortality, morbidity, impaired physical growth and impaired cognitive function. Through these pathways, malnutrition carries direct and indirect costs to individual, families and nations of US \$ 3.5 trillion globally.

11.09.2018

An article published in Down to Earth reported that as per the World Health Index, India has the highest number of thin children in the world. The prevalence of overweight children under 5 and prevalence of obesity in the population over 18 years is increasing in India, as stated by the latest World Hunger Index. Anaemia in breastfeeding women has accelerated with time in Asia and Africa to the extent that it is nearly three times higher than in North America.

11.09.2018

An article published in Live Mint reported that globally hunger was on the rise. While quoting the Food and Agriculture Organization (FAO) Report of the United Nations it stated that in 2017, 821 million people faced chronic food deprivation in the world, while India houses 195.9 million of them, accounting for 24% of the world's hungry. Furthermore, the prevalence of undernourishment in India was reported as being 14.8% higher than the global and Asian average.

- 23.09.2018 An article published by News Click stated that the period between 2015-2018 witnessed 56 starvation deaths, of which 42 took place between 2017-2018. 25 of the 42 hunger deaths owed to non-linking of Aadhaar with Ration Card, loss of Ration Card. Jharkhand and Uttar Pradesh recorded the highest number of starvation deaths at 16 deaths, each. It was further reported that the entitlements are inapplicably made contingent upon identification cards. Denial of PDS rations or pensions accounts for most of the hunger deaths as majority of the victims belong to disadvantaged groups.
- 10.10.2018 Global Hunger Index 2018 report prepared by Concern Worldwide and Welthungerlife ranked India at 103 out of 119 qualifying countries. India also scored **31.1**, indicating that it suffers from a level of hunger that is **serious**.
- 30.11.2018 An article published in India Today reported that according to the Global Nutrition Report, 2018 India is facing a major malnutrition crisis as it holds almost a third of world's burden for stunting. Stunting or low height for age, is caused due by long-term insufficient nutrient-intake and frequent infections; with 46.6 million children stunted, India

tops the list. Furthermore, India accounts for 25.5 million children who are wasted. Further, it reports that Malnutrition is responsible for more ill-health than any other cause. The health consequences of being overweight and obese contribute to an estimated four million deaths globally. Statistics also show that India has more than a million overweight children.

26.06.2019 An article in Scroll.in published a United Nations Report which stated that according to World Food Programme, the chronic malnutrition in India reduced only by 1% in the last decade, slowest among emerging countries. Furthermore by 2022, 31.4% of the children in the Country will be stunted.

(USE IN SYNOPSIS)

26.06.2019 An article published in XinhuaNet reported the UN briefing of the National Food and Nutrition Security Analysis Report – “Despite India becoming self-sufficient in food grain production with a large increase in the production of rice, wheat, and other cereals, the per capita availability of these grains has not increased at the same level due to inequality, population growth, food wastage and losses, and exports...India's progress towards the

sustainable development goal, with an overall population of 1.32 billion, will have a critical impact on the overall global success of reaching zero hunger...The report indicates that despite positive trends and patterns in improving food security, malnutrition rates are well below acceptable levels, with many people, especially women and children, suffering from micronutrient - Vitamin A, iron and iodine - deficiency.

..Among the poorest 30 percent of the population, the average per capita consumption of energy is 1811 kilocalorie a day, which is much lower than the Indian Council of Medical Research norm of 2,155 kilocalories per day”

(Undated)

In an article published by Bhookh.com, referring to the UN World Food Programme, UN WHO: Global Database on Child Growth and Malnutrition, 2006, UN Food and Agriculture Organization: SOFI 2006 Report, it has been reported that 7000 persons (including children) die of hunger every day and over 25 Lakh persons (including children) die of hunger, annually.

13.08.2019

Hence, this Petition.

IN THE HON'BLE SUPREME COURT OF INDIA
EXTRAORDINARY WRIT JURISDICTION
WRIT PETITION (CIVIL) NO. _____ OF 2019
(IN THE MATTER OF PUBLIC INTEREST LITIGATION)

IN THE MATTER OF:

1. ANUN DHAWAN

S/O. MR. PRAMOD KUMAR DHAWAN

FLAT NO. 20, CHANDER KALASH, PART-1

NEW DELHI - 110048

...Petitioner No.1

2. ISHANN DHAWAN

S/O. MR. PRAMOD KUMAR DHAWAN

FLAT NO. 20, CHANDER KALASH, PART-1

NEW DELHI - 110048

...Petitioner No.2

3. KUNJANA SINGH

MR. DR. ARVIND BHADUR SINGH

20 HOUSE, NORTH CHANDER PALACE

OPP. CHOUHAN, NAHAN

DIST. DEHRA DUN

HIMACHAL PRADESH – 173001

...Petitioner No.3

VERSUS

1. UNION OF INDIA

THROUGH THE HOME SECRETARY,

CABINET SECRETARIAT,

RASHTRAPATI BHAWAN

NEW DELHI – 110004

Respondent No.1

2. MINISTRY OF LAW AND JUSTICE

THROUGH SECRETARY,

GOVERNMENT OF INDIA

SHASTRI BHAWAN,

NEW DELHI-110001

...Respondent No.2

3. MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT

THROUGH SECRETARY,

GOVERNMENT OF INDIA

SHASTRI BHAWAN,

NEW DELHI-110001

...Respondent No.3

4. MINISTRY OF CONSUMER AFFAIRS AND PUBLIC

DISTRIBUTION

THROUGH SECRETARY

KRISHI BHAWAN,

RAFI MARG, CONNAUGHT PLACE,

NEW DELHI – 110001

...Respondent No.4

5. MINISTRY OF AGRICULTURE AND FARMERS WELFARE

THROUGH SECRETARY

ROOM NO. 120, 1ST FLOOR

KRISHI BHAWAN

DR. RAJENDRA PRASAD ROAD

NEW DELHI – 110001

...Respondent No.5

6. MINISTRY OF CORPORATE AFFAIRS

THROUGH SECRETARY

A-WING, SHASTRI BHAWAN GARAGE NO. 14,

DR. RAJENDRA PRASAD ROAD,

NEW DELHI – 110001

...Respondent No.6

7. MINISTRY OF WOMEN AND CHILD DEVELOPMENT

THROUGH SECRETARY

SHASHTRI BHAWAN,

NEW DELHI – 110001

...Respondent No.7

8. MINISTRY OF HEALTH AND FAMILY WELFARE

THROUGH SECRETARY

ROOM NO. 348, A-WING,

NIRMAN BHAWAN

NEW DELHI – 110011

...Respondent No.8

9. MINISTRY OF HUMAN RESOURCE DEVELOPMENT

THROUGH SECRETARY

LAL BAHADUR SASTRI SMRITI MAULANA AZAD ROAD

BAL BHAWAN MAN SINGH ROAD AREA

NEW DELHI-110001

...Respondent No.9

10. MINISTRY OF RURAL DEVELOPMENT

THROUGH SECRETARY

FIRST FLOOR, KRISHI BHAWAN, RAFI MARG,

CENTRAL SECRETARIAT

NEW DELHI-110001

...Respondent No.10

11. MINISTRY OF HOUSING AND URBAN AFFAIRS

THROUGH SECRETARY

GROUND FLOOR A-WING, NIRMAN BHAWAN

NEW DELHI-110001

...Respondent No.11

12. NATIONAL LEGAL SERVICES AUTHORITY OF INDIA

THROUGH CHAIRPERSON

NO.12/11.JAM NAGAR HOUSE , SHAH JAHAN ROAD

NEW DELHI-110011

...Respondent No.12

A WRIT PETITION UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA IN THE NATURE OF PUBLIC INTEREST LITIGATION FOR ISSUANCE OF A WRIT IN THE NATURE OF MANDAMUS OR ANY OTHER APPROPRIATE WRIT AGAINST THE RESPONDENTS THEREBY PRAYING BEFORE THIS HON'BLE COURT FOR ISSUING DIRECTIONS THE CHIEF SECRETARIES OF ALL THE STATES AND UNION TERRITORIES TO FORMULATE SUCH SCHEME TO IMPLEMENT THE CONCEPT OF COMMUNITY KITCHENS TO COMBAT HUNGER, MALNUTRITION & STARVATION AND DEATHS RESULTING THEREOF, AND TO FURTHER ENSURE THAT NO PERSON SHOULD SLEEP ON AN EMPTY STOMACH; DIRECTIONS TO THE NATIONAL LEGAL SERVICES AUTHORITY (NLSA) TO FORMULATE A SCHEME IN ORDER TO FURTHER THE PROVISIONS OF ARTICLE 51A OF THE CONSTITUTION OF INDIA IN ORDER TO MITIGATE DEATHS RESULTING FROM HUNGER, MALNUTRITION AND STARVATION; DIRECTIONS TO THE CENTRAL GOVERNMENT TO CREATE A NATIONAL FOOD GRID FOR THOSE PERSONS BEYOND THE SCOPE OF THE PUBLIC DISTRIBUTION SCHEME (PDS); ALONG-WITH SUPPORTING AFFIDAVITS

TO,

THE HON'BLE CHIEF JUSTICE OF INDIA

AND HIS COMPANION JUSTICES

OF THE SUPREME COURT OF INDIA

THE HUMBLE PETITION OF THE PETITIONERS OF THE

PETITIONERS ABOVE-NAMED

MOST RESPECTFULLY SHOWETH:

1. That the Petitioners above named have preferred the instant Public Interest Litigation vide a civil writ petition seeking an appropriate order or direction of this Hon'ble Court to establish community kitchens across the country . The Petitioners are acting bonafide for the welfare and benefit of the society as a whole in filing the present PIL before this Hon'ble Court. The Petitioners have no vested personal interest in the subject-matter of the petition. This PIL has been filed with no ulterior or malafide motive other than public interest. That furthermore, the Petitioners hereby undertake to bear costs, if any, imposed by this Hon'ble Court arising out of this Petition.

1A. That the Petitioner No.1 is professional who is additionally a socially active and inclined person. The said Petitioner having worked closely with a school for under privileged children in New Delhi that provided free education from 2008 to 2013, taught

mathematics to junior school children for a period of two years. His primary focus was raising funds to ensure the school was a going concern. With the efforts of his team and him, the school is now a permanent establishment with minimal fees being charged. Petitioner No.1 attended a leadership programme in Hanoi in 2018 run by SEALA (www.sealanetwork.org), a not-for-profit organization bringing together young leaders from the region where this idea of filing a petition found its roots and with support & guidance from the faculty as well as fellow members is now close to bearing fruit. It is during the course of the said programme that the Petitioner was enlightened with the ongoing hunger crises in the nation and henceforth aimed at attempting to work on the same. The details of the Petitioner No.1 are as follows:

1B. That the Petitioner No.2 is again a professional as well as a socially active and inclined person, who has been deeply

affected by the plight of the underprivileged or people suffering and over the years has been actively involved with a boarding house for HIV positive children being run by the Naz Foundation in East of Kailash, New Delhi. He is also actively involved with a shelter for street dogs being run in a property owned by the family in Sainik Farms, New Delhi. Below mentioned are the details of Petitioner No.2:-

1C. That the Petitioner No.3 is a social activist acting as a voice for upliftment of underprivileged persons. The said Petitioner has been contributing as a social activist from more than 35 years and is running various NGOs dedicated to Social welfare and Environmental causes. The said Petitioner has been instrumental in establishing and running numerous Crèches' in rural areas where nutritious diet and medicines are provided which are otherwise not easily available. Petitioner No.3 is

currently running 10 crèches in rural areas of Himachal Pradesh and furthermore running Day Care Centers for aged persons wherein again nutritious diet and free medicines are provided since 1992. The details of the Petitioner No.3 are as under:

2. FACTS:

2.1 That in 1946 Freedom from Hunger an international development organization was formed, which is working in sixteen countries across the globe. It brings innovative and sustainable self-help solutions to fight the chronic hunger and poverty. This organization began as Meals for Millions, but it has developed and introduced Multi-Purpose Food, a high-protein powered food supplement still used today in relief efforts around the world. Since 1970s, Freedom from Hunger shifted their focus to implementing Applied Nutrition Programs, focusing almost exclusively on the health and nutrition of

mothers and children. In India, through Freedom of Hunger India Trust, they make financial services and health information more accessible and affordable to underserved households.

They have two projects currently in India, namely,

- a) Maa aur Shishu Swasthya (Mother and Child Health) – It is based on the Microfinance and Health Protection framework that is set to provide health and nutrition education, health financing and micro insurance, linkages to health providers.
 - b) Rajasthan Nutrition Project – It builds on growing self-help movement in Rajasthan to curb high risk of under-nourishment, and maternal and infant mortality by providing good nutritious food which is ever-pressing necessity.
- 2.2 That on 10.12.1948 The United Nations General Assembly (resolution 217A) passed The Universal Declaration of Human Rights (UDHR). Article 25 of the UDHR recognizes the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services for everyone. Furthermore, Section 2 of the Article provides that Motherhood and Childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.
- 2.3 That on 16.11.1974 a Universal Declaration on the Eradication of Hunger and Malnutrition was adopted by the World Food

Conference convened under United Nations General Assembly resolution 3180 of December 1973 which establishes the right of all people to nutrition and sustenance sufficient to ensure their well-being. The Declaration recognizes that “Every Man, Woman and Child has the inalienable right to be free from hunger and malnutrition in order to develop fully and maintain their physical and mental faculties. That it is a fundamental responsibility of the Governments to work together for higher food production and a more equitable and efficient distribution of food between countries and within countries. Governments should initiate immediately a greater concerted attack on chronic malnutrition and deficiency diseases among the vulnerable and lower income groups.” It has further reiterated that, “All States should strive to the utmost to readjust, where appropriate, their agriculture policies to give priority to food production, recognizing, in this connection the interrelationship between the world food problem and international trade.”

- 2.4 That on 02.10.1975 The Government of India launched ‘The Integrated Child Development Services (ICDS) Scheme’ that aims to improve health, nutrition and education for children upto the age of 6 years, pregnant and lactating mothers and women 16-44 years of age. ICDS Scheme offers a package of six services, namely, a) Supplementary Nutrition: The aim of Supplementary Nutrition under this scheme is primarily made to

bridge the gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI) of children and pregnant and lactating women, b) Pre-school non-formal education;c) Nutrition & Health Education; d) Immunization; e) Health check-up; f) Referral Services.

2.5 That on 03.01.1976 The International Covenant on Economic, Social and Cultural Rights (ICESCR) adopted by the UN General Assembly came in force. *Article 11 of the ICESCR* has recognized the right to an adequate standard of living, including adequate food, clothing and housing, and to the continuous improvement of living conditions. Section 2 of Article 11 states that the States Parties to the Covenant recognize the fundamental right of everyone to be free from hunger, that shall, individually and through international co-operation, the measures, including specific programmes that are needed, (i) To improve methods of production, conservation and distribution of food by making full use of technical and specific knowledge, by disseminating knowledge of the principles of nutrition and by developing or reforming agrarian systems in such a way as to achieve the most efficient development and utilization of natural resources; (ii) Taking into account the problems of both food importing and food-exporting, to ensure equitable distribution of world food supplies in relation to need. *Article 12 of the ICESCR* enshrines the right of everyone to the

enjoyment of highest attainable standard of physical and mental health; further the steps that are necessary to achieve full realization this right shall include those necessary for, reduction of stillbirth rate and of infant mortality required for the healthy development of the child; improvement of all aspects of environmental and industrial hygiene; prevention and treatment and control of epidemic, endemic and other diseases; the creation of condition which assures to all medical service in the event of sickness.

2.6 That on 03.09.1981 The Convention on the Elimination of All Forms of Discrimination against Women was adopted by the United National General Assembly. Article 12(2) establishes the obligation on States parties to ensure appropriate services in connection with pregnancy, confinement and post-natal period and provide adequate nutrition during pregnancy and lactation to these women. India ratified to this Convention on 09.07.1993 subject to certain reservations.

2.7 That on 02.09.1990 United Nations Convention on the Rights of the Child, *Article 24(2)(c)* of the Convention provides for the State parties shall combat disease and malnutrition, including framework of primary health care, through, the application of readily available technology and through the provision of adequate nutritious food and clean drinking –water, taking the consideration of dangers and risk to the environment. *Article*

27(3) provides that the State Parties ratified to the convention in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide medical assistance and support programmes, particularly with regard to nutrition, clothing and housing. The Republic of India ratified to Convention on the Rights of the Child with certain reservations on 11.12.1992.

- 2.8 That the UN India initiated 'The Zero Hunger Challenge' in the year 2003, which aims to achieve Zero Hunger, to a global movement to ensure the Right to Food for all and to build sustainable agriculture and food systems. This initiative was taken by the UN to complete the 2030 Agenda for Sustainable Development, it has adopted five basic elements to achieve this goal, namely: a) *All food systems are Sustainable: From Production to Consumption*: It aims to sustainable food systems deliver **food security and nutrition** for in such a way that the economic, social and environmental bases to generate food security and nutrition for future generations, not compromised. ; b) *An End to Rural Poverty: Double Small-scale Producer Incomes & Productivity*: Ending rural poverty in effort to increase the income of small-scale producers, to help improve people's well-being through sustainable livelihoods. ; c) *Adapt all Food Systems to Eliminate Loss or Waste of Food*:

Minimizing food losses during production, storage and transport, and waste of food by retailers and consumers.; d) Access Adequate Food and Healthy Diets, for all People, all year round: Access to food that forms the basis of healthy and diverse diets is intricately linked to both rights- particularly equity and women's rights- and resilience. ; e) An end to Malnutrition in all its forms: The initiative aims to eradicate Malnutrition as it leads to hidden hunger, wasting and stunting, which casues irreversible damage to both individuals and society. It further aims to tackle opportunity between the start of pregnancy and a child's second birthday is essential to tackling stunting. Wherein, it supports a multi-sectoral approach which includes nutrition- sensitive healthcare, water, sanitation, education, agriculture, social protection and specific nutrition interventions, couples with initiatives that enable empowerment of women. Facts and figures provided in the Zero Hunger challenge, are a) One in Nine people in the world today (815 million) are undernourished; b) The majority of the world's hungry people live in developing countries, where 12.9% of the population is undernourished; c) Asia is the continent with the hungriest people (67%) – two thirds of the total. d) 1 in 4 children suffer from stunted growth. In some developing countries, it's as high as 1 in 3. They aim to contribute to better nutrition for all – especially women from the beginning of

pregnancy and children under the age of two.

2.9 That the National Health Family Survey-3 was conducted for the year 2005-06 by the International Institute for Population Sciences which carried out the survey to bring out the ground realities to have a base line information on crucial reproductive and Child Health, nutrition, life style, etc. in urban and rural areas in the country. The survey reports that the proportion at which children are undernourished wherein 24% are severely stunted, 16% are severely underweight further children under five years of age, 48% are stunted and 43% are underweight due to lack of proper and required nutrition level. The report further found that under-nutrition is generally lower at first births than for subsequent births, which has shown that it increases consistently with the increasing birth order for all measure of nutrition status. The report noted that Under-nutrition is a serious issue, in Urban areas 40% of the children are stunted and 33% of children are underweight. Inadequate nutrition is a problem throughout India, but under-nutrition in people is most pronounced in states of Madhya Pradesh, Bihar and Jharkhand; further, stunting is a major issue in Uttar Pradesh. The Prevalence of Anemia is a very high in every state and a common phenomenon in India, with almost 7 in 10 children age 6-59 months are reported to be anaemic. It has increased from 74% to 79% from the last Survey. NFHS-3 data saw on the

prevalence and treatment of three health problems in children – acute respiratory infection (ARI), fever and diarrhoea. The Survey further reported, that more than one-third (36%) of women age 15-49 in India suggests BMI below 18.5 indicating chronic nutritional deficiency, including 16% who are moderately to severely thin. The proportion of women who are undernourished are the highest in Bihar (45%), Chhattisgarh (43%), etc. Further, 34% of men age 15-49 have a BMI below 18.5, and more than half are under moderately to severely undernourished. The highest proportion of undernourished men, two in five, are in Madhya Pradesh and Rajasthan. Anaemia is also a major health problem for adults as well as children, affecting 55% of women and 24% of men in India. It suggests that a wide variety of nutritious foods is important for a women's and men's health.

2.10 That on 13.12.2006 The Convention on the Rights of Persons with Disabilities was adopted by the United Nations. Article 25(f) obliges the State to prevent discriminatory denial of health care or health services or food and fluids on the basis of disability. Article 28 of the Convention recognizes the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and to take appropriate steps to safeguard that are

required to fulfill such right without discrimination on the basis of disability. India ratified The Convention on the Rights of Persons with Disabilities on 01.10.2007.

2.11 That on 10.10.2008 **An advanced copy of The India State Hunger Index: Comparisons of Hunger across States** was released for discussion and discussion. The ISHI was developed by the International Food Policy Research Institute (IFPRI) and presented in conjunction with the NGO 'Welthungerhilfe' and the Department of Economics, University of California. It is a tool to calculate hunger and malnutrition at the regional level in India.

2.13 That on 15.08.2011 The Government of Jharkhand launched the scheme 'Mukhyamantri Dal Bhat Yojna' whose objective is to Provide hygenic and nutritious food to poor people and provide them access to health and better standard of living in all aspects. It's main feature is to implement the scheme of low cost food for poor people. The scheme was relaunched in 2018 with a few changes and opened at 400 different districts.

True Typed Copy of article published in Pradhan Mantri Yojana titled 'Mukhyamantri Dal Bhat Yojana , Jharkhan (Food at Rs. 5 Per Person) is marked and annexed as **ANNEXURE P/1 Pg.**

2.14 That on 24.02.2013 The Government of Tamil Nadu launched *Amma Unavagam* (Amma Canteen), which is a food subsidization programme run by the State Government. The

dishes offered at this canteen at low prices are: Rs. 1 or Idli, Rs. 5 for sambar rice, and so forth. The paper published by the 11th Asia Pacific Research Conference on Cooperatives and Sustainable Development dated 15.11.2016 titled Cooperative Management, Food Security and *Amma Unavagam- A Case Study* from the Indian State of Tamil Nadu. The said paper states that an estimated “20% of the 650000 Below the Poverty population are fed by the Amma Unavagams in Chennai”. It was stated that Amma Unavagam, a subsidized food chain run by the local government (Municipal Corporation) was essentially designed with dual goals – (i) to ensure food security and (ii) to keep prices in check. The Paper further elaborates upon the concept of community kitchens which shall be touched upon in the grounds.

True Copy of the Paper titled Cooperative Management, Food Security and Amma Unavagam – A Case Study from the Indian State of Tamil Nadu dated 15.11.2016 is marked and annexed as **ANNEXURE P/2 Pg.**

2.15 That on 05.09.2013 The Government of India enacted the National Food Security Act, 2013. The Act aims to provide for food and adequate quantity of food at affordable prices to people to live a life with dignity and for matters connected therewith or incidental thereto. The basic concept of food security is to ensure that all people, at all times, should get

access to the basic food for their active and healthy life and is characterized by availability, access, utilization and stability of food.

2.16 That on 01.04.2014 the Companies Act, 2013 was implemented. Section 135 of the said Act read with schedule VII of the Constitution of India provides that a company under Corporate Social Responsibility (CSR) can spend money on initiatives related to health, hunger, poverty and donate to any Government's fund or scheme.

2.17 That on 28.03.2015 An Article published by The Times of India reported that the paper prepared by the Forum for Learning and Action with Innovation and Rigour (FLAIR) estimates more than 15 lakh children below five years of age died in India. A report by UNICEF has endorsed this figure. According to the UNICEF Report, India accounts for 22% of the total under five year children deaths worldwide. As per Dr. Raj Bhandari, advisor-health & nutrition at FLAIR and technical consultant to UNICEF, Unhygienic environment with high population density creates a perfect storm for diseases to thrive and malnutrition to flourish. Apart from Poor Sanitation, Food and Nutritional insecurity, lack of health care and extremely poor conditions of public health are considered the primary reasons of malnutrition. As per Dr. Bhandari, "There is an urgent need for the government to introduce nutrition as a development indicator in various

schemes such as the Integrated Child Development Scheme (ICDS), Integrated Child Protection Scheme (ICPS) and Sarva Shiksha Abhiyan (SSA)".

True Copy of the article published in Times of India dated 28.03.2015 titled 'India has highest number of deaths of children under five years of age' is marked and annexed as **ANNEXURE P/3 Pg.**

- 2.18 That on 01.04.2015 The Government of Odisha launched Ahar Yojana to provide cheap food to the urban poor at subsidized rates. The actual cost of the food is around Rs. 20 but is subsidized to Rs. 5.
- 2.19 That on 19.11.2015 The Government of Uttrakhand launched Indira Amma Canteen. It is a food subsidization programme wherein the canteens serve food at low prices owing to subsidies.
- 2.20 That National Health Survey-4 was conducted for the year 2015-16. The report of the survey provided in that (9.4) Fever, even though being a major symptom of malaria, is also associated with other childhood illnesses that may contribute to high levels of malnutrition, morbidity, and mortality in young children. The report reveals statistics from its survey for the period of 2015-16, *Nutritional Status of Children*(at page 292 of the report) : 38% of children under 5 years of age are stunted, 21% are wasted, 36% are underweight and Children born to

mothers with no schooling and children in the lowest wealth quintile are most likely to be undernourished.

Nutritional Status of Adults (at page 300 of the report): 23% of women and 20% of men age 15-49 are thin. Same percentage are overweight or obese (21% of women and 19% of men). Further, it reports that 53% of women and 23% of men of the age 15-49 have anaemia. The survey also saw the Children born to thin mothers (BMI less than 18.5 kg/m²) are more likely to be stunted, wasted and underweight than children born to mothers with a normal BMI or overweight. It also reported that Stunting is higher among Children in rural areas (41%) and urban areas (31%). Minimum Acceptable Diet (10.2.5) – Infants and young children should be fed a Minimum Acceptable Diet (MAD) to ensure proper growth and development, and without adequate diversity and meal frequency, infants and young children are vulnerable to under-nutrition, especially stunting and micronutrient deficiencies, and to increased morbidity and mortality. Anaemia is a condition in children and adults that is marked by low levels of haemoglobin in the blood. Iron is a key component of haemoglobin, and iron deficiency is estimated to be responsible for half of all anaemia globally. Further other reasons, Anaemia is caused with other helminths, and other nutritional deficiencies and other conditions. Overall 59% of the Children had some degree of

anaemia, but there is a peak prevalence of 71% observed among children age 12-17 months. Anaemia prevalence is higher in mothers that are anaemic than women who are not anaemic. The Report further stated that thin women of the age 15-49 is 23% in 2015-16, whereas overweight women of the age 15-49 is 21%. Overall there has been an increase in BMI of 20.5 in 2005-06 to 21.9 in 2015-16.

True Typed Copy of Relevant pages of the Report of National Health Survey – 4 (2015-2016) is marked and annexed as **ANNEXURE P/4 Pg.**

2.21 That on 22.01.2016 an article published by the Scroll.In endorsed the concept of community kitchens and further mentions that this concept was featured in the proposed National Food Security Bill, 2011 as a duty of the State Government, but not included in the Act. The article further lays emphasis on the advantage of community kitchens as an important measure of food security, by providing nutritious food at inexpensive rates for the elderly, ill, disabled destitute, etc as well as the working persons; these kitchens can also be viewed as a response to market failures; providing employment to persons as well. The article further makes mention of the existing state-run community centres.

True Typed Copy of the article published in Scroll.in dated 22.01.2016 titled 'Community Kitchens: An idea whose time has come' is marked and annexed as **ANNEXURE P/5 Pg.**

2.22 That on 13.10.2016 an article published in the Times of India reported that The International Food Policy Research Institute (IFPRI) makes the annual calculations of GHI. Basing its readings on the most recent data, the 2016 GHI for India was derived from the fact that an estimated 15% population is undernourished -lacking in adequate food intake, both in quantity and quality . The share of under-5 children who are 'wasted' is about 15% while the share of children who are 'stunted' is a staggering 39%. This reflects widespread and chronic lack of balanced food. The under-5 mortality rate is 4.8% in India, partially reflecting the fatal synergy of inadequate nutrition and unhealthy environments. International Food Policy Research Institute (IFPRI)'s Global Hunger Index (GHI) has ranked India 97 among 118 countries on hunger in 2016.

True Typed Copy of the article published in Times of India dated 13.10.2016 titled 'India ranked 97th of 118 in Global Hunger Index' is marked and annexed as **ANNEXURE P/6 Pg.**

2.23 That on 10.03.2016 An article published by Down To Earth indicated the Food for thought: Tackling child malnutrition to unlock to boost prosperity report, based on India, Vietnam, Peru and Ethopia. The said report stated that India loses

between 0.8 per cent and 2.5 per cent of the GDP, equivalent to \$15-46 billion to malnourishment affecting the educational development, physical productivity and health, and also perpetuates inequalities, such as those created by caste in India. The report further stated that in India 61.4 million children under the age of 5 years are stunted.

True Typed Copy of an article published in Down to Earth dated 10.03.2016 titled 'India loses up to \$46 billion to malnutrition' is marked and annexed as **ANNEXURE P/7 Pg.**

2.24 That in March, 2016, The Government of Andhra Pradesh launched Anna Canteen to provide subsidized food to urban poor. The aim of these canteen's aim to tackle hunger in urban areas by providing Breakfast, Lunch and Dinner at Rs. 5 a meal.

2.25 That on 31.05.2016 International Business Times reported that India has 195 million undernourished people in 2014-16 as per a report released by the Food and Agriculture Organization of the United Nations. India has witnessed a decline of 7.4% in the rate of undernourished population since 1990-92 which is only a small percentage. The report suggests describe undernourished/ hungry people as those who are unable to eat enough food to live an active and healthy life. It further states that 795 million undernourished globally, which is down by 167 million over the last decade. It reports that the majority of the

hungry population is present in developing regions of the world. In 2000, Countries adopted the U.N. declaration for achieving eight Millennium Development Goals (MDG), including the one on halving hunger extreme poverty rates by 2015. It is highlighted that measures such as availability and accessibility of sufficient and good quality food need to be taken for the rest of the countries to achieve MDG.

True Typed Copy of an article published in International Business Times dated 31.05.2016 titled 'India has most number of hungry people in the world' is marked and annexed as **ANNEXURE P/8 Pg.**

2.26 That on 23.09.2016 The Hindu published an Article reporting that the National Human Rights Commission issued a noticed to the Maharastra government over reports of 600 children dying this year due to malnutrition in Palghar district of the State. The Commission reported that the areas with the tribal population are the 'most vulnerable' and as they are affected by poverty, illiteracy and lack of awareness. The Commission observed that the State authorities are required to be conscious towards the plight of the residents, especially children and aged persons. That such a huge number of deaths of children in a year amounts to gross violation of the right to life and health of the poor victims. Further, the locals alleged

that the funds were being allocated but not reaching the beneficiaries.

True Typed Copy of the article published in The Hindu dated 23.09.2016 titled 'NHRC seeks report on Palghar malnutrition deaths' is marked and annexed as **ANNEXURE P/9 Pg.**

2.27 That on 15.12.2016 The Government of Rajasthan launched Annapurna Rasoī Scheme to provide quality meal at cheap price to cater to the poor. Under this scheme, food would be provided at subsidized price; Breakfast at Rs. 5 and lunch and Dinner at Rs. 8 per meal.

2.28 That on 28.12.2016 an article published in The Better India emphasized the role of state-run, low-cost kitchens across the country providing affordable and nutritious meals for the working class. Numerous state-run canteens such as Amma Canteen(Tamil Nadu) provides a meal under Rs.10; Indira Amma Canteen (Uttarakhand) provides meal for Rs.20/plate; NTR Anna Canteens (Andhra Pradesh), Ahaar (Odisha),Annapurna Rasoī (Rajasthan) provides food for Rs.5/plate; Furthermore, privately-run Gurgaon-based canteen Janta Meals provides food for Rs.20-30/plate and Gurudwaras feeding persons free of costs have contributed towards food security.

True Typed Copy of an article published in The Better India dated 28.12.2016 titled 'From Amma's Canteens to

Annapurna Rasoi: How India's low cost canteens are feeding the hungry' is marked and annexed as **ANNEXURE P/10 Pg.**

2.29 That on 19.01.2017 An article published in the New Indian Express reported that Aam Admi Canteen launched in Lok Nayak Jayaprakash Narayan (LJNP) Hospital serving lunch at Rs. 10/- for a trial run period of 1 month, to be later extended to serving Dinner & Breakfast. Under the proposal 100 such canteens were to be established. However, the same has not been achieved yet.

True Typed Copy of an article published in The New Indian Express dated 19.01.2017 titled 'Aam Aadmi Canteen' opens at LNJP Hospital, Lunch for Rs.10' is marked and annexed as **ANNEXURE P/11 Pg.**

2.30 That on 27.03.2017 an article published in Live Mint while making mention of the state-run community kitchens in Tamil Nadu, Rajasthan, Madhya Pradesh, Odisha, Andhra Pradesh, Karnataka, Delhi, laid emphasis on the struggle faced by men and women in the country pertaining to BMI and anaemia. Furthermore, the added advantage of the Amma Canteen is the employment to large number of women.

True Typed Copy of article published in Live Mint dated 27.03.2017 titled 'Tamil Nadu's Amma Canteen concept

catches on in other states' is marked and annexed as **ANNEXURE P/12 Pg.**

2.31 That on 09.06.2017, a research article published by the Observer Research Foundation titled 'Preventing Hunger and Malnutrition in India' quoted the research of the Food and Agricultural Organization (2015-2016) showing that India has the highest number (one quarter) of undernourished (hungry) people in the world (194.6 million or 15 percent of India's total population during 2014-16). Hunger and undernourishment lead to severe problems. Children and youth in this state suffer from numerous nutritional deficiencies which adversely impact their overall health. In India, data for 2015-16 show the following:

- 38 percent of children below five years (urban: 31%, rural: 41%) are stunted (low height for age);
- 21 percent (urban: 20%, rural: 22%) are wasted (low weight for height);
- 36 percent (urban: 29%, rural: 38%) are underweight (low weight for age);
- 2 percent were overweight in 2006 (above normal weight for height); and
- 58 percent of children aged between 6 and 59 months (urban: 56%, rural: 59%) are anaemic.

Malnutrition in children under-five also results in nearly half of the 1.3 million deaths occurring in the country each year. Among India's adolescents, the proportion of overweight and obese was estimated at 11 percent and two percent, respectively, in 2007. Data on anaemia show that 56 percent of young girls and 30 percent of young boys in the age group of 15-19 years are anaemic. The undesirable impacts of malnutrition are significant in adults, too. For example, the Body Mass Index (BMI or the ratio of weight-for-height) of a sizeable proportion of women (23 percent) and men (20 percent) in the age group 15-49 is found to be falling below the norm. Evidence exist that people with low BMI are more susceptible to tuberculosis than those who have normal BMI; thus there is an immediate need to address the problem of undernutrition. Further, anaemia is prevalent in women (53 percent) and men (23 percent) in the 15-49 age group, indicating lack of iron, which is among the most prevalent manifestations of lack of proper nutrition.

True Copy of the Research Paper published by Observer Research Foundation titled 09.06.2017 titled 'Preventing Hunger and Malnutrition' is marked and as annexed **ANNEXURE P/13 Pg.**

2.32 That on 16.06.2017 an article published in Swarajya suggested for a new scheme based on the combined framework of community kitchen and food subsidy as a viable option to supplement the failing food ailing programmes. It stated that community kitchens are usually hailed as a populist move and the idea is to provide cheap or free nutritious food as a service to the general public. The community kitchens are either run by a religious institution (such as langar at Gurudwaras or soup kitchen by churches) or by the state. This new scheme would have increased government role in running the community kitchen which would be combined with the existing food subsidies. The entire infrastructure for the new scheme can be derived from the resources of existing food aid program, and thus, only minor financial deliberations are needed to enact such a scheme.

True Typed Copy of the article published in Swarajya titled 'A new combined community kitchen-food subsidy framework to combat chronic hunger in India' is marked and annexed as **ANNEXURE P/14 Pg.**

2.33 That on 15.08.2017 The Government of Karnataka launched the scheme 'Indira Canteens' which aims to provide breakfast, lunch and dinner at subsidized rates to the economically disadvantaged sections of the society.

2.34 That on 25.08.2017 An article published in the Hindustan Times the social and economic advantages of community kitchens in India, as a complement to the existing schemes of the Government for combating hunger and malnutrition were reported.

True Typed Copy of an article published in Hindustan Times dated 25.08.2017 titled 'Why Govt-Subsidised Amma, Indira Canteens are Lifesavers' is marked and annexed as **ANNEXURE P/15 Pg.**

2.35 That on 05.09.2017 The National Institution for Transforming India (NITI) Aayog launched National Nutrition Strategy. The strategy aims to lay down a roadmap for targeted action to address India's nutritional needs and reduce malnutrition in the country by 2020.

2.36 That on 15.09.2017 an article published in Live Mint reported the State of Food Security and Nutrition in the World Report, 2017 stated that the number of undernourished people in the world increased to an estimated 815 million in 2016, up from 777 million in 2015. Data from the report showed that India is home to 190.7 million of them—a 14.5% prevalence of hunger vis-a-vis its total population. The data further showed that 38.4% of children under five in India are stunted, while 51.4% of women in reproductive ages are anemic. The report defines stunting as the result of long-term nutritional deprivation which

may affect mental development, school performance and intellectual capacity. Prevalence of child stunting in India at 38.4% compares with 14.7% in Sri Lanka and 9.4% in China. Data from the report also showed that while the number of children in India who are stunted fell from 62 million in 2005 to 47.5 million in 2016, the number of adults who are overweight rose from 14.6 million in 2015 to 29.8 million in 2014.

True Typed Copy of the article published in The Live Mint dated 15.09.2018 titled 'India home to 23.4% of world's hungry, 51% women are anemic: UN report' is marked and annexed as **ANNEXURE P/16 Pg.**

2.37 That on 17.09.2017 An article published in The Hindustan Times reported that as of 2017, approximately 1.77 million persons recorded as being homeless in the country.

True Typed Copy of the article published in The Hindustan Times dated 17.09.2017 titled 'There are 1.77 million homeless in india, but the state is blind to them' is marked and annexed as **ANNEXURE P/17 Pg.**

2.38 That on 03.01.2018 An Article published in The Asian Age reported that India slipped three places to 100 in the 2017 Global Hunger Index (GHI) of 119 Countries in which it has consistently ranked low. India has historically fared poorly on child nutrition indicators. With 17% of the World's population, India is home to quarter of the worlds hungry. It reported that

the dismal health of Indian women and children is primarily due to lack of food security. Food security exists when all people at all times have physical, economic and social access to safe, adequate and nutritious food that meets their dietary needs for a healthy and active life. It reports that much less investment is required to maintain adequate nourishment for children than is required to treat undernourished children. India is the largest producer of milk, the second largest producer of vegetables, fruits and fish, despite that it has failed to conquer hunger; Nearly one-third of adults in the country have a BMI below normal just because they do not have enough food to eat. It reported that in Children under 5 years, one in three (37.5%) is underweight, one in three (38.4%) is stunted, one in five (21%) is wasted and only every second child is breastfed for the first six months; 3000 children die every from poor diet-related illness. India accounts for more than 10 stunted children globally. This largely owing to a lack of quality food, poor care and feeding practices and inadequate water, sanitization and health services in the country. Going by the National Family Health Survey 4 results, about 40% of our future workforce will be unable to achieve their full physical and cognitive potential. The article shows that 33.6 % of Indian women are chronically undernourished and 55% are anemic. That the loss of Gross Domestic Product to anemia was estimated at \$22.64 Billion

(1.50 lakh crores INR) in 2016, more than 3 times the health budget of the country for 2017-18. As per the India State-level Disease Burden Report and Technical Paper, India was responsible for 15% of the total disease burden in 2016 and was 12 times higher than China. Economist, Jean Dreze argues that a pervasive long-term malnutrition erodes the foundations of the economy by destroying the potential of millions of infants. Many of them will turn out to be morons, further, children on account of malnutrition are estimated to go on to earn an average of 20% less as adults. Most Child death in India occur from treatable diseases like pneumonia, diarrhea, malaria and complications at birth; that the Child may eventually die of a disease, but that disease becomes lethal because the child is malnourished and unable to put up resistance to it.

True Typed Copy of the article published in The Asian Age dated 03.01.2018 titled 'Malnutrition ravages India's children' is marked and annexed as **ANNEXURE P/18 Pg.**

2.39 That on 21.01.2018 An Article published in the Financial Express reported that there is nearly 4% of GDP loss due to malnutrition in India, as per a joint paper submitted by industry body ASSOCHAM and consultancy firm EY. The trend of this loss due to malnutrition can be reversed by focusing 'on production diversity as well as food fortification at a macro level'. The report outlined that the country hosts 50 % of the

world's under-nourished children, it also quoted data from the Nation Family Health Survey – 4 which showed that close to 60 % of children aged between 6 and 59 months are anaemic. Further, report pointed that only about 10% of the country's total children receive adequate diet. About 55 % of non-pregnant women and 58% of pregnant women aged between 15-49 years are anaemic. Further, ASSOCHAM's Secretary General said that the Government needs to pursue policies which 'focus on removing health and social inequities. Programmes and policies that aim to address the nutrition burden present a double-win situation.' The paper said that in order to cater large unmet needs of micro-nutrients, 'it is imperative to focus on production diversity as well as food fortification at a macro level'. It gives an example of supplementing millets instead of rice or wheat which is 5 times more nutritious than the other two in terms of proteins, minerals and vitamins. It is also a more cost-effective crop as compared to rice and wheat.

True Typed Copy of the article published in the Financial Express dated 21.01.2018 titled 'Nearly 4% of GDP is lost due to malnutrition, says ASSOCHAM, EY joint report' is marked and annexed as **ANNEXURE P/19 Pg.**

2.40 That on 02.06.2018 An article published in The Economic Times reported that the Centre had decided to refund the GST

charged on the purchase of raw food items by charitable religious institutions for distributing free meals to public under the Scheme 'Seva Bhoj Yojna'.

True Typed Copy of the article published in The Economic Times dated 02.06.2018 titled 'World's largest community kitchen to get GST refund from Centre' is marked and annexed as **ANNEXURE P/20 Pg.**

2.41 That on 26.07.2018 the Indian Express reported the death of 58-year-old woman who died in Jharkhand due to starvation as she had nothing to eat in her home because she was denied the PDS rations since 2012 when her ration card was cancelled. Jharkhand officials state she died of illness and not hunger. The article further stated that an 11-year-old Santoshi died in 2017 due to malnutrition, as her family contended that they had not been getting rations for six months before her death. A recent estimate puts this figure at over 1.5 million children a year—over 4,500 child deaths a day. A third of these could have been averted if children did not go to bed hungry night after night. These figures suggest that over 3,00,000 children die every year in India because of hunger.

True Typed Copy of the article published in The Indian Express dated 26.07.2018 titled 'Starvation deaths in 2018' is marked and annexed as **ANNEXURE P/21 Pg.**

2.42 That on 30.07.2018 An Article published in Hindustan Times

reported that 34 out of 1,000 children born in the country die in the mother's womb itself. That three innocent girls in Delhi in September 2018 in Delhi's Mandawali area wherein the post mortem revealed that their stomachs did not have even a single trace of food, implicating that they had not eaten food for many days. That the mother of the girls was mentally ill and the father was allegedly a drug addict. It further reported that around 9 lakh children below the age of five die much before they can comprehend the meaning of independent India and approximately 19 crore people in the country are compelled to sleep on an empty stomach.

True Typed Copy of the article published in The Hindustan Times dated 30.07.2018 titled 'Death by hunger is India's tragic reality' is marked and annexed as **ANNEXURE P/22 Pg.**

2.43 That in September 2018 the ENN (Charity based in United Kingdom) published a technical brief on a new conceptual framework showing links between malnutrition and economic costs through: mortality, morbidity, impaired physical growth and impaired cognitive function. The estimated cost of undernutrition, micro-nutrition deficiencies and overweight at today's levels cost the global economy up to US \$ 3.5 trillion (FAO,2013).

Mortality – It is estimated that up to 45% of all preventable child deaths are attributable to undernutrition. Maternal mortality,

linked to severe anaemia, and reduced adult life expectancy, linked to obesity and related health complications, are additional manifestations of nutrition-mortality linkages. Preventable mortality represents a loss of human capital that affects families and whole communities.

Ill Health – A full course of therapy to save the life of a severely wasted child costs between US \$ 100 and \$ 200 per child. Focusing on wasting, India's 45 to 55 million Disability Adjusted Life Years (DALYs) lost to wasting translate to economic losses of more than US \$ 48 billion in lifetime lost productivity (where one DALY is valued at 100 US \$).

Impaired Physical Growth – Sub-optimal Physical growth, often coupled with life-long susceptibility to illness, reduces economic growth through lowered labour productivity or absenteeism from work. The losses to individuals from undernutrition in low-income countries have been estimated as 10% or more of lifetime earnings. The cost due to malnutrition can affect from 5% of GDP of the country (Uganda – 5%, Ethiopia – 16.5% GDP) to countries like the US (4.3 billion \$) Impaired Cognitive Development – Poor nutrition from birth, continuing through school, adolescence, impairs cognitive development which results in lost employment and socialization opportunities throughout life. Further, A multi-developing country study found that impaired cognitive development on wages in adults who

were stunted as children receive almost 20% less in annual income than if they had not been stunted.

The technical brief further stated that spending must be prioritized on cost-effective interventions to reduce under-nutrition needed at scale, including universal salt iodization, micronutrient supplementation, food fortification, promotion of exclusive breastfeeding and use of high quality complementary foods, balanced protein supplementation of undernourished individuals and treatment of severe and moderate wasting. The return on these investments would reduce wasting by 60% and stunting by 20%, resulting in returns to investments of the order 18 to 1 on average across **high burden countries**.

Recommendations to policymakers:

Based on these findings, the Global Panel recommends that:

1. Governments should calculate the direct and indirect cost of malnutrition in all its forms for their own country.
2. Standardized metrics must be developed to support more effective communication of findings to policymakers.
3. Viable options for policy and programme interventions across the food system must be identified and costed.
4. Establish a national Common Results Framework to shape the monitoring and reporting on progress.

5. Generate rigorous data to support ongoing assessment of cost-effective actions across the food system and food environment.

6. Urgently address knowledge gaps and data deficiencies on the costs and benefits of national investments in infrastructure enhancement; processing and food transformation; wholesale and retail incentives for delivery of affordable and desirable nutritious and healthy foods; and drivers of dietary choices and policy options for supporting better informed choice.

True Typed Copy of the article published in ENN in September 2018 titled 'Technical brief on the cost of malnutrition' is marked and annexed as **ANNEXURE P/23 Pg.**

2.44 That on 11.09.2018 Down to Earth reported that India has the highest number of thin children (25%) of school going children in the world as per the report, 'The State of Food Security and Nutrition in the World 2018', published by the United Nation's organization FAO. As per the report, one in every nine persons are hungry in the world. The prevalence of overweight children under 5 and obesity in the population over 18 years is increasing in India, as per the World Hunger Index. The prevalence of anemia among women between 15-49 years old has also increased. Further, the number of hungry people has grown to 821 million in 2017 from 804 million in 2016 showing a

reversal trend in achieving Sustainable Development Goal to eradicate hunger by 2030. It has pointed out that Progress is limited in addressing the *multiple forms of malnutrition*, ranging from child stunting to adult obesity, putting the health of hundreds of people at risk. The risk in hunger is also due to increasing climate variability in recent years, India has faced 6 times climate variability between 2011 – 2016; such extreme weather lead to decreasing of yields, which perpetuates hunger even further. It reported that there has been poor progress made in reducing child stunting, with nearly 151 million children aged under 5 years are too short for their age due to malnutrition in 2017, compared to 165 million in 2012. Asia accounts for 55% of all stunted children, also prevalence of child wasting in Asia is extremely high, where almost one in 10 children under 5 has low weight for their height, compare to just one in 100 in Latin America. There has been no decline in anaemia among women of reproductive age in any region, wherein the prevalence of anaemia in Asia is 3 times higher than the North America. Rate of exclusive breastfeeding are 1.5 times higher than those in North America where only 26 percent of infants under six months receive breast milk exclusively. Adult Obesity is worsening, and more than one in eight adults in the world is obese. Under-Nutrition and Obesity coexist in many countries, and can even be seen side by side in the same

household. The Poor Access to Nutritious food due to its higher cost, the stress of living with food insecurity, and physiological adaptations to food deprivation help explain the reason why food-insecure families may have a higher risk of overweight and obesity.

True Typed Copy of the article published in Down to Earth dated 11.09.2018 titled 'India has highest number of extremely thin children: World Hunger Index' is marked and annexed as **ANNEXURE P/24 Pg.**

2.45 That on 11.09.2018 An article published in LiveMint reported that globally hunger was on the rise. While quoting the Food and Agriculture Organization (FAO) Report of the United Nations, 2018 stated that in 2017, 821 million people faced chronic food deprivation in the world, while India houses 195.9 millions of them, accounting for 24% of the world's hungry. Furthermore, the prevalence of undernourishment in India was reported as being 14.8% higher than the global and Asian average.

True Typed Copy of the article published in the Live Mint dated 11.09.2018 titled 'Global Hunger on the rise, says FAO report' is marked and annexed as **ANNEXURE P/25 Pg.**

2.46 That on 23.09.2018 An article published by NewsClick stated that the period between 2015-2018 witnessed 56 starvation deaths, of which 42 took place between 2017-2018. 25 of the 42 hunger deaths owed to non-linking of Aadhaar with Ration Card, loss of Ration Card. Jharkhand and Uttar Pradesh recorded the highest number of starvation deaths at 16 deaths, each. It was further reported that the entitlements are inapplicably made contingent upon identification cards. Denial of PDS rations or pensions accounts for most of the hunger deaths as majority of the victims belong to disadvantaged groups.

True Copy of the article published in News Click dated 23.09.2018 titled 'Along with Jharkhand's Santoshi, 55 died of hunger across India in last three years' is marked and annexed as **ANNEXURE P/26 Pg.**

2.47 That on 10.10.2018 The Global Hunger Index 2018 report was prepared by Concern Worldwide and WelHungerlife, in which India ranked 103 out of 119 qualifying countries. India scored a 31.1 GHI Index, which indicates that it suffers from a level of hunger which in serious category. The aim of this report is to have statistics to have a status report to achieve the UN's Sustainable Development Goal (SDG) 2, which aims to end hunger, ensure food security and improved nutrition and

promote sustainable agriculture by 2030, worldwide. The UN agencies tasked with monitoring progress toward the SDGs have offered some assessment:

- a) We are still far from a world without malnutrition. The joint estimates... cover indicators of stunting, wasting, severe wasting and overweight among children under 5, and reveal insufficient progress to reach the World Health Assembly targets set for 2025 and the Sustainable Development Goals set for 2030 (UNICEF/WHO/World Bank 2018b).
- b) The ambition of a world without hunger and malnutrition by 2030 will be challenging - achieving it will require renewed efforts through new ways of working... Achieving zero hunger and ending under-nutrition could be out of reach for many countries affected by conflict(FAO/IFAD/UNICEF/WFP/WHO 2017).
- c) Accelerated progress will be needed in more than a quarter of all countries to achieve SDG targets in child survival (UN IGME 2017b).

That we can conclude from the assessments given by the UN agencies that to achieve the goals defined by SDG 2, there is much needed acceleration which requires reduction of hunger by innovative thinking, increased efforts and new approaches and a commitment to working more deeply and

broadly to address the root causes of hunger to attain the goal.

2.48 That on 30.11.2018 India Today reported that according to the Global Nutrition Report, 2018 India is facing a major malnutrition crisis as it holds almost a third of world's burden for stunting. Stunting or low height for age, is caused due by long-term insufficient nutrient-intake and frequent infections; with 46.6 million children stunted, India tops the list. Furthermore, India accounts for 25.5 million children who are wasted. Further, it reports that Malnutrition is responsible for more ill-health than any other cause. The health consequences of being overweight and obese contribute to an estimated four million deaths globally. Statistics also show that India has more than a million overweight children.

True Copy of the article published in India Today dated 30.11.2018 titled 'India home to 46.6 million stunted children, a third of world's total : Global Nutrition Report 2018' is marked and annexed as **ANNEXURE P/27 Pg.**

2.49 That on 26.06.2019 An article in Scroll.in published a United Nations Report which stated that according to World Food Programme, the chronic malnutrition in the country reduced only by 1% in the last decade, slowest among emerging

countries. Furthermore by 2022, 31.4% of the children in the Country will be stunted. The reports aid India should reduce stunting by atleast 2% annually to reach the target of 25% by 2022 set under the National Nutrition Mission. Goa and Kerala already achieved the target during the 2015-'16 National Family Health Survey. Daman and Diu, Andaman and Nicobar Islands, Puducherry and Tripura have also reached the target, while Punjab (25.7%) is close to achieving it. The prevalence of stunting in children under five years of age is the highest in Bihar (48%), Uttar Pradesh (46%), Jharkhand (45%), and Meghalaya (44%). Jharkhand also has the highest prevalence of children who are underweight (48%) and are wasting (29%).

True Typed Copy of the article published in Scroll.In dated 26.06.2019 titled 'In India, 31.4% children under the age of five will be stunted by 2022: UN Report' is marked and annexed as **ANNEXURE P/28 Pg.**

2.50 That on 26.06.2019 An article published in Xinhua Net reported the UN briefing of the National Food and Nutrition Security Analysis Report – “Despite India becoming self-sufficient in food grain production with a large increase in the production of rice, wheat, and other cereals, the per capita availability of these grains has not increased at the same level due to inequality, population growth, food wastage and losses,

and exports...India's progress towards the sustainable development goal, with an overall population of 1.32 billion, will have a critical impact on the overall global success of reaching zero hunger...The report indicates that despite positive trends and patterns in improving food security, malnutrition rates are well below acceptable levels, with many people, especially women and children, suffering from micronutrient - Vitamin A, iron and iodine - deficiency...Among the poorest 30 percent of the population, the average per capita consumption of energy is 1811 kilocalorie a day, which is much lower than the Indian Council of Medical Research norm of 2,155 kilocalories per day”.

True Typed Copy of the article published in Xinhua.Net dated 26.06.2019 titled ‘Malnutrition among children high in India despite food security progress: WFP’ is marked and annexed as **ANNEXURE P/29 Pg.**

- 2.51 That an article published by Bhookh.com, referring to the UN World Food Programme, UN WHO: Global Database on Child Growth and Malnutrition, 2006, UN Food and Agriculture Organization:SOFI 2006 Report, it has been reported that 7000 persons (including children) die of hunger every day and over 25 Lakh persons (including children) die of hunger, annually.

True Typed Copy of the Hunger Statistics published by Bhookh.Com is marked and annexed as **ANNEXURE P/30 Pg.**

3. That the source of knowledge of facts of the present case have been obtained by the Petitioners through media, newspaper reports and reportable precedents of this Hon'ble Court.
4. That the present petition is being filed in the interest of justice for, fundamental and statutory rights, dignity of the public at large. Some of the people being represented in the present PIL may not be aware of their legal rights being infringed and may not have the economic means to approach this Hon'ble court.
5. That for the sake of brevity and keeping in mind the precious time and resources of the court, the present petition is being filed to avoid plethora of suits that may be filed against the Respondents for the same relief.
6. That the petitioners have not instituted any similar petition before this Hon'ble Court or any other court of Law.
7. That the Petitioners hereby undertake to bear costs, if any, imposed by this Hon'ble Court arising out of this Petition.
8. That the present petition is being filed before this Hon'ble Court because of the large-scale safety and security issue involved in the matter. This Hon'ble Court being empowered under Article 142 of the Constitution of India, to pass any order or decree as is necessary for doing complete justice for any cause or matter

pending before it, and the said decree shall be enforceable throughout the territory of India.

9. That the Petitioners have preferred the present petition on the following amongst other grounds:-

GROUNDS

A. **BECAUSE** The Right to Food and Eradication of Hunger finds a place of importance in the Constitution. This Hon'ble Court, in a plethora of cases, has observed that they form an integral part of the Right to Life, guaranteed under the Article 21. Moreover, Part IV of the Constitution lays emphasis on public health and nutrition, which embodies within its ambit the Right to Food under Articles 38, 39 and 47 of the Constitution of India. Additionally, international law and covenants have emphasized upon Right to Food and Food for all. Hence, the pertinent issue pertaining to malnutrition and starvation deaths, emerging from inadequate nutrition and hunger crisis is violative of Articles 14, 21, 38, 39 and 47, 51(c) of the Constitution of India.

B. **BECAUSE** India's constitutional guarantee of Right to Food is not unique amongst the Constitutions across the globe. According to the Food and Agricultural Organization, United Nations, 22 national Constitutions explicitly mention a Right to Food that applies to the entire national population, while several other Constitutions provide

for a Right to Food through a Right to Life with Dignity or related social welfare rights.

C. **BECAUSE** a report by World Food Programme, 2010 on the state of food insecurity in India indicates that increasing urban inequality, significant underinvestment in urban health and nutrition infrastructure, workforce in casual or contract employment or even less remunerative self-employment, growth of slums and slum populations lacking in most basic health and hygiene infrastructure has resulted in a permanent food and nutrition emergency in India.

D. **BECAUSE** it is the humble submission of the Petitioners that by the way of the instant Petition, the Petitioners in no way seek for replacement of any of the existing schemes with the concept of community kitchens. It is the humble prayer of the Petitioners that in the interest of justice and for entitlement of nutritious food, which has been held as a basic fundamental and human right, in both National and International Law, alike, the establishment of community kitchens may be directed as an added mechanism for provision of nutritious food with the intent of holistically combating eradication of hunger, malnutrition and starvation in the country, and diseases, illnesses and deaths resulting thereof.

E. **BECAUSE** The concept of basic human needs involves drawing a list of foundational human needs of both, physiological and well as social import and in a way arriving at a list of the minimum social needs. The basic necessities of life encompass at a minimum, the

right to adequate nutrition, housing, health, education and livelihood, and all of these rights provide foundations upon which human development can occur and human freedom can flourish. In addition, such basic social rights should be conceptualized in terms of an entitlement both to be equal as humans and to be equal as members of society.

F. **BECAUSE** even though there have been judicial precedents, legislations and policies addressing the issues of combating malnutrition, hunger and the consequences thereof, there are pertinent gaps between laws and commitments on paper and implementing these commitments in practice. Yet, despite of various schemes implemented by the Respondents to combat hunger, malnutrition and starvation, adequately backed by budgetary allocation, the number of deaths resulting from malnutrition is alarming, to say the least. It is further made clear at the outset that the statistics on starvation deaths in the country are unavailable and that starvation as the cause of death can only be ascertained upon autopsy after death. Based on the statistics of UN World Food Programme, WHO, Global Database on Child Growth and Malnutrition, UN Food and Agriculture, an estimated 7000 persons(including children) die of hunger and malnutrition every day, and an estimated 25 Lakh persons(including children) die of hunger, annually. A recent estimate puts this figure at over 1.5 million children a year—over 4,500 child deaths a day. A third of

these could have been averted if children did not go to bed hungry night after night. These figures suggest that over 3,00,000 children die every year in India because of hunger. Furthermore, as per the 2015-2016 Statistics composed by the Food and Agricultural Organization (FAO) indicate that 38% of children below the age of 5 are stunted, and 21% are categorized as wasting or low weight for height. Malnutrition in children under five years results in nearly half of the 1.3 million deaths occurring in the country each year.

G. **BECAUSE** though the definition of malnutrition is that children are either too short for their age or too thin. Children whose height is below the average for their age are considered to be stunted. Similarly, children whose weight is below the average for their age are considered thin for their height or wasted. Together, the stunted and wasted children are considered to be underweight – indicating a lack of proper nutritional intake and inadequate care post childbirth. Stunting, or low height for age, is caused by long-term insufficient nutrient intake and frequent infections. Stunting generally occurs before age two, and effects are largely irreversible. These include delayed motor development, impaired cognitive function and poor school performance. Nearly one third of children under five in the developing world are stunted.

Wasting, or low weight for height, is a strong predictor of mortality among children under five. It is usually the result of acute

significant food shortage and/or disease. There are 24 developing countries with wasting rates of 10 per cent or more, indicating a serious problem urgently requiring a response.

H. **BECAUSE** The Global Hunger Index (GHI) is designed to comprehensively measure and track hunger globally and by country and region. The International Food Policy Research Institute (IFPRI) calculates GHI scores each year to assess progress and setbacks in combating hunger. GHI scores are based on four indicators:

- (i) **UNDERNOURISHMENT**: the share of the population that is undernourished (that is, whose caloric intake is insufficient)
- (ii) **CHILD WASTING**: the share of children under the age of five who are wasted (that is, who have low weight for their height, reflecting acute under-nutrition);
- (iii) **CHILD STUNTING**: the share of children under the age of five who are stunted (that is, who have low height for their age, reflecting chronic under-nutrition); and
- (iv) **CHILD MORTALITY**: the mortality rate of children under the age of five (in part, a reflection of the fatal mix of inadequate nutrition and unhealthy environments)

In light of the above, India's Score and Rank on the Global Hunger Index in the last 5 years, reflecting an alarming state in the country, is as follows:-

Year	Score out of 100	India's Rank
2014	17.8	55out of 76 Countries
2015	29.0	80 out of 104 Countries
2016	28.5	97 out of 118 Countries
2017	31.4	100 out of 119 Countries
2018	31.1	103 out of 119 Countries

I. **BECAUSE** Where prevalence of hunger is high, mortality rates for infants and children under five are also high, and life expectancy is low. In the worst affected countries, a newborn child can look forward to an average of barely 38 years of healthy life (compared to over 70 years of life in "full health" in 24 wealthy nations). Not all of these shortened lives can be attributed to the effects of hunger, of course. Many other factors combine with hunger and malnutrition to sentence tens of millions of people to an early death. The HIV/AIDS pandemic, which is ravaging many of the same countries where hunger is most widespread, has reduced average life expectancy across all of sub-Saharan Africa by nearly five years for women and 2.5 years for men. Even after

compensating for the impact of HIV/AIDS and other factors, however, the correlation between chronic hunger and higher mortality rates remains striking. Numerous studies suggest that it is far from coincidental. Since the early 1990s, a series of analyses have confirmed that between 50 and 60 per cent of all childhood deaths in the developing world are caused either directly or indirectly by hunger and malnutrition. Relatively few of those deaths are the result of starvation. Most are caused by a persistent lack of adequate food intake and essential nutrients that leaves children weak, underweight and vulnerable.

J. BECAUSE as stated above, the National Health Family Survey 4, as conducted in 2015-2016, reported that 38% of children below the age of five years are stunted (short for their age); 21% are wasted (thin for their height); 36% are underweight (thin for their age); and 2% are overweight (heavy for their height). The nutritional status of adults provides that 23% of women and 20% of women age between 15-49 are thin; 53% of women and 23% of men are anaemic due to lack of nutrition across the country. The same signifies that malnutrition is a condition affects the population by-large in the country and is not merely limited to children. Furthermore, it is noteworthy to mention that the ramifications of malnutrition are directly linked to the loss of Gross Domestic Product (GDP) of the country.

K. **BECAUSE** as mentioned above, according to the Food for thought: Tackling Child Nutrition to unlock potential to boost prosperity report, India loses an estimate between 0.8 per cent to 2.5 per cent of its GDP, equivalent to \$15-46 billion, owing to malnutrition. The report clearly links child malnutrition to educational outcomes, and demonstrates that children who are malnourished from an early age are severely disadvantaged in their ability to learn. These children later in life go on to earn 20 per cent less than other adults who are well-nourished in their childhood. In effect, malnourishment perpetuates the cycle of poverty, as poverty-stricken and malnourished mothers have stunted children. The report states that children born to the poorest of families in developing countries are 2.8 times more likely to be malnourished than those in the richest, and are likely to go on to earn less than their better-off and better-nourished peers. Therefore, it is the humble submission of the Petitioners that the effects of malnutrition and non-provision of food not only violates fundamental rights embodied under the Constitution of India but additionally create an adverse bearing on the financial growth of the country.

L. **BECAUSE** malnourished children later in life go on to earn 20 per cent less than other adults who are well-nourished in their childhood. Thus, the unequal social prevalence of malnourishment acts as a barrier to inclusive growth and the reduction of

inequalities. In India, the problem of malnourishment is helping to perpetuate the caste system, says the report. It goes on to say that if nutritional inequalities were tackled in such a way that low-caste children gained the same average nutritional status as their upper caste counterpart, this would close existing caste cognitive differentials by 25 per cent.

M. **BECAUSE** Despite India's 50% increase in GDP since 1991, more than one third of the world's malnourished children live in India. Among these, half of the children under three years old are underweight and a third of wealthiest children are over-nourished. One major cause for malnutrition in India is economic inequality. Due to the low social status of some population groups, their diet often lacks in both quality and quantity. Women who suffer malnutrition are less likely to have babies. Deficiencies in nutrition inflict long term damage to both individuals and society. Compared with their better fed peers, nutrition-deficient individuals are less productive at work. Low productivity not only gives them low pay that traps them in a vicious circle of under-nutrition.

N. **BECAUSE** While poverty is undoubtedly a cause of hunger, hunger can also be a cause of poverty. Hunger often deprives impoverished people of the one valuable resource they can call their own: the strength and skill to work productively. Numerous studies have confirmed that hunger seriously impairs the ability of the poor to develop their skills and reduces the productivity of their

labour. Hunger in childhood impairs mental and physical growth, crippling the capacity to learn and earn. Evidence from household food surveys in developing countries shows that adults with smaller and slighter body frames caused by undernourishment earn lower wages in jobs involving physical labour. Other studies have found that a 1 percent increase in the Body Mass Index (BMI, a measure of weight for a given height) is associated with an increase of more than 2 percent in wages for those toward the lower end of the BMI range. Micronutrient deficiencies can also reduce work capacity. Surveys suggest that iron deficiency anaemia reduces productivity of manual labourers by up to 17 percent. As a result, hungry and malnourished adults earn lower wages. And they are frequently unable to work as many hours or years as well-nourished people, as they fall sick more often and have shorter life spans.

O. **BECAUSE** When the person's death finally arrives, its most immediate cause is by cardiac arrhythmia or a heart attack brought on by either extreme tissue degradation brought about by autophagy, or severe electrolyte imbalances. People can die of starvation in as little as three weeks or as long as seventy days.

Death due to starvation is mainly caused in 3 phases:

During the first stage, blood glucose levels are maintained through the production of glucose from proteins, glycogen and fat. fats are

decomposed into glycerol and fatty acids. Glycerol may be used to make small amount of glucose , yet most of the glucose is formed from the amino acids of proteins. Some amino acids might be used directly for energy.

The second phase of starvation, in this phase of starvation, fats are the main source of energy . A person's liver metabolizes fatty acids into ketone bodies that can be used as a source of energy. After approximately a week of fasting , a person's brain starts to use ketone bodies, as well as glucose, for source of energy.

The third phase of starvation starts when a person's fat reserves are depleted and there is a switch to proteins as the major source of person's energy. *Muscles are quickly depleted.* At the end of this phase , proteins are broke down and *cell function degenerates.* Along with *loss of weight,* symptoms of starvation include:

- Apathy
- Withdrawal
- Listlessness
- Increased susceptibility to disease

Few people die directly from starvation because they die of an infectious disease first. Additional signs of starvation may include flaky skin, changes in hair color and massive edema in lower limbs and abdomen, causing person's abdomen to seem bloated. During

starvation the ability of human body to consume volumes of food also decreases. The process of starvation also leads to dehydration.

Starvation and death.

Some people will become weak and perish of immune related diseases during starvation. Eventually the person's body will run out of options . Fats, Glucose, muscle mass and tissue are finite resources that will eventually be spent and the person will die.

The end stage of starvation usually brings with it one of the two different diseases- kwashiorkor and marasmus.

Marasmus happens due to extreme energy deficiency often from inadequate amounts of calories and proteins. The person's body weight reaches dangerously low levels and infections are common. Kwashiorkor is a related disease that affects children who are protein energy deficient and might result in edema and an enlarged and fatty liver, resulting in the distending of children's bellies, providing the illusion that children who are starving are well fed.

P. **BECAUSE** more importantly, while there are statistics available for malnutrition deaths in children, malnutrition in adults is prevalent in the Country. Though, there is no official data available for death of adults owing to malnutrition or starvation; as malnutrition may act as a predisposition resulting in death owing to starvation or contraction of an illness or disease. However, a group of activists reported 56 deaths owing to starvation between 2015-2018, out of

which 42 deaths took place between 2017-2018; while 25 of the 42 deaths were related to non-linking of Aadhaar with Ration Card or loss of Ration Card. The Year-Wise Starvation deaths are as follows:

Year	Number of Reported Hunger Deaths	Aadhaar-Related Deaths	Aadhaar in PDS/Pension?
2015	7	0	No
2016	7	2	Some States
2017	14	11	Yes
2018	28	14	Yes

Source: Article in NewsClick dated 23.09.2018

Q. BECAUSE in light of the abovementioned facts, it is the humble submission of the Petitioners that it is reprehensible to make food security contingent on production of documents, as Right to Adequate and Nutritious Food is the most Basic Fundamental Right for basic sustenance for an individual. For reasons not delved into by the Petitioners in this instant Petition, there are eligible persons who have not been issued cards requisite to avail subsidies and benefits and then there is a segment of persons who are homeless and could be outside the grid of these schemes for the mere reasons that they do not possess a roof on their head

and hence no place of residence. However, it is stoutly emphasized upon by the Petitioners that since Food is one of the most essential elements of survival, the same cannot be made contingent on any documentation. The concept of community kitchens, as they are running at present caters to a vast spectrum of persons, regardless of any documentation. At present, this model is based on payment of money as a token for procurement of food at subsidized rates.

R. **BECAUSE** in the country, the socio-economic status of the persons is a major contributor to malnourishment. In general, persons belonging to lower-income households are at risk for under-nutrition, as compared to those belonging to high socio-economic status. Anaemia is negatively correlated with wealth. When it comes to child malnutrition, children in low-income families are more malnourished than those in high-income families. PDS system in India which accounts for distribution of wheat and rice, only, does not account for proteins and other components of a well-balanced diet, in turn leads to malnutrition. There is a serious problem when inadequate protein is consumed, as 56% of lower-income Indian households consume cereal to consume protein. This phenomenon is most prevalent in the rural areas of India where more malnutrition exists on an absolute level. Children of families with lower socio-economic standing are faced with sub-optimal growth. While children in similar communities

have shown to share similar levels of nutrition, child nutrition is also differential from family to family depending on the mother's characteristic, household ethnicity and place of residence. It is expected that with improvements in socio-economic welfare, child nutrition will also improve.

S. **BECAUSE** India has demonstrated a commitment to ensuring food security and to realizing the right to food by legally establishing a basic nutritional floor for all citizens. Over the last ten years of this open and ongoing petition, the Supreme Court has not only reconfigured specific government food schemes into legal entitlements, setting out in detail minimum allocations of food grains and supplemental nutrients for India's poor, but has also clearly articulated how those Government schemes are to be implemented and identified which public officials to hold accountable in the event of non-compliance. The Right to Food Case is perhaps the longest continuing mandamus in the world on this issue. The Supreme Court held that the right to food is a justiciable, reviewable, expandable, legally enforceable, constitutional and inviolable- right opened up new avenues both for political discourse and for concrete action. PUCL's case has brought about a marked footprint on the lives of millions of people in India. Never before has the world witnessed such a dynamic character of the judiciary. The ensure proper distribution of food gains, the first major interim order of this Hon'ble Court in the

PUCL case (supra) was issued on 28th November, 2001. The said Order focused on eight food-related schemes:

- (i) The Public Distribution System (PDS);
- (ii) Antyodaya Anna Yojana (AAY);
- (iii) The National Programme of Nutritional Support to Primary Education, also known as “Mid-Day Meal Scheme”;
- (iv) The Integrate Child Development Services (ICDS);
- (v) Annapurna Scheme;
- (vi) The National Old Age Pension Scheme (NOAPS);
- (vii) The National Maternity Benefit Scheme (NMBS); and
- (viii) The National Family Benefit Scheme (NFBS).

Essentially, the Interim Order of 28th November, 2001 converted the benefits of these eight schemes into legal entitlements.

T. **BECAUSE** in April 2001, The People’s Union for Civil Liberties (PUCL) filed W.P.(C) No. 196/2001 before this Hon’ble Court at a time when the Country’s food stocks reached unprecedented levels while hunger in drought-affected areas intensified. Initially, the case was brought against the Union of India, the Food Corporation of India (FCI) and six State Governments, in the context of inadequate drought relief. Subsequently, the case was extended to the larger issues of chronic hunger and under-nutrition, and all the State Governments were later impleaded. The

said case has come to be known as the '*Right to Food Case*'. The basic argument of the Petition was that, since food is essential for survival, the Right to Food is an implication of the fundamental '*Right to Life*' enshrined under Article 21 of the Constitution of India. The Petition argued that Central and State Governments had violated the 'Right to Food' by failing to respond to the drought situation, and in particular had accumulated gigantic portions of food stocks while people went hungry. The Petition highlighted two aspects of state negligence:

- (i) the breakdown of the Public Distribution System (PDS), and
- (ii) the inadequacy of drought relief works.

The Petition further prayed before this Hon'ble Court under a Writ of Mandamus seeking for a direction to the Central and State Governments to:

- (a) to provide immediate open-ended employment in drought affected villages;
- (b) to provide gratuitous relief to persons unable to work;
- (c) to raise food entitlements under the Public Distribution System (PDS); and
- (d) to provide subsidized food-grains to all families while directing the Central Government to supply free food-grains to the said programmes.

However, over time the scope of the PUCL (supra) PIL expanded to cover issues related to food-related schemes, urban destitution, right to work, to name a few.

In the aforementioned landmark PUCL judgment of ***People's Union for Civil Liberties v. Union of India., (2013) 2 SCC 688***, or the ***Right to Food Case*** held as follows:

“In our opinion what is of utmost importance is to see that food is provided to aged, infirm, disabled, destitute women, destitute men who are in danger of starvation, pregnant and lactating women and destitute children, especially in cases where they or members of their family do not have sufficient funds to provide food for them. In case of famine, there may be shortage of food but here the situation is that amongst plenty there is scarcity. Plenty of food is available, but distribution of the same amongst the very poor and the destitute is scarce and non-existent leading to malnourishment, starvation and other related problem by way of an interim order, we direct the States to see that all the PDS shops, if closed are reopened and start functioning within one week from today and regular supplies made.... The anxiety of the Court is to see that the poor and the destitute and the weaker sections of the society do not suffer from hunger and starvation. The prevention of the same is one of the prime responsibilities of the Government 'whether Central or State'. How this is to be ensured would be a matter of policy, which is best left to the Government. All that the court has to be satisfied and which it may have to ensure is that the foodgrains which are overflowing in the storage receptacles, especially FCI godowns and which are in abundance should not be wasted by dumping into the sea or eaten by rats. Mere schemes without any implementation are of no use. What is important is that the food must reach the hungry.”

U. **BECAUSE** the Apex Court in the matter of PUCL case (Supra) vide landmark Interim Order dated 28.11.2001 directed all the State Governments and UTs to introduce cooked mid-day meals in primary schools in a time bound manner not later than 01.09.2004. It is imperative to note that prior to the aforementioned Order of

this Hon'ble Court, mid-day meal schemes were operational in States such as Tamil Nadu, however, this Hon'ble Court vide Order dated 28.11.2001 through directions extended the application of mid-day meal schemes across the Country. The relevant extract of mid-day meal scheme is as follows:

“The State Government/UTs to implement the Mid-Day Meal Scheme by providing every child in every Government and Government assisted Primary Schools with a prepared mid-day meal with a minimum content of 300 calories and 8-12 grams of protein each day of school for a minimum of 200 days.”

It is pertinent to mention that this Hon'ble Court in the PUCL case (supra) directed all the States and UTs for implementation of various food related scheme, as mentioned above. However, the Petitioners have specifically mentioned the implementation of Mid-day meal scheme throughout the country for two reasons: (i) prior to the order of this Hon'ble Court dated 28.11.2001, mid-day meals were being provided in states such as Tamil Nadu, however, this Hon'ble Court through the aforementioned Order directed for Pan-India implementation of the same, and (ii) the Mid-day meal scheme is a step in furtherance of provision of uncooked/raw grains by providing cooked meals to children between the age of 6-14 years. In the present case, it is the humble prayer of the

Petitioners before this Hon'ble Court for a similar order or direction to all the States/UTs for provision of cooked meals to all persons.

V. BECAUSE The Ministry of Consumer Affairs and Public Distribution which has two departments (i) Food and Public Distribution: responsible for ensuring food security through procurement, storage and distribution of food grains, and (ii) Consumer Affairs: responsible for spreading awareness among consumers about their rights, protecting their interests and preventing black marketing. The Union budgetary allocation for Food & Public Distribution is as follows:

Allocation for Department of Food & Public Distribution, Ministry of Consumer Affairs and Public Distribution: (In Rupees Crore)

Year	Budget (Actual/Revised/Budgeted) (In Crores)
2016-2017	1,15,145 (Actual)
2017-2018	1,45,892 (Revised)
2018-2019	1,74,159 (Budgeted)
2019-2020	1.92 Lakh (Approx.)

Major heads of allocation in the Department of Food and Public Distribution (in Rs crore)

Major Heads	Actual 2016-	Budget 2017-	Revised 2017-	Budget 2018-	% increase	Increase
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	2017	2018	2018	2019	in 2018-19 (BE) over 2017-18 (RE)	
Secretariat	50	55	65	64	-2%	1
National Sugar Institute, Kanpur	19	21	20	24	15%	3
Other Establishment Expenditure of Food, Storage and Warehousing	17	19	18	19	5%	1
Food Subsidy	1,10,173	1,45,339	1,40,282	1,69,323	21%	29,041
<i>Of which:</i>						-
Food Subsidy to FCI under NFSA	78,335	1,07,139	1,01,982	1,38,123	35%	36,141
Food Subsidy for DCP of Food grains under NFSA	27,338	38,000	38,000	31,000	-18%	7,000
Sugar Subsidy payable under PDS	4,500	200	300	200	-33%	100
Assistance to State Agencies for intra-state movement of food grains and FPS dealers margin under NFSA	2,500	4,500	4,500	4,000	-11%	500
Development of Sugar Industry	1,672	496	918	611	-33%	307
Strengthening of PDS Operations	57	-	30	41	39%	12
Storage and Godowns	12	60	53	60	14%	7
Warehousing Development and Regulatory Authority	15	15	7	8	21%	1
Other	589		0	10		

		-				
Total	1,15,145	1,50,505	1,45,892	1,74,159	19%	28,267

W. **BECAUSE** it is noteworthy that though the Respondents have initiated and implemented various schemes aiming at combating the rampant prevalence of hunger, malnutrition and resulting starvation (in numerous cases), yet in reality, the status of effective implementation of the aforesaid schemes is unclear and field reports are suggestive that the coverage of the some of the schemes is fairly limited. The present operational schemes suffer on account of ineffective implementation owing to their drawbacks/lacunas. However, the Petitioners will not delve into the limitations, drawbacks and lacunas of each of these schemes for the sake of brevity and for the reason that alleged inadequacy or non-implementation of the existing schemes is not the subject matter of the present petition. Though, it is the humble submission of the Petitioners that the alleged inadequacy or non-implementation of the existing schemes appears to be evident as in-spite of various schemes in operation, the figures pertaining to hunger-related deaths is at an alarming high, and even in the case where death has not occurred, the mere fact that an estimated figure of 19 crore people go to sleep on an empty stomach, every night, in this country, itself is socially and morally unjust and perturbing. It is thus, the humble submission of the Petitioners that

the implementation of state-funded community kitchens or community kitchens managed with funding from the State as well as funds under Corporate Social Responsibility by a Public-Private Partnership (PPP), may be implemented to complement the existing schemes.

X. **BECAUSE** presently a number of states are running state-funded community kitchens which are serving nutritious local staple meals, at subsidized rates and under hygienic conditions. Belowmentioned are the State-wise details of the same:

Tamil Nadu (Amma Canteens)

Nearly 400 Amma Canteens serve nutritious hot meals for breakfast, lunch and dinner, sold at subsidized rates met by the Municipal Corporation, except the cost of rice which is supplied by the State Government. The menu at these canteens is simple: *idli* and *Pongal* for Breakfast, three varieties of rice dishes for lunch, and chapattis and dal (the chapattis at priced at Rs.3/- with complimentary dal). Private eateries serve the same food for Rs.40-50/- whereas in these State-run canteens, daily wage labourers, factory workers, head-loaders, security guards domestic workers, auto-rickshaw drivers, street vendors and construction workers, interspersed with children are provided a wholesome meal under Rs.10/-

Andhra Pradesh(NTR Anna canteens)

The NTR Anna Canteens were launched in June 2016 and are already feeding hundreds of government employees who have recently relocated from Hyderabad to the state's new capital Amravati. In Telangana, multiple TRP meal kiosks have been set in Hyderabad. Their frugal meal of rice, sambar and pickle (at Rs 5 per plate) feeds almost 15000 people daily.

Uttarakhand (Indira Amma Canteens)

The immense success of Amma canteens has prompted many other state governments to do the same. In 2015, the Uttarakhand government launched 14 new state government-run eateries, 'Indira Amma Canteens' that would serve a variety of local food at Rs 20 a plate. While their earlier meals at private eateries cost Rs.40-50, the workers could now fill their stomach for as less as Rs 10. Even when much of Chennai was crippled by recent cyclone Vardah, the 400-odd Amma canteens meant the poor did not go hungry.

Odisha (Ahaar centres)

Ahaar Centres serving piping hot dalma (a watery mixture of lentil and boiled vegetables) with rice at just 5 rupees a plate have proven to be a big draw.

Jharkhand (Mukhyamantri Dal Bhat Yojana)

This is among the oldest of soup kitchens run in the country.

Delhi(Aam Aadmi Canteen)

The facility being inaugurated on a pilot basis at Lok Nayak Jayaprakash Narayan Hospital. Attendants, staff and people visiting the LNJP Hospital can now have a meal for Rs 10.

Rajasthan (Annapurna Rasoi) Annapurna Rasoi provide good quality, subsidized meals to the less-privileged three times a day against a payment of Rs.5 for breakfast and Rs. 8 for lunch and dinner.

Y. **BECAUSE** as mentioned above, Cooperative Management, Food Security and *Amma Unavagam*- A Case Study from the Indian State of Tamil Nadu. The said paper states that an estimated 20% of the 6,50,000 Below the Poverty population are fed by the Amma Unavagams in Chennai. The data for the study was collected qualitatively based on participant observation, personal interviews, focus groups with the leaders and members of the SHGs running the *Amma Unavagams*, as well as its customers. Data was collected during December,2013-January, 2014 using convenient sampling method. It was stated that Amma Unavagam, a concept

utilizing members of Self Help Groups (SHGs) for subsidized food chain run by the local government (Municipal Corporation) was essentially designed with dual goals – (i) to ensure food security and (ii) to keep prices in check. *Amma Unavagam's* innovative feature is by co-opting the local SHGs, operating from the slum settlements of the city for running and managing the budget kitchens, shielding the urban poor from food insecurity in the face of spiraling prices and food inflation, by offering an inexpensive and nutritious substitute. The research paper further elaborates upon the design, operations & business strategy of the scheme, the out-reach and outcomes therefrom, as elaborated hereunder:

“a) Design of the Scheme: The scheme is creatively designed to solve two important concerns with one strategic solution through cooperative management. *Amma Unavagam's* innovative feature is by co-opting the local self help groups which are operating from slum settlements of the city for running and managing this budget chain of restaurants. Each of the outlets is managed by 12-16 women members of SHGs or a mix of 2-5 groups; with a minimum of 12 women employees to a maximum of 20 in larger canteens. At the time this study was undertaken, the many of the locally recruited SHGs women employees were employed by Chennai (Municipal) Corporation with a monthly remuneration of Rs. 9000/- (plus food). It was observed that The SHGs, in each of the *Amma*

Unavagam outlets, manage various job responsibilities ranging from kitchen work (vegetable cutting, cooking, and other top up kitchen jobs), servicing the customers (issuing tokens, serving food) and cleaning and related activities on a rotating shift system to cater to the three meal schedule. Normally, the sub groups rotate their allotted work on a regular basis to relieve the monotony as well as to lessen some of the strenuous activities in the kitchen. The SHG women members work on average for 6-7 hours a day in a single shift. By and large, the cash and accounts are handled by the group leaders. Each member takes a weekly day off by mutual understanding among the group members. As SHGs are known for group solidarity and group cohesiveness, a majority of the SHG women members perceived that their membership in SHGs has enabled them to democratically decide on work related matters including choice of weekly off days; besides, they felt that this mutual arrangement was convenient to their personal needs.

b) Operations and Business Strategy of Amma Unavagam: The outlets are open between 7 A.M. and 10 P.M. and serve three meals a day with a limited menu of steaming hot South Indian cuisine : idli with sambar and Pongal for breakfast(served between 7-10 AM); variety of steamed rice with yogurt/lemon juice/curry leaves with condiments for lunch(served between 12-3 PM); and chapatti-dal or chapatti kurma for dinner(served between 6-9 PM).

Another key feature of Amma Unavagam is that the food served is to be consumed in the outlet itself with no take away allowed thus pre-empting the possibility of the low cost food being resold outside the outlets.

Prices of Food Served at Amma Unavagma (2013-2014)

Food Items	Units	Quantity in grams	Price in INR
Idli-Sambar	1	100	Re.1
Pongal	1 Plate	350	Rs.5
Lemon Rice	1 Plate	350	Rs.5
Sambar Rice	1 Plate	350	Rs.5
Curd Rice	1 Plate	350	Rs.5
Roti with dal	1 Plate	2 pieces	Rs. 3

(** Rates may be subjected to change at present.)

It was observed that the low prices for the nutritious food has been attracting a large segments of the poor living in Chennai, to eat at the Amma Unavagam outlets at less than 1/3rd of the cost at private eateries or street vendors. The canteens serve food to more than 2 Lakh people every day and have employed 4000-5000 SHG women to run them. It has been reported that Amma unavagam's clientele are predominantly the urban poor and constitute a little over 50 per cent coming from casual and contractual labourers; and no less than of 25 per cent of them are children from low income household.

As per the paper, around 2016, the Amma Unavagam's, expanded to each Municipal Ward, are currently estimated to feed about 20% of the city's 6.5 Lakh BPL population. There are 451 canteens across Chennai and further expanded to Coimbatore, Madurai, Trichy, Tirunelveli, Tuicorin, Salem, Erode, Vellore and Tirpur.

c)Out-reach of the Amma Unavagam:As of 2014, there were 207 outlets in Chennai, spread across the different Municipal areas of the city, denoted as wards. These outlets are favorably located at the municipal corporation offices to minimize the rental and related costs. Each of the outlets has been provided with the entire basic kitchen appliances and infrastructure for cooking, water and other amenities by the Chennai Corporation with consumables being delivered regularly by the Corporation. Food inspectors visit the outlets regularly for ensuring quality control, taste and hygiene. The main supplies for cooking (subsidized grains and pulses, yogurt or curd, and vegetables) for the scheme are sourced from the state-owned Tamil Nadu Cooperative Milk Producers Federation, the Tamil Nadu Civil Supplies Corporation (TNCSC), and cooperative societies and from the open market, if and when required. As the scheme's popularity grows, strategies are constantly being evolved by the Chennai Corporation for cutting costs. For instance, leftover food and vegetable wastes are recycled to generate eco-friendly bio methane gas besides using solar energy for cooking fuel. Further,

the government is contemplating a few other strategies to minimize cost and to maintain standardized quality through centralized kitchen, seeking private sector funding under the legally mandated Corporate Social Responsibility under Section 135 of the Companies Act, 2013.

The rationale behind Amma Unavagam scheme is akin to soup kitchens of the U.S. and Europe to feed the poor by serving a limited menu of nutritious cooked food at below the market price; however, it is distinct from soup kitchens in terms of organizational dimension. It is a subsidized social welfare scheme run on “No Profit” basis. As the food served is below the market price, the losses are absorbed by the local government. As of 2014, Varied reports quoting government sources indicate that the daily expenditure for running the canteens by the Chennai Corporation is estimated to be Rs. 14,00,000 or approximately while its revenue is about Rs. 10,00,000. The scheme’s deficit is effectively subsidized by the State Government. Profit earning is not the focus as the scheme is a welfare initiative for mitigating food insecurity of the urban poor, and the government is expected to continue the subsidy element out of the public expenditure. On the financial implication of Amma Unavagam programme, government sources reportedly indicate that this is not a major constraining factor. As per available reports, the Chennai Corporation is confident of absorbing any additional burden

as it has a budget of around Rs. 3,000 crore per year. The cost burden of the 200 restaurants is around Rs. 18 crore per year. The government intends to scale it up by roping in private players for funding the scheme as part of the legally mandated Corporate Social Responsibility (CSR) activity.

d)Employment Generation by Slum Women: It has been observed that Amma Unavagam scheme has become a double-edged tool for mitigating food insecurity as well as generating employment for women slum dwellers. This design feature has acted as a catalyst in enabling a large number of SHG members to find a regular employment on a remunerative wage, thus shifting them away from insecure tenure occupations like domestic work, construction, scavenging, street vending etc to formal sector employment. In Chennai city, during the first phase of launch of the scheme, nearly 2800 to 3000 women members from the local SHGs drawn from major slums under the care of Slum Housing Board. Moreover, a minimum of 2 to 4 women and men from low income background have been absorbed as sweepers and security guards per each branch of Amma Unavagam for maintaining the canteen premises. For a segment of the disadvantaged poor with low levels of literacy or semi-literacy and resource poor, access to formal sector employment is either negligible or not feasible. Under the circumstances, the sample respondents expressed a sense of pride

in getting a job through the Amma Unavagam scheme, which has given them formality in status with remunerative wages, sense and tenure security, thus heightening their sense of harmony in working as a team. Besides, they pointed out that their working conditions in terms of hours of work, work schedules, in their previous informal jobs (as domestic maids, for instance) was based on the employers' terms and conditions.

Conclusion: This scheme started as a pilot project through a chain of low priced canteens has seen phenomenal growth both in terms of the numbers of canteen and poorest of the poor eating low priced cooked food. The success of the scheme lies not only in the low prices but also due to the cooperative management of all the outlets by the SHGs, which has been able to run the canteens based on democratic norms, mutual reciprocity and shared responsibilities of their job responsibilities. Results of the case study throw up important insights with policy implications. This highly subsidized scheme focused on giving cooked food to the urban poor at below the market price has been a success because the food has directly gone to the end beneficiaries – the urban poor – who were the main target. This underscores the importance of direct intervention to the poorest sections of population is far more effective than indirect delivery of subsidized food grains and pulses etc, where leakages and loopholes (hoarding and corruption) in the implementation is

high. Besides the direct delivery mechanism, the scheme's success is also largely due to the quality maintenance in terms of taste, hygiene and wholesome menu sold by *Amma Unavagam* canteens. This is instructive about how meeting targeted beneficiaries' dietary and economic requirements could determine the success of a welfare policy intervention. More notably, co-opting Self Help Groups ensured that running of *Amma Unavagam* canteens benefitted from the cooperative management of peer group members of SHGs. Additionally, the scheme's success in generating employment for poor women slum dwellers has an important implication for inclusive growth. Notwithstanding the concerns on sustainability and funding of the scheme if it were to be scaled up further, *Amma Unavagam* scheme has demonstrated quite successfully in a short span of time that a combination of innovative and inclusive strategy of co-opting women SHGs in running and managing the canteens, has played a dual role in offering food security as well as generating employment for the marginalized women slum dwellers.

Z. BECAUSE the article published in Scroll.in dated 22.01.2016 emphasized upon the advantages of community kitchen in light of the prevalent hunger crisis faced by the persons in the country. The relevant extract from the aforesaid article is mentioned below:

“...To begin with, community kitchens are not only a food security measure for those who cannot fend for themselves (e.g., the elderly, ill, disabled, destitute, etc.). In fact, such initiatives are equally important for working people in urban areas (from rickshaw pullers to delivery boys who are on the road the whole day) as a source of inexpensive and nutritious food. This is amply evident outside the All India Institute of Medical Sciences in Delhi at meal times. The queues for free meals served by charitable bodies can be up to a kilometre long. The Unavagam survey shows just how wide their clientele is. Two, such kitchens can also be viewed as a response to market failures where street food is concerned. Many urban poor do not have much option but to rely on street food. When there are price spikes (in recent times dal, onions before that), the poor are often the hardest hit. During the recent dal price hike, journalist Ravish Kumar documented street food options for the urban poor in Delhi, revealing just how badly they can be hit at such times. Community kitchens can provide relief at such times by offering food at fixed prices. In fact, the Unavagam survey found that the presence of the canteens had forced private eateries to reduce their prices.

Three, there are important gender dimension to community kitchens too. For instance, women are often burdened with providing packed food for working men. According to the Unavagam survey, 88% of the clients were male. If men have the option of a decent meal at such canteens, women get some relief from the daily drudgery. This is similar to the idea of school meals, which relieve mothers from the task of cooking – first thing in the morning – for their school-going children.

Further, in several states, community kitchens are run and managed by women providing them an independent source of income. Municipal corporations contract out locations to women’s self-help groups. In Jharkhand too, where such canteens have made a modest beginning, women run the show. Four, such kitchens help in the creation of democratic spaces much required in our deeply divided society. There is nothing like sharing a meal with people from diverse backgrounds to foster a spirit of togetherness...”

AA. **BECAUSE** At present, the aforementioned model is based on payment of money as a token for procurement of food at subsidized rates, wherein the raw material and cost of supplies for running the kitchen (including salaries to the persons employed in the kitchen) are met through the Municipal Corporation or another auxiliary of the state as well as benefit is taken from the existing schemes aimed at eradication of hunger. At this juncture, it is further imperative to mention that the nuances and intricacies of

implementation of this model with regard to funding, pricing and dishes served in the States/UTs is left upon the wise discretion and powers of this Hon'ble Court as well as the Respondents. Additionally, it is humbly prayed by the Petitioners that the model of community kitchens may be implemented block-wise, thereby affixing liability upon each Block Development Officer (BDO) for accountability, effective implementation and ensuring widespread reach of the same.

BB. **BECAUSE** as reported in The Hindustan Times vide article dated 25.08.2017 focused on the advantages of community kitchens in economic and social perspective, as a complementing measure to the existing schemes of the in combating prevalent hunger and malnutrition in the country. The relevant extract from the article is quoted below, for reference purposes:

“...Community kitchens (or canteens) need to be viewed more broadly than as a ‘food subsidy’ or even a ‘safety net’. There are several reasons for this: One, canteens are of immense value not only to the indigent but to working people too. Two, canteens are a useful response to a “market failure” (such as high inflation) in the market for street food. Fixed price meals can protect the urban poor from the brunt of inflation. Three, there is an important gender dimension to canteens. It provides respite to women from packing lunches (invariably this task falls on women) for working members of their families. Further, in several states (such as Jharkhand and Tamil Nadu), the canteens are run by women, providing them an opportunity for paid work. Four, community kitchens help in the creation of democratic public spaces, so sorely required in Indian society. Sharing a meal with people from diverse backgrounds fosters a spirit of togetherness...”

cc. BECAUSE the article published in Swarajya dated 16.06.2017 focused on the drawbacks of the existing schemes, while proposing for a new scheme combining community kitchen along with food subsidy to combat chronic hunger in the country. The article proposes extension of the model of Amma Canteen with variation to the rest of the country. It stated that despite the phenomenal economic growth and industrial advantages, a majority of Indian citizens especially women and children do not have access to nutritious food and are undernourished.

According to the statistics, 15 per cent of Indian population is under-nourished with one in four children having little or no access to nutritious and adequate food. 3000 children die in India due to diet-related diseases with 58 per cent of children stunted before they reach the age of two.

The condition is dire among the women and children when compared to male. Also, 40 per cent of fruits and vegetable and 20 per cent of the food grains produced is wasted to the faulty supply management. The situation is worsening with each year passing. There are provisions in Indian constitution under Part IV- directive 47 which states that it is the duty of the state to raise the level of nutrition and standard of living and to improve public health.

Successive Indian governments have launched several schemes aimed at alleviating the hunger and poverty of its citizen. In all fairness, the intention behind these schemes is well intended, but the article alleges that the schemes such as Antyodaya Anna Yojana (AAY), Annapurna, to name a few are eventually grandstanding aid strategies developed by privileged people based on outdated ideology and lack of implementation. The food schemes are plagued by corruption, poor administrative oversight

and underpayments to the vendors. The middle man is reaping benefits from the schemes by selling the food grains meant for poor people in the open market and complaints are ignored due to the political clout of the local politician and ration dealers. The lack of major revision after the initial implementation of schemes also contributes to the failure.

Proposed Model by the Article in Swarajya:

“This new scheme would have increased government role in running the community kitchen which would be combined with the existing food subsidies. The entire infrastructure for the new scheme can be derived from the resources of existing food aid program, and thus, only minor financial deliberations are needed to enact such a scheme. Some variations of the new proposed scheme are already being implemented in Tamil Nadu. Amma canteens is a state sponsored initiative for food security in urban Tamil Nadu. The new scheme (proposed in this article) call for extending the framework of Amma canteen to rest of the country albeit with some revisions...

..For this new scheme, the existing categorization of BPL, AAY or APL can be used to identify the sections where the scheme can be applied. It can be operated as a joint venture of State and central government with state government having the major share of responsibility (to avoid political entanglement between state and central government). The raw materials would be obtained either through government ration shops or from the state farmers at a pre-determined price using existing government procurement machinery.

The menu would include locally consumed staple food items (Amma canteens only serve Idli, Pongal, Rice, Chapati and Dal) which would save any overhead cost.

Few immediate benefits of the new scheme are the creation of employment especially for women and elimination of the middle man which reduces the probability of corruption. This method has a dual advantage of providing employment as well as providing aid to the people and help in breaking the cycle of constant of poverty.

It also provides an incentive for women to seek employment as they would not have to worry about feeding the family. This will also act as a measure of food security for elderly and disabled and would effectively tackle the malnourishment in children. This scheme can also be linked to existing UN programs..."

DD. **BECAUSE** in other countries **soup kitchen, meal center, or food kitchen** or community kitchen is a place where food is offered to the hungry usually for free or sometimes at a below-market price. Frequently located in lower-income neighborhoods, soup kitchens are often staffed by volunteer organizations, such as church or community groups. Soup kitchens sometimes obtain food from a food bank for free or at a low price, because they are considered a charity, which makes it easier for them to feed the many people who require their services. Many historical and typical modern soup kitchens serve only soup (hence its name), usually with some bread. But several establishments which refer to themselves as a "soup kitchen" also serve other types of food, so social scientists sometimes discuss them together with similar hunger relief agencies that provide more varied hot meals, like food kitchens and meal centers. While societies have been using various methods to share food with the hungry for millennia, the first soup kitchens in the modern sense may have emerged in the late 18th century. By the late 19th century, they were located in several American and European cities. In the United States and elsewhere, they became more

prominent in the 20th century, especially during the Great Depression. With the much improved economic conditions that immediately followed World War II, soup kitchens became less widely used, at least in the advanced economies. In the United States, there was a resurgence in the use of soup kitchens following the cutbacks in welfare that were implemented in the early 1980s. In the 21st century, the use of soup kitchens expanded in both the United States and Europe, following lasting global increases in the price of food which began in late 2006. Demand for their services grew as the Great Recession began to worsen economic conditions for those with lower incomes. In much of Europe, demand further increased after the introduction of austerity-based economic policies from 2010.

STATE-FUNDED COMMUNITY KITCHENS IN LONDON, UNITED KINGDOM

PEOPLE'S KITCHEN

This community kitchen was founded by kiran chahal in april 2017 supported by a london community foundation grant. Kiran previously setup fortnightly community feasts and family cook and eat sessions at the kingsmead estate in Hackney for 2 years and

before that 3 years of weekly community feasts at passing clouds in Dalston.

Sufra food bank and kitchen

The community kitchen is open from 6:30 pm to 8:30 pm every Friday and serves a freshly cooked 3 course vegetarian hot meal to anyone who turns up, regardless of their circumstances. There is no need to book in advance or reserve a table.

REFUGEE COMMUNITY KITCHEN

Steve bedlam founded the refugee community kitchen on 1st December 2015 . refugee community kitchen serves nourishing food to displaced people in the UK and northern france . entirely volunteer run and donation based . they are committed to serving wholesome food with dignity and respect to people in need. They have served over 2 million meals since December 2015.

FOOD PANTRIES/SOUP KITCHENS/FOOD BANKS IN UNITED STATES

More than 48 million people in the United States live in poverty. According to Feeding America, food insecurity affects 49 million

Americans; most of these households have children. To combat the same, the United States has provisions for Food Banks, Soup Kitchens and Food Pantries.

A food bank is a nonprofit organization that is a holding warehouse for excess food. This food includes everything from a bag of chips that didn't sell to a large harvest of bananas. The food bank is able to buy large quantities of all types of meats, fish, produce, fruits, and processed foods for pennies on the pound. This food is then sold to food pantries, soup kitchens, school programs, and so on to allow for distribution. Food banks generally don't provide food directly to the public; however, in some larger cities food banks distribute to individuals.

Food pantries are available in several sites in most communities. These are generally run by churches and community groups as philanthropic outreaches. Food is provided free of charge to individuals in need. Most food pantries stipulate how frequently an individual can obtain food. Because of this, individuals may visit multiple food pantries throughout the month. Food pantries are designed to be a supplemental food source and not a primary source of groceries. Food may be given in care package format or the individuals may be allowed to "shop" and make their own choices.

Soup kitchens are direct feeding centers offering a prepared meal to individuals, usually free of charge. Most soup kitchens are located in areas with larger numbers of individuals living in poverty and homeless individuals. Urban soup kitchens are frequently open for multiple meals each day. Soup kitchens in smaller towns may serve one meal a day and only on certain days of the week.

STATE FUNDED COMMUNITY KITCHENS IN CANADA

FREDERICTON COMMUNITY KITCHENS INC.

This community kitchen was setup in 1982. The main aim of this community kitchen is to feed Fredericton's hungry people and to make that happen they are serving over 14000 meals per month. Meal timings: breakfast-7:45 am to 8:15 am Monday to Friday. Lunch – 11:30 am to 12:30 pm Sunday to Saturday. Supper – 5:00 pm to 5:45 pm .358 school lunches delivered daily to 15 schools through this community kitchen.

EE. **BECAUSE** the eradication of hunger and provision of nutritious food is a challenge taken up globally. It is noteworthy that Article 25(1) of The Universal Declaration of Human Rights, 1948 and Article 11 of the International Covenant on Economic, Social and Cultural Rights 1966, recognized Right to adequate food and Right to be free from hunger a Fundamental Right. The Committee on Economic, Social and Cultural Rights has further defined the right

to food provided for in the ICESCR in its General Comment 12. Other international legal instruments that India has ratified and that further articulate the right to food in Article 27 of the Convention on the Rights of the Child and Article 12(2) of the Convention on the Elimination of All Forms of Discrimination against Women. In addition to these legal obligations, India has signed up to such political declarations as the 1996 Rome Declaration of the World Food Summit, thereby pledging its political commitment to ensuring its citizens access to adequate food. Despite declaring that such a right exists, none of these legal texts is particularly specific in defining what a state party must do in order to ensure the right to food. Thus, it is particularly important for states, such as India, to give shape to this right through national programmes.

FF. BECAUSE in a research titled Social and health nutrition impacts of community kitchens: a systematic review by Iacovou M, et al., 2013 Mar;16(3):535-43 it was concluded from 10 studies that community kitchens may improve social interactions and nutritional intake of participants and their families.

GG. BECAUSE the Right to Adequate Food and the Fundamental Right to be free from hunger are recognized by International Law, and many countries have food-related rights in their constitutions. According to the United Nation's committee on economic, social and cultural rights "the right to adequate food is indivisibly linked to the inherent dignity of the human person and is indispensable for

the other human rights enshrined in the International Bill of Human Rights. It is also inseparable from social justice, requiring the adoption of appropriate economic, environmental and social policies at both the national and international levels, oriented to the eradication of poverty and the fulfilment of human rights for all... The right to adequate food is realized when every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement.

HH. **BECAUSE** the Constitution of India both explicitly and implicitly provides for a right to food, thereby offering healthy national protection that is likely more accessible to Indian citizens than similar safeguards provided by international bodies. Explicitly, Article 47, found in the Directive Principles division of the Constitution, creates a “duty of the State to raise the level of nutrition and the standard of living and to improve public health.” Given the aspirational and non-justiciable nature of the Directive Principles, however, most of the development of the right to food has occurred within the context of Article 21, which includes a right to life and is located within the enforceable and justiciable Fundamental Rights section of the Constitution. Indeed, the Supreme Court has explicitly stated in various cases that the right to life should be interpreted as a right to “live with human dignity”, which includes the right to food and other basic necessities.

II. **BECAUSE** this Hon'ble Court in the case of *Maneka Gandhi v. Union of India 1978 SC 597* stated: "Right to life enshrined under Article 21 means something more than animal instinct and includes the right to live with human dignity, it would include all aspects which would make life meaningful, complete and living." Similarly, in *Shantistar Builders v. Narayan Khimala Totame (1990) 1 SCC 520*, this Hon'ble Court stated : "The right to life is guaranteed in any civilized society. That would take within its sweep the right to food." Additionally, this Hon'ble Court in the case of *Chameli Singh v. State of Uttar Pradesh AIR 1996 SC 1051* held "that the need for a decent and civilized life includes the Right to Food, Water and Decent Environment". More importantly, Justice P.N. Bhagwati in the case of *Kishen Pattayanak and Ors. v. State of Orissa, AIR 1989 SC 677* held that "No one in this Country can be allowed to suffer deprivation and exploitation particularly when social justice is the watchword of our constitution."

JJ. **BECAUSE** The right to food can also be linked with Articles 39(a) and 47 of the Constitution. Article 39(a) directs the State to ensure that all citizens have "the right to an adequate means of livelihood". According to Article 47, "the State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". These two Articles belong to the "Directive Principles of State Policy", which are not supposed to be enforceable in Court

(Article 37). However, it is possible to argue that Articles 39(a) And Article 47 are enforceable in Court as expressions of fundamental right to life. (NHRC Proceedings held on 17th Jan, 2003).

KK. **BECAUSE** Article 47 in Part IV of the Constitution of India which states that it is the duty of the state to raise the level of nutrition and standard of living and to improve public health. Although not enforceable by law, it does obliges the Government of India to provide adequate provisions for food to its citizen and Indian government does have a comprehensive food subsidy policy to serve its citizen. But due to lack of proper implementation, the policies seem to be unable to meet its purpose.

LL. **BECAUSE** the Apex Court in the case of *Kesvananda Bharti v. State of Kerela., (1973) 4 SCC 225* through Matthew.J. observed the object of the people contained in the Preamble of the Constitution is to promote justice, social & economic, liberty and equality. The modus operandi to achieve these objects is set out in Part III and IV of the Constitution. Furthermore, this Hon'ble Court in the case of *Air India Statutory v. United Labour., (1997) 9 SCC 377* held that the Preamble of the Constitution is designed to realize the socio-economic justice to the people of the Country. In order to achieve this goal, it is required to blend the Fundamental Rights with Directive Principles. The Court further observed that the poor and common man can secure social and economic

justice only when they enjoy a Right to Work, a living wage, a decent standard of living and education. This Hon'ble Court enlarged the scope of Right to Food and held it to be a basic human right.

MM. **BECAUSE** this Hon'ble Court in a plethora of cases has held that Right to Food comes within the purview of Right to Life and is a basic component to Right to Life. (*State of Maharashtra v. Chanderbhab.*, (1981) 3 SCC 387; *Kishen Pattnayak v. State of Orissa.*, AIR 1989 SC 677; *Shantistar Builders v. N.K. Tomate.*, (1990) 1 SCC 520; *People Union for Civil Liberties v. Union of India & Ors.*, (2013) 2 SCC 688 ; *C.E.S.C. Ltd. V. Subash Chandra Bose & Ors.*, (1992) 1 SCC 441; *P.P. Gupta v. State of Gujarat.*, 1995 Supp (2) SCC 182; *Peerless General Finance and Investment Co. Ltd v. Reserve Bank of India.*, 1992 (2) SCC 343).

NN. **BECAUSE** this Hon'ble Court in the case of *Ahemdabad Municipal Corporation v. Nawab Khan Gulab Khan.*, 1997(1) SCC 121 held that the socio-economic justice is one of the objectives in the Preamble of the Constitution. In this case, this Court reminded the Government of its duty towards the hungry and starving persons in the Country and further held that the nation state should promote socio-economic justice and fulfill the

basic human needs. The right to livelihood was established as a component of the Right to Food.

OO. **BECAUSE** the Apex Court in the case of *Khudiram Das v. State of West Bengal*, AIR 1975 SC 550 held that new needs of a person for liberty in the different spheres of life can now be claimed as a part of personal liberty under Article 21 and these personal liberties cannot be restricted either by legislation or by law except satisfying Articles 14 and 19. Fundamental freedoms can be effectively enjoyed only if a person is to live with dignity, freedom and safety which further ensures a good quality life which, falls within the mandate of Article 21 of the Constitution.

PP. **BECAUSE** in the Hon'ble Supreme Court in the matter of *Avishek Goenka vs Union Of India & Anr (2012) 5 SCC 321* held that whatever are the rights of an individual, they are regulated and controlled by the statutory provisions of the Act and the Rules framed thereunder. The citizens at large have a right to life i.e. to live with dignity, freedom and safety. This right emerges from Article 21 of the Constitution of India. As opposed to this constitutional mandate, a trivial individual protection or inconvenience, if any, must yield in favour of the larger public interest.

QQ. **BECAUSE** the Apex Court in *Francis Coralie v. Union Territory of Delhi AIR 1981 SC 746* held that right to life includes

the right to live with human dignity and all that goes along with it, namely the bare necessities of life such as adequate nutrition, clothing and shelter over the head and facilities for reading and expressing oneself in diverse forms freely moving about and mixing and commingling with fellow human beings” It means that life of a person is beyond the animal existence. Everyone should be treated with equality and no one should discriminate any human being on the basis of sex, caste, religion, colour or any other reason being human race we should behave and pay dignified respect to others.

RR. **BECAUSE** the Hon’ble Supreme Court in *Paramanda Katara v. Union of India AIR 1989 SC 2039* held that preservation of life is of utmost importance, because if one’s life is lost, the status quante ante cannot be restored as resurrection is beyond the capacity of man’. Therefore, ‘Right to life’ is a basic and inalienable right of man which shall not be subjected to unwarranted hazards.

SS. **BECAUSE** Argumentum ab auctoritate fortissimum est in lege. Hence, the abovementioned judgments substantiate Article 21 has been infringed as the persons ‘Right to Food’ and inadvertently, ‘Right to Life’ has been compromised with. The abovementioned judgements place the onus of provision for adequate and nutritious food on the State. In light of the above, it is pertinent to note that

Article 21 envisages that right to life does not mean mere existence, but life with dignity and on the other hand the Central and State Government; as well as Ministries in the present grim scenario have failed to fulfilled their obligations for effectively providing food security in the country.

TT. **BECAUSE** it is humbly submitted that this Hon'ble court may intervene in this present situation and safeguard the rights and interests of the citizens and persons *Boni Judicis Est Judicium sine Dilatione Mandare Executioni*.

PRAYER

In the facts and circumstances of the case, as mentioned above, it is, therefore, most humbly prayed that this Hon'ble Court may graciously be pleased to:

- a. Issue a Writ of Mandamus or any other appropriate writ, order or direction thereby directing the Chief Secretaries of all the States and Union Territories to formulate such scheme to implement the concept of community kitchens to combat hunger, malnutrition & starvation and deaths resulting thereof, and to further ensure that no person should sleep on an empty stomach;
- b. Issue a Writ of Mandamus or any other appropriate writ, order of direction thereby directing the National Legal Services Authority (NLSA) to formulate a scheme in order to

further the provisions of Article 51A of the Constitution of India in order to mitigate deaths resulting from hunger, malnutrition and starvation;

- c. Issue a Writ of Mandamus or any other appropriate writ, order or direction thereby directing the Central Government to create a national food grid for those persons beyond the scope of the Public Distribution Scheme (PDS);
- d. Pass any order or direction as this Hon'ble Court may deem fit and proper in the facts and circumstances of the present petition.

AND FOR THIS ACT OF KINDNESS, THE PETITIONERS SHALL, AS IN THE DUTY BOUND, EVER PRAY.

DRAWN BY:

ASHIMA MANDLA

ADVOCATE

FILED BY:

FUZAIL AHMAD AYYUBI

ADVOCATE FOR PETITIONERS

New Delhi

Drawn On:

Filed on:

