Contextual Strategies for Hunger Reduction: A Case of South Asian Countries

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Abstract

The aim of this study was to explore the contextual strategies for hunger reduction in the South Asia. The study was based on a content analysis method. The search for relevant literature was completed in two stages. First, we examined the peer-review articles found in the electronic databases using keyword searches; Secondly, we used the ‘snowball’ method for searching the journal articles and published reports. The empirical evidence showed that the South Asian countries have reduced hunger significantly. This trend is largely associated with a number of interrelated and contextual factors, such as poverty, food insecurity, financial vulnerability, natural and social disasters, and political commitment of the government. Poverty was seen as one of the principal dimensions that is interlinked with other many complex issues such as malnutrition and under nutrition, low birth weight, bad food habits, illiteracy, lack of social awareness, lack of government commitment, over population, unemployment, lack of women empowerment, etc. This paper concludes that the findings would be an important guideline to the policy makers, NGO workers, and international organizations.

Keywords: Hunger, global hunger index (GHI), poverty, food deficiency, South Asia.

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Introduction

The World Bank (2015) recently reported that the highest 23 percent (336 million) of the people, who are routinely hungry live in the South Asia region. According to the World Food Programme (WFP, 2014), there are 805 million hungry people in the world and 98 per cent of them are in developing countries. They are distributed as such 526 million in Asia and the Pacific, 227 million in Africa, 37 million in Latin America/Caribbean, and 15 million in the developed countries. As of 2008 (2005 statistics), the World Bank (2014) estimated that there are 1,545 million poor people in developing countries who live on $1.25 a day or less. The extreme poverty remains an alarming problem in the world’s developing regions. Since 1990, a significant progress has been made in the fight against hunger. The GHI score in 1990 was 20.6 for the developing world, and the score stands at 12.5 in 2012, representing a reduction of 39 percent. Despite this progress, the number of the hungry people in the world remains unacceptably high. In 2012-2014, about 805 million people were chronically undernourished (Grebmer et al., 2014). A decline in child underweight lowered the aggregate GHI score for the developing world by 3.5 points, whereas the changes in the share of undernourished people in the population and the child mortality rate contributed reductions of 3.1 and 1.5 points respectively.

The Global Hunger Index (GHI) 2014 mentioned hunger as distress associated with the lack of food to meet basic nutritional needs (Grebmer et al., 2014). The GHI 2013 mentioned some fundamental causes of global hunger, which include poverty, harmful economic systems, conflict, and climate change (Grebmer et al., 2013). Hunger is also related to a cause of poverty and thus has a cyclic effect. The causes of poverty include the lack of resources and an extremely unequal income distribution. The World Food Programme (WFP, 2015) mentioned six most important causes of global hunger, which are often interconnected e.g., poverty trap (those who cannot afford nutritious food for themselves and their families), lack of investment in agriculture (developing countries lack key agricultural infrastructures, such as enough roads, warehouses and irrigation), climate and weather (natural disasters such as floods, tropical storms and long periods of drought are on the increase with calamitous consequences for the hungry poor in developing countries), war and displacement (across the globe, conflicts consistently disrupt farming and food production), unstable markets (roller-coaster food prices make it difficult for the poorest people to access nutritious food consistently), and food wastage (one third of all food produced is never consumed). This food wastage represents a missed opportunity to improve global food security in a world where one in eight suffers from hunger. The number of chronically hungry people in the South Asia is grown close to 70 million. Overwhelmingly dependent on agriculture for their food, these populations have no alternative source of income or employment. As a result, they are vulnerable to climate change and food crises.

The WFP (2014) reported that three-quarters of all hungry people live in the rural areas in Asia and Africa. The Food and Agriculture Organization (FAO) calculates that around a half of the world’s hungry people are from the smallholder farming communities, surviving off marginal lands prone to natural disasters like drought or flood. Another 20 percent belong to landless families dependent on farming and about 10 percent live in communities, whose livelihoods depend on herding, fishing or forest resources. The UNICEF (2009) mentioned that 146 million children in the developing countries are underweight- the result of acute or chronic hunger. Women are the world's primary food producers, yet cultural traditions and social structures often mean women are much more affected by hunger and poverty than men. It is evident that a mother who is stunted or underweight due to an inadequate diet often gives birth to low birth weight children. Around 50 percent of the pregnant women in the developing countries are iron deficient (UNICEF, 2009). However, with the less resources and capacities, the South Asian countries have achieved greater success in the hunger index compared to other regions in the world. Most of the countries in this region achieved an overall greater hunger score. They have achieved greater successes compared to previous years in proportion of undernourished in the population, prevalence of underweight children under five years, and under five mortality rates.

This paper includes three main concepts e.g., hunger, Global Hunger Index (GHI), and GHI score to measure hunger and hunger reductions in the South Asian regions. The concept ‘hunger’ conceives multiple meanings. According to the Oxford English Dictionary (1971), "Hunger is the uneasy or painful sensation caused by want of food, craving appetite, and the exhausted condition caused by want of food; want or scarcity of food in a country, and a strong desire or craving." The related technical term of hunger is either malnutrition, or, if malnutrition is taken to refer to under-nutrition and over-nutrition. Both the malnutrition and under-nutrition refer to not having enough food. The GHI 2014 mentioned that hunger is usually understood to refer to the distress associated with the lack of food. The FAO (2014) defines food deprivation, or undernourishment, as the consumption of fewer than about 1,800 kilocalories a day—the minimum that most people require to live a healthy and productive life. Under-
nutrition is the result of inadequate intake of food in terms of either quantity or quality of the poor utilization of nutrients due to infections or other illnesses, or a combination of these factors. These in turn are caused by a range of factors including household food insecurity; inadequate maternal health or childcare practices; or inadequate access to health services, safe water, and sanitation. Malnutrition refers more broadly to both under-nutrition (problems of deficiencies) and over-nutrition (problems of unbalanced diets, such as consuming too many calories in relation to requirements with or without low intake of micronutrient-rich foods).

The GHI is a tool which is designed to measure and track hunger globally and by region and country. Calculated each year by the International Food Policy Research Institute (IFPRI), the goal of the GHI is to raise awareness and understanding of regional and country differences. A number of different indicators can be used to measure GHI, which combines three equally weighted indicators into one index such as undernourishment, child underweight, and child mortality.

The GHI 2014 has been calculated for 120 countries for which data on the three component indicators are available and where measuring hunger is considered most relevant. The scores are based on source data that are continually revised by the United Nations agencies that compile them, and each year’s GHI report reflects these revisions. The GHI 2014 contains the GHI scores for four other reference periods—1990, 1995, 2000, and 2005. This calculation results in a 100-point scale on which zero is the best score (no hunger) and 100 the worst, although neither of these extremes is reached in practice. A value of 100 would be reached only if the whole population was undernourished, all children younger than five were underweight, and all children died before their fifth birthday. A value of zero would mean that a country had no undernourished people in the population, no children younger than five who were underweight, and no children who died before their fifth birthday.

The total South Asian population is 1.671 billion, which accounts for 24 percent of the total world population (World Bank, 2013). In terms of population, India is the second largest, Pakistan sixth, and Bangladesh seventh most populated country in the world. According to the Human Development Index 2010 and GHI 2014, the development indicators in South Asian countries are comparatively low though the GHI scores are better. Corresponding to the last available data obtained in the Gini Coefficient, Democracy Index, and Corruption Index, most of these countries’ statistics are dire (Table 1). Clearly, these statistics show a high inequality and poor socio-economic conditions.

In the South Asian region, India, Bangladesh, and Pakistan have high population pressure in terms of the total resources. In addition, huge environmental threats loom large in Bangladesh, great disparities in treatment of lower classes in India, long term political unrest in Nepal, and post-conflict in the North of Sri Lanka weaken the overall socio-economic conditions in South Asia. However, compared to 1990’s, the present economic growth and the progress of the hunger index in this region has been an affirmative trend. The negative development indicators make a greater challenge to achieve a hunger free region.

According to the United Nations Development Group (2014), more than 50 percent of the world’s undernourished children are in South Asia, predominantly in rural areas. Yet, despite the magnitude of the problem, the plight of the hungry goes relatively unreported and unaddressed. Asia has the largest number of hungry people, with more than 500 million suffering daily. This means that 62 percent of the global hunger exists in both Asia and the South Pacific. According to the GHI 2014, more than 20 percent of the Asian children are underweight and more than 70 percent are malnourished. About 75 percent of all those suffering from hunger live in the rural areas.

Eight out of ten malnourished children live in South Asia. There are many reasons behind this hunger trend in this region. The UNICEF (2009) stated that the case is related with the high levels of income inequality, rapid urbanization, persistent and pervasive social polarization, increasing food prices, a lack of government attention to agriculture and rural development, and the mounting effects of climate change-droughts, floods and cyclones. These are directly related with the hunger and malnutrition.
The table 2 shows the main indicators of the hunger index e.g., GHI, undernourished population, underweight children, and under five mortality rate of the South Asian countries. In terms of the GHI performance over the last 24 years (1990-2014), the South Asian countries’ progress has greatly improved compared to other regions in the world. In this time, the overall GHI fell by 41 percent in this region. All countries in this region reduced the proportion of undernourished in the population, prevalence of underweight children under five years, and under-five mortality rate. A number of socio-economic consequences helped in getting this performance. Overall, the 2014 GHI scores for South Asia were better than the 1990 GHI scores. For instance, the 2014 GHI score fell by 41 percent in South Asia. This region saw the steepest absolute decline in its score, amounting to more than 12 points. The South Asia had the second-highest 2014 GHI regional score-18.1-just one-tenth of a point behind the worst regional performer, Africa south of the Sahara. South Asia reduced its GHI score by 3 points between 1990 and 1995. Following a ten-year slowdown, the region has made considerable progress again since 2005. Several South Asian countries showed dramatically improved scores since 1990, including Bangladesh.

The statistics of the three indicators e.g., proportion of undernourished in the population, prevalence of underweight in children under five years, and under-five mortality rate (Table 2) in different years showed that all of the South Asian countries have achieved excellent performances except Pakistan. All countries reduced the proportion of their undernourished population, albeit slowly. According to the data in the latest years 2011-13, the lowest number 16.0 percent of undernourished population live in Nepal followed by Bangladesh 16.3, India 17.0, Pakistan 17.2 and Sri Lanka with the highest at 22.8 percent. Bangladesh reduced their GHI score to nearly half in 23 years, which was 33.9 percent in 1990-92 and 16.3 percent in the latest years 2011-13. This reduction rate was fastest from 2007 to 2011-13 in all Asian countries excluding Bangladesh. Data showed that Bangladesh reduced their GHI nearly in half within three years, which was 36.7 percent in 1994-96 and 18.0 percent by 1999-01. Data on the prevalence of the underweight children under five years showed that Sri Lanka achieved a better performance, which is 21.6 percent in the latest years 2009-13, followed by Nepal 29, India 30.7, Pakistan 31.6, and the highest was Bangladesh at 36.8 percent. Bangladesh reduced nearly half of the population listed in this category from 61.6 percent to 36.8 percent in the years 1988-92 to 2009-13. This reduction trend was faster after the 1998-02 period. India reduced 25 points between 1998-92 to 2009-13 and the reduction rate was a bit faster after 2003-07. Nepal reduced 15 points in this time with an increase after 2003-07, like India. Pakistan reduced this portion very slowly, but after 2003-07, it further increased in this category by nearly one point. Sri Lanka reduced 10 points during the years 1988-92 to 2009-13, but data showed that the performance got slower over time. Sri Lanka’s under-five mortality rate was the lowest in South Asia. According to the latest year (2012), this rate was only 1.0 percent, which was more than eight times higher in Pakistan (8.6 percent), six times in India (5.6 percent), four times in Bangladesh (4.1) and Nepal (4.2). Data showed
that the reduction rate of the under-five mortality was faster from the year 2000 in all South Asian countries except Pakistan. The performance of Pakistan in all indicators is slower than the other four South Asian countries. To consider this evidence, the aim of this study was to show the contextual strategies of hunger reduction in the South Asian countries. We would argue that this would be in important guideline to other region or country whose hunger index is comparatively high e.g., Sub-Saharan Africa and other Asian countries.

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<th>Table 2: Hunger index in South Asia.</th>
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Source: Based on GHI 2014 (Grebmer et al., 2014)

**Materials and Methods**

The article was based on a content analysis method. We followed the type of papers similar to those of Joffres et al., (2008), Islam and Hossain (2014), Islam and Cojocaru (2016), and Islam and Mungai (2015). Content analysis is the systematic description of behaviour asking ‘who’, ‘what’, ‘where’ and ‘how’ questions within formulated systematic rules to limit the effects of analyst bias (Islam & Mungai, 2015). The search for relevant literature was completed in two stages. First, we examined peer-reviewed articles found in electronic databases (Academic Search Premier, Academic Common, Aseline, Informit, Ingeniacconnect, ScienceDirect, Scopus, Social Science Citation Index and Social Science Research Network (SSRN), and PsycaRTICLES) using keyword searches including ‘hunger and related concepts’, ‘hunger reduction’, ‘hunger trend in South Asia’, and ‘strategies of hunger reduction’. We used the ‘snowball’ method for searching the journal articles and published reports. Altogether, by 31 May 2015, we had read 80 articles and discarded 45. We also reviewed relevant published and unpublished national and international reports and documents including reports published by International Fund for Agricultural Development (IFAD), World Food Programme (WFP), UN Food and Agricultural Organization (FAO), World Bank, International Fund Policy Research Institute, World Bank, United Nations Children’s Fund (UNICEF), and UNDP. Finally, we considered 22 articles and 13 reports which we found more relevant for this article. Some of the significant articles and reports are listed in the reference section.

**Results and Discussion**

The review results showed that there is no single or specific strategy for hunger reduction in the South Asian countries. We can see a number of hunger reduction approaches initiated by the international institutions e.g., United Nations Development Group, International Monetary Fund (IMF), World Food Programme (WFP), Food and Agricultural Organization (FAO), International Fund for Agricultural Development (IFAD), which are operating and financing a number of international hunger projects. For instance, the United Nations Development Group (2014, p. 6-8) introduced nutrition and health-based prevention and treatment approaches, food and nutrition safety-net approaches, smallholder farmer productivity-enhancement
approaches, and multi-sector approaches as hunger reduction strategies. The United Nations launched the Zero Hunger Challenge (April 29, 2013), which has five objectives: ensure every person has access to nutritious foods, end childhood growth stunting, develop sustainable food systems, increase the productivity and income of small farmers, and prevent the loss and waste of food (Borgen Project, n.d.). The World Bank (2014) introduced poverty alleviation as a core strategy for hunger reduction. The FAO (2014) argues that after sustained political commitment at the highest level, with food security and nutrition as top priorities, is a prerequisite for hunger eradication. The FAO added that hunger reduction requires an integrated approach, and need to include: public and private investment to raise agricultural productivity; better access to inputs, land, services, technologies and markets; measures to promote rural development; social protection for the most vulnerable, including strengthening their resilience to conflicts and natural disasters; and specific nutrition programmes, particularly to address micronutrient deficiencies in mothers and children under five.

The IFAD, WFP and FAO (2013) jointly emphasised the effective policies and long-term political commitment for hunger reduction. The policies aimed at enhancing agricultural productivity and increasing food availability, especially when the smaller agricultural stakeholders are targeted, can achieve hunger reduction even where poverty is widespread. When they are combined with social protection and other measures that increase the incomes of the poor families to buy food, they can have an even more positive effect and spur rural development by creating vibrant markets and employment opportunities, and making possible equitable economic growth. A long-term commitment to mainstreaming food security and nutrition in public policies and programmes are the keys to hunger reduction. Keeping food security and agriculture on the development agenda through comprehensive reforms, improvements in the investment climate, supported by sustained social protection, is crucial for achieving major reductions in poverty and undernourishment. Our findings showed that most of the South Asian countries emphasised on poverty alleviation which was introduced by World Bank as one of the main strategies of hunger reduction. The FAO, IFAD and WFP (2002) jointly stated that a successful strategy for alleviating poverty and hunger in developing countries must begin by recognizing that they are mainly rural phenomena and that agriculture is at the heart of the livelihoods of the rural people. The following section discussed the hunger reduction strategies of the four South Asian countries e.g., Bangladesh, India, Nepal, and Sri Lanka.

**Bangladesh**

The literature showed that Bangladesh has developed and used a comprehensive strategy for hunger reduction. The main interventions are improving maternal and child nutrition, increasing primary school attendance and reducing short-term hunger through school feeding. These interventions helped to strengthen Government social safety nets and make them more nutrition focused (WFP, 2014). The International Monetary Fund (IMF, 2013, p. 4) reported that Bangladesh has increased its real per capita income by more than 130 percent since its independence, and has cut the poverty rate by 60 percent, and is well set to achieve most of the millennium development goals. Some of the underlying specific achievements include: reducing total fertility rate from 7.0 to 2.7; increasing life expectancy from 46.2 years to 66.6; increasing the rate of economic growth from an average rate of four percent in the 1970’s to six percent in the 2000’s. In this time, the country increased the savings and investment rates from below 10 percent each in the 1970’s to 24 percent (investment rate) and 30 percent (savings rate); achieving gender parity in primary and secondary education; and more than tripled the production of rice (from 10 million tonnes to 32 million tonnes). In evaluating these achievements, the IMF argued that Bangladesh achieved near self-sufficiency in normal production years. The country is now much more capable for handling the natural disasters with a minimum loss of life. The IMF further mentioned that the country reach this remarkable progress despite numerous internal and external constraints. The GHI 2014 mentioned that an active NGO sector and public transfer programmes in Bangladesh helped to reduce the child under-nutrition among the poorest and improved the GHI score. Bangladesh regularly monitors children’s nutritional status and has cut back underweight in children from 62 percent in 1990 to 37 percent in 2014 (World Bank, 2014).

Haider M (2013) mentioned that apart from safety nets, the improvement in hunger reduction is an outcome of several policies and initiatives. For example, the budget document in Bangladesh contains a separate entry for nutrition. The Article 15 of the Bangladesh constitution expects that the State will provide citizens with the basic necessities of life, including food. In 2012, the Bangladesh government had put a commitment towards food security for all people of the country at all times. The Bangladesh Integrated Nutrition Project (BINP) improved the nutritional outcomes as of 1995. Later in 2002, the National Nutrition Programme was launched. This initiative included the Expanded Programmes on Immunization and Vitamin A supplementation. Curtis (2011) argued that the improvements in food production and food security were significant factors for hunger reduction in Bangladesh. The country is promoting around 30 social protection programmes, involving over a dozen government ministries, within the context of a national food and nutrition policy which aims to ensure food security for all.
Some other strategies such as food or cash-based transfers to poor and vulnerable groups, the Food for Education programme transfers food to low income families upon enrolment of their children in primary school, agricultural policies (more than double the production of cereal grains since the country became independent), access to credit, the provision of extension services, government rice procurement and input subsidy programmes, proliferation of a simple irrigation technology - shallow tube wells, high degree of civil society involvement in designing and implementing anti-poverty interventions, and micro-finance movement contributed towards hunger reduction in Bangladesh.

**India**

India has focused on the decentralised local level programmes for hunger reduction. A range of programmes and initiatives were launched by the central and state governments in India. The country stressed three main strategies e.g., poverty alleviation system, agricultural development, and health care system. Ahluwalia (n.d.) mentioned that India’s strategy for reducing poverty and hunger has always placed a great deal of importance on the agricultural sector, emphasizing the fact that 70 percent of the population live in rural areas and the overwhelming majority of them depend upon agriculture as their primary source of income. Acceleration of agricultural growth, with a special focus on improving the position of small farmers and extending the productivity revolution to non-irrigated areas was seen as a critical part of the country’s strategy for poverty alleviation. The new strategy of food security in India was aimed at ‘maximizing the production of cereals’, and involved building a solid foundation of food security on three key elements, viz. (a) provision of an improved technology package to the farmers; (b) delivery of modern farm inputs, technical know-how and institutional credit to the farmers; and (c) assurance of a remunerative marketing and pricing environment for farmers (Acharya, 2009, p. 3).

India set up a comprehensive health care system, which emphasised on improving nutrition, child health and stabilizing environment. The GHI 2014 mentioned that nutrition-specific interventions including the Integrated Child Development Services Programme and the National Rural Health Mission that were scaled up after 2006. The aims of these programmes were to improve the health, nutrition, and development of children. Under these programmes, India established 1.4 million centres, and started a community-based outreach and facility-based health initiative to deliver essential health services to rural India (Avula et al., 2013). Within the context of India’s decentralized governance system, the state governments have taken ownership of nutrition and tried to strengthen delivery of targeted nutrition efforts. The state of Maharashtra was the first of several to bring high-level political and bureaucratic leadership to nutrition through Nutrition Mission, a programme with greater flexibility and freedom than usual (Gillespie et al., 2013). The efforts have also been made to create an enabling environment for nutrition. A number of the indirect factors such as the National Rural Employment Guarantee Scheme, rural jobs programme and reforms to the Public Distribution System that distributes food to the poor, contributed to less hunger in India.

**Nepal**

Even with a long term political unrest, Nepal’s hunger reduction progress has been outstanding. Like Bangladesh, Nepal has introduced a comprehensive strategy for hunger reduction. The country developed partnerships with many international organizations. The Nepal Multi-Year Feed the Future Strategy 2011 to 2015 was the most successful partnership project towards hunger reduction. The strategy links agriculture, nutrition, and education as a complete package to increase the economic resilience and health of the vulnerable populations. The Ministry of Agricultural Development (MOAD) and the Ministry of Health and Population (MOHP) in the Nepal Government, the U.S. Agency for International Development (USAID), and the World Bank launched the food security initiatives e.g., the Knowledge-based Integrated Sustainable Agriculture and Nutrition Project (KISAN) and the Agriculture and Food Security Project (AFSP). These projects are working in the west, mid-west, and far-west regions of the country.

The KISAN is a USAID funded ($20.4 million) five-year project, which aims to improve food security, increase income, and diversify diets for 160,000 disadvantaged rural households, for about one million rural Nepalese, across 20 districts through integrated agriculture and nutrition activities. The AFSP is also a five-year project that aims to improve food security situation of 150,000 households of the poor and marginal groups by increasing agricultural production, livelihood options and household income, and improving utilization of food (Government of Nepal, USAID, GASFP, and World Bank, 2013). Other projects such as ‘Increasing Food Security and Nutrition for Indigenous Communities in Nepal’ (Feed the Future, 2014a), ‘Commercial Farming Successes Break Poverty Cycle in Nepal’ (USAID, 2014), and ‘Aquaculture Helps Women in Nepal Improve Household Nutrition (Feed the Future, 2014b)’ all contribute in hunger reduction. However we can see that an effective integration approach demonstrated a strong focus on facilitating and institutionalizing, and government-level coordination towards hunger reduction.

The remittance has emerged as one of the biggest factors in poverty as well as hunger reduction in Nepal. The country received remittance worth 434 billion rupees (US$4.4 billion) in the fiscal year of 2012-13 from family members working abroad. Nepal gets 25 per cent of its gross domestic product (GDP) from remittance which is the highest among the South Asian countries (Prasain,
2014). It has played a key role at pulling people out of hunger. The extra income has helped greatly in improving civil health and nutrition.

**Sri Lanka**

Sri Lanka mainly followed three strategies: a modern health care system, universal education, and poverty alleviation for hunger reduction. The UNICEF (2013) reported that Sri Lanka developed a well health-care system and an enabling environment. The country has a committed group of professionals and organizations that championed breastfeeding of infants, and adopted multiple strategies for creation extensive awareness at all levels, especially among mothers’ support groups. Nearly all children receive vaccination against measles, TB and polio. Ninety percent of households have access to clean water and 97 percent of children go to school. Biesalski (2012, p. 200) stated that Sri Lanka is a good example of how maternal and child mortality can be drastically reduced when the various measures are undertaken by the government. The Vitamin A supplements have been distributed to 89 percent of children from 6 to 59 months and 92 percent of households used the iodized salt. The low maternal and neonatal mortality and low malnutrition helped to reduce hunger in Sri Lanka. The free universal health care and education that are provided by the government have contributed towards the goals of the universal primary education, promoting gender equality and empowering women, reducing child mortality, improving maternal health and combating HIV, malaria and other diseases (Hearth, 2014). Further, Sri Lanka has reduced the under-five mortality by encouraging and expanding breastfeeding. The exclusive breastfeeding rate among infants up to 6 months of age increased from 53 percent in 2000 to 76 percent in 2006–2007. The most recent statistics show that 80 percent of babies in Sri Lanka are breastfed within the first hour after birth. Sri Lanka’s achievements in improving exclusive breastfeeding rates are the result of high levels of political commitment, and leading to protective legislation (UNICEF, 2013).

The Institute of Policy Studies, Sri Lanka (2010, p. 10) reported that Sri Lanka has one of the highest ranks of all the countries in Asia when its performance on the human development index is compared relative to its performance on GDP per capita. It was the result of the government’s development framework which is known as *Mahinda Chintana: Idiri Dakma* (Vision for a New Sri Lanka) which aims at accelerating growth, with particular emphasis on equitable development, recognizing that there has been a perpetuation of income disparities both among income earners and across geographic regions. It focuses on three main areas e.g., achieving more equitable development through accelerated rural development, accelerating growth through increased investment in infrastructure, and strengthening public service delivery. The country followed the key elements of poverty reduction through the ‘Poverty Reduction Strategy (June 2002), ‘National Framework for Relief, Rehabilitation and Reconciliation (June 2002)’ and ‘Regaining Sri Lanka (May 2003)’ (CEPA, 2004). Biesalski (2012, p. 199) commented that the country has done an incredible job of fighting hunger and poverty on virtually all levels. With nearly 2 million Sri Lankans living abroad, the overseas employment has contributed with foreign exchange and remittances in the amount of 10 percent of the country’s GDP in 2013. The economic prosperity has been broadly shared. The real per capita consumption of the bottom 40 percent grew between 2002 and 2009 by an average of 4.3 percent annually, compared to 2.6 percent of the top 60 percent. As a result, inequality in per capita consumption expenditure fell during this period (World Bank, 2014).

**Conclusion**

The main objective of this paper was to explore the contextual strategies of the hunger reduction in the South Asian countries. We have shown that the present trend of hunger and hunger reduction strategies are largely associated with a number of interrelated factors such as poverty, food insecurity, financial vulnerability, natural and social disasters, and political commitment of the government. Poverty was seen as one of the principal dimensions that was interlinked with many other complex issues. There are a number of limitations that we faced in this study. One of the principal limitations was the lack of literature, particularly on hunger reduction strategies in the South Asian countries. We found a small number of papers that are published in the scientific journals. Most of the information for this study was gathered from the international reports, but the big shortfall of these reports was the lack of specific data on the South Asian countries. Considering these limitations, we could say that this paper provided a snapshot of hunger trends and hunger reduction strategies in the five South Asian countries.

We found that besides the number of problems such as high populations, socio-economic and political problems, poverty, and disaster threats, the South Asian countries’ overall hunger reduction performance is great though there is still a large number of the population that go hungry. The findings showed that the South Asia reduced 12.5 percent GHI score in 25 years, which was 30.6 in 1990 and reduced to 18.1 in 2014. The performance rate was the highest in Bangladesh (17.5 percent) among five Asian countries, followed by India 13.4, Nepal 12.0, Pakistan 7.6 and Sri Lanka 7.4 percent. The average performance of Bangladesh was also better on three main components of the GHI score. Bangladesh reduced 17.6 percent of the undernourished population from 1990-92 to 2011, followed by Sri Lanka 10.6, Pakistan 10.0, Nepal 9.4 and India 8.6. India’s performance was the highest (24.8 percent) among these five countries in reducing prevalence of underweight children under-five years from

Our results showed that the South Asian countries followed the comprehensive and country-wise strategies for hunger reduction. The common strategies were poverty alleviation, effective health care system, improving nutritional status, foreign remittance, and enabling environment. From a country wise analysis, we found that Bangladesh considered poverty alleviation as a synonym of hunger reduction. The country introduced a number of initiatives such as social safety net, partnership with the non-government organizations for poverty alleviation and income generation activities, improved nutritional status, and agricultural production. India followed two important strategies, such as high agricultural production and comprehensive health care system. India introduced a range of programmes on these two areas from the central and state governments based on local level planning. Nepal properly utilized the foreign resources through partnership with international organizations and successfully worked with the 'Nepal Multi-Year Feed the Future Strategy' linked with agriculture, nutrition and education. Sri Lanka utilised three main hunger reduction strategies such as a good health care system, human development framework, and improved enabling environment. The ‘Vision for a New Sri Lanka’ successfully worked and helped to accelerate rural development, growth through increased investment in infrastructure, and strengthen public service delivery. We argued that these strategies can be learning for other regions such as Sub-Saharan Africa or other developing countries which GHI scores are comparatively high.

The findings of this paper have great policy implications at both the global and regional levels. The findings have direct link with a number of the international and regional development agendas, such as poverty alleviation, food insecurity, social and economic inequality, gender disparity and women empowerment, health and child care system, and human development. From this finding, we have seen that the improving food security and nutrition through adequate investments, better policies including social safety nets, and legal frameworks are important for hunger reduction. The institutional reforms are also needed to promote and sustain progress on hunger reduction. We would believe that the South Asian countries would be more benefitted if they develop partnership with the international organisations such as UNDP and FAO, who launched a campaign to address the growing problem with a seven-point action plan that includes targeted interventions, such as school-feeding programmes, linking development outcomes to the impact on hunger and providing staple foods to the poor.

The suggestions of the research are:

The South Asia is one of the most productive region in the world where varieties of food and crops are grown. The governments of these countries should put continues supports towards food production with the growth of the population. The most important task is move from political commitment to action.

The government policies in the South Asian countries need to make or break efforts to end hunger. A good governance, including the rule of law, low levels of corruption, and respect for human rights, is essential for achieving food security. Nutrition is the most significant for hunger reduction. Due to the lack of the health consciousness and education, and bad food habits, many people in the South Asian countries are suffering malnutrition. However, the governments should increase the health education services and community awareness for healthy food practices.

The regional cooperation among the South Asian countries would be more important. It is important for Nepal, Pakistan and Bangladesh where the risk of the seasonal food deficiency is high. The countries can exchange the food supply and can follow the best examples of the countries.

Poverty alleviation would be important aspect in this region. The increase of population in the countries especially in India, Pakistan and Bangladesh would be significant. However, the shortages of food in the longer period would be a significant consideration.

The South Asian region should increase more international and regional cooperation. The countries need to look the international aids and technologies.

The remittance has been proved as a significant strategy for hunger reduction in the South Asian countries. However, the countries need to look more opportunities in this regard. This would help to provide employment and financial facilities of the poor families. The governments should provide the modern technology and industry based training to the low educated people so that they can find job in abroad.

References


2 A seven-point action plan includes Conflict resolution, post-conflict planning, post-conflict financing, gender-responsive civilian capacity, women’s representation in post-conflict governance, rule of law, and economic recovery.


IFAD, WFP, FAO (2013). The state of food insecurity in the world. Rome: IFAD, WFP and FAO.


Unicef (2013). Improving child nutrition the achievable imperative for global progress.


