



UNIVERSITY OF CAMBRIDGE INTERNATIONAL EXAMINATIONS
International General Certificate of Secondary Education

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INDIA STUDIES

0447/02

Case Studies

May/June 2013

INSERT (Resource Booklet)

1 hour 45 minutes

READ THESE INSTRUCTIONS FIRST

This Insert (Resource Booklet) contains Sources which you should use to answer Question 3 (Section B).

You should spend approximately 10 minutes reading the sources before attempting to answer the question. This is allowed for within the time set for the examination.

This document consists of **2** printed pages and **2** blank pages.



Source A

The Indian state seems unable to provide even the most basic of services to many of its poor, such as chalk for primary school teachers in the countryside or clean syringes for its doctors in the country's rural health clinics. In light of the growing threat of an HIV-AIDS epidemic, the poor quality of most rural clinics is particularly worrying. India spends less on primary healthcare as a proportion of its gross domestic product than almost any other developing country. However, chief among the Indian state's failings is its system of food subsidies for those living below the poverty line. Many of India's children who are under five years old are seriously malnourished.

Source B

The 2001 census provides a figure of 42.6 million people living in slums. City managers are reluctant to evict them, but equally reluctant to give official status to the dwellings. The accommodation is poorly built and crowded. A majority of households in Mumbai live in only one room. Access to toilets and washing facilities is poor. Some slums have no public toilet facilities at all, which leaves no alternative to open-air defecation, which increases the risk of disease spreading.

The experience of the Mumbai slum of Dharavi provides an example. It occupies only 2.2 square km, but has a population of over a million. It has a lively economy. Industries in and around the slum provide cooked food for hotels and bakeries, and the area is well known for its leather goods and pottery. However, industry is not regulated and an 80-hour working week is not unusual. It is the determined action of the residents that has got them electricity connections, better water supplies, public toilets and the covering of most open drains. It is the residents who have brought a certain order to the area.

Source C: Possible approaches for reducing levels of malnutrition**Approach 1: Improve health education**

Malnutrition levels could be reduced if adults were taught about the importance of care during pregnancy and the early years of a child's life. Mothers need to be taught about the importance of breast feeding and caring behaviour. At present, only 40% of Indian mothers rely solely on breastfeeding. The problem of child malnutrition is even more serious, and starts during pregnancy as 30% of children are born with low birth weights. By the age of two, it is too late to reverse the lack of growth that has occurred.

Approach 2: Improve the availability of nutrition

Families have become very dependent upon food distribution because food prices are too high for them to be able to buy enough food. However, the Public Distribution System which provides food for the poor and the Midday Meal Scheme, to which 120 million children belong, are both limited by corruption. Some of the workers steal the food to sell; others will not give food to lower caste children. In some cases, the system fails as workers do not turn up because they are not paid enough.

Approach 3: Improve the co-ordination of services

The present food distribution service needs improving. It does not work effectively because the five states with the highest levels of child malnutrition (Rajasthan, Uttar Pradesh, Bihar, Orissa, Madhya Pradesh) have the smallest levels of funding for the Integrated Child Development Service (ICDS) and the fewest number of ICDS centres. The focus on food supplementation should be replaced with an educational programme and better delivery of services; this should focus on disease control and prevention. The ICDS needs to work more closely with the health sector and involve local communities and vulnerable groups, such as young mothers and children, in the implementation of the plans.

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