

REPORT OF THE JOINT COMMISSION OF
ENQUIRY

INCIDENCE OF REPEATED DEATHS DUE TO
MALNUTRITION

SHEOPUR DISTRICT, MADHYA PRADESH

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1. THE BACKGROUND

1.1. In February 2005, Dr. Mihir Shah, Adviser to the Commissioner, Supreme Court of India in the Right to Food case, wrote to the Collector Sheopur, following complaints from activists regarding deaths of children in village Patalgarh, block Karahal. After persistent efforts by the MP Right to Food campaign some steps were taken by the district administration in Patalgarh (see below). However, the overall situation in the district remained worrisome. Deaths of children were again reported in 2006 from Sheopur district. In June 2006, the Adviser once again wrote to the Collector urging him to take much more decisive action. Following this the Commissioner Dr NC Saxena and the Special Commissioner Shri Harsh Mander wrote to the Chief Secretary, GoMP informing him of their decision to constitute a Joint Commission of Enquiry (JCE) to examine cases reported and to look into the status of implementation of food-related schemes in the district. In their letter dated 8th August, 2006, the Commissioners wrote "*we are particularly keen that the JCE goes into the structural reasons for such malnutrition related deaths and comes up with concrete suggestions on changes in policies and programmes that can perhaps be brought about so as to increase outreach to the most vulnerable sections of the population*". The letter also urges the JCE to

- ensure that immediate relief is provided to the survivors in the affected families, especially for any siblings of the deceased children who may be facing similar problems;
- ensure that other children who have been identified in the village receive medical attention without delay; and
- identify the communities that are living with starvation and the structural causes for their malnutrition and suggest longer term responses to address these problems.

1.2. With this mandate, a JCE consisting of Shri P.S. Vijay Shankar (representative of Dr. Mihir Shah), Dr. SK Singh, Dr. Vijay Gupta, Shri R.N. Raghuwanshi, Joint Director, WCD, GoMP and Dr. Mohan Singh, Divisional Joint Director, Gwalior visited Sheopur district on 5-6 October 2006.

2. SHEOPUR DISTRICT – A PROFILE OF BACKWARDNESS

Table 1

Development Indicators: A Comparison of MP & Sheopur		
	MP Average	Sheopur District
Geography		
Share of Forest Area in Total Area	29%	42%
Share of Net Sown Area to TGA	49%	23%

Population		
% Rural Population	73%	84%
Gender Ratio, All	920	893
Gender Ratio, Child	933	931
Share of SC in Total Population	15%	17%
Share of ST in Total Population	23%	20%
Literacy		
Literacy Rate, All	64%	47%
Literacy Rate, Female	51%	29%
Health		
Infant Mortality Rate	88	110
Maternal Mortality Rate	498	509
Hospital Beds per 1000 population	34	17

- 2.1. Sheopur district lies in the north Chambal region of Madhya Pradesh. It has a total area of 6.67 lakh hectares of which nearly 42% is under forests. SC and ST communities constitute 37% of total population. Sahariyas are an important section of the district's tribal population. According to the Third Human Development Report of GoMP, 2002 the district is ranked 33rd in the Human Development Index among 45 districts. A comparison of the development indicators of the district with the MP average clearly shows that the district is a location of concentrated deprivation even within a poor state like MP (Table 1). The female literacy rate in the district is as low as 29%. The gender ratio is highly unfavourable to women. The infant mortality rate of the district (110) is comparable to some of the poorest regions in the world like Sub-Saharan Africa.
- 2.2. Data from GoMP's Bal Sanjeevani Abhiyan (8th Report) indicate that 58% of the children in the age group 0-6 in the district suffer from malnutrition. These indicators show that Sheopur is one of the poorest and most deprived districts in the entire country. It is representative of the hilly and forested, SC-ST drylands of India, where poverty and malnutrition are concentrated. Within this overall picture, the appalling levels of deprivation of the tribal population of the district, particularly the Sahariyas, adds another dimension to the whole problem.

3. THE SPECIFIC SITUATION OF SAHARIYA TRIBALS

- 3.1. The main tribal community in Sheopur district is the *Sahariya*, a Primitive Tribal Group (PTG). Numbering about 6 lakhs (5.6% of India's tribal population and 22% of India's PTG), the Sahariyas are mainly concentrated in the Chambal valley of MP and Rajasthan. They inhabit villages in or near the forest. Their eviction from the forests started from around 1860. They have faced a long history of social ostracism, living in separate hamlets on the outskirts of the main village settlement. They were forced to work as labourers and whatever land was allotted to them by

government was very low productivity, stony land. They have been known to eat roots of forest plants to survive and migrate in large numbers to look for work. They also depend on sale of NTFPs such as honey, gum, anwla, herbs etc. But here they are badly exploited by middlemen.

- 3.2. As a primitive tribal group living in one of the poorest parts of the country, the Sahariyas face very specific problems of deprivation and ill health. Research studies¹ have also shown that the Sahariyas are much more vulnerable to diseases like TB than the general population. Studies also have shown that Sahariyas as a group suffer from severe malnutrition. A report² on Sahariyas shows that 94% of the Sahariya children are malnourished, with 15% severely malnourished. 74% of Sahariya children are reportedly underweight. 87% of the adults suffer from anaemia³. Studies have also compared the health status of Sahariya children with some of the world's poorest countries (Table 2). The figures for the Sahariyas place them amongst the worst in the world. Hence, while discussing the starvation deaths in Sheopur, we must remember that we are dealing with a community with very specific health and nutrition vulnerability.

Table 2

Index of Nutrition among Sahariya Children: A Comparative Chart

		Sahariyas	World's Worst
1	Under-nutrition in Pre-school Children	93.5%	NA
2	Proportion of Underweight Children	74.3%	56% (Bangladesh)
3	Proportion of Stunted Children	75.4%	65% (Bangladesh)
4	Proportion of Children "wasted"	20%	18% (Ethiopia)

Source: "Sahariya Predicament", www.righttofoodindia.org

- 3.3. The government has set up a special Sahariya Development Authority, headed by the District Collector, that provides funds to various line departments to implement development programmes for the Sahariyas. But in the absence of effective monitoring, most of this money invariably goes down the drain.

¹ T. Chakma, P. Vinay Rao, S. Pall, L.S. Kaushal, Manjula Datta and R.S. Tiwary, "Survey of Pulmonary Tuberculosis in a Primitive Tribe of Madhya Pradesh", Indian Journal of Tuberculosis, 43:85, 1996

² A Study of Sahariyas in Sheopur and Shivopuri districts by Regional Medical Research Centre for Tribals, Jabalpur

³ "The Sahariya Predicament", RTF, 2005??

4. VISITS BY THE JCE IN SHEOPUR DISTRICT

- 4.1. On October 5, JCE visited village Ranipura in Karahal block. At a village meeting detailed discussions were held with the local community about starvation deaths, recurrent health problems, functioning of government schemes in the village etc. The JCE also received written complaints from the people about specific schemes under the purview of the Supreme Court orders. All these complaints from various villages have been compiled in the Appendix to this report.
- 4.2. In the afternoon of October 5th, the JCE visited Kothra-kapoor and Sarhadi Khurd villages in Karahal block and held similar discussions with the local community. The JCE also reviewed the functioning of Anganwadi programme in these villages, as child nutrition is a key issue.
- 4.3. On 6th October, the JCE visited Patalgarh village, from where a large number of cases of malnutrition have been reported since 2005. In Patalgarh, the JCE also visited a worksite under NREGA and held discussions with the village people working at the site.
- 4.4. On its return to Sheopur, the JCE met the District Collector, Mr. Mahendra Singh Bhilala, and apprised him about the important findings. The JCE also suggested urgent remedial action required in the area.
- 4.5. The following government officials accompanied the JCE during its visit:
 - Dr. A.K. Dixit, Chief Medical and Health Officer, Sheopur
 - Dr. Mahesh Vyas, BMO, CHC, Karahal, Sheopur
 - Shri Mohan Singh Kushwah, Administrative Officer, Divisional Joint Director, Gwalior
 - Shri Purushottam Sharma, MPS, CHC, Karahal
 - Shri O.P. Pandey, PO, WCD, Sheopur
 - Shri Akshay Srivastava, DD, WCD, Bhopal

5. MAIN ISSUES IDENTIFIED BY THE JCE

The JCE received a large number of written and oral complaints on several government programmes. The main issues raised in these complaints can be listed as follows:

5.1. High Incidence of Child Mortality and Poor Status of Health Facilities

- 5.1.1. High Incidence of starvation deaths, particularly among children.
- 5.1.2. Poor status of delivery of health services to women and children.
- 5.1.3. No benefit received under the Deendayal Antyodaya Upchar Yojana.
- 5.1.4. Local hospitals and health centres are not accessible to poor people.

5.2. Poor Functioning of ICDS

- 5.2.1 Anganwadi centres (AWC) are non-existent in many tribal settlements
- 5.2.2 AWC virtually non-functional in tribal villages.
- 5.2.3 Enrolment in AWC does not cover the entire target population.
- 5.2.4 Supplementary Nutrition Programme (SNP) not working properly even in the villages with an AWC.
- 5.2.5 The ICDS is reduced to SNP in many cases. The broader objective is lost.
- 5.2.6 Poor record keeping in AWC.
- 5.3. Non-functioning of Midday Meal Scheme (MDMS)**
 - 5.3.1. MDMS is not functioning because schools do not open every day.
 - 5.3.2. Teacher: student ratio is very unfavourable
 - 5.3.3. No one was aware of the recent hike in allocation for MDMS by GoMP
- 5.4. TPDS is Dysfunctional**
 - 5.4.1. Shops do not open everyday and the poor cannot access the shop.
 - 5.4.2. Shops are located far away from the villages. Hence, people cannot reach.
 - 5.4.3. Antyodaya cards not distributed to all Sahariya families who are classified as PTG.
 - 5.4.4. Full quota of grain per card is not provided in the PDS shop.
 - 5.4.5. Partial purchase of grain not allowed in PDS shops.
 - 5.4.6. A large number of temporary BPL cards are still in circulation. New cards have not been distributed.
- 5.5. Poor Implementation of NREGA**
 - 5.5.1. Job Card distribution under NREGA is not done properly.
 - 5.5.2. Minimum wages are not being paid for work done under NREGA.
 - 5.5.3. Job cards are kept in the custody of the panchayat secretary and entries are false.
 - 5.5.4. People have demanded work but work has not been provided under NREGA.
 - 5.5.5. Contractors are being deployed
- 5.6. Poor Functioning of National Old Age Pension Scheme (NOAPS)**
 - 5.6.1. Payments under the NOAPS not done regularly.
 - 5.6.2. Payments do not reach all beneficiaries of the scheme.

6. DETAILED REPORT ON FINDINGS OF THE JCE

6.1. Incidence of Child Mortality and Child Malnutrition

- 6.1.1. The JCE received a large number of complaints about child deaths in the villages. At least 11 such cases were reported from Ranipura itself. In our considered view there is a needless tussle between social activists and the administration in trying to "prove" or "disprove" that these deaths are "due to starvation". The undeniable fact, borne out by the data provided above, is that Sheopur is one of the malnutrition hotspots of the world, with conditions worse than the worst case

scenarios prevalent anywhere. In such a context, with such severe debilitation, it does not take long for disease to get hold of fragile, infant bodies. The precise proximate cause of death can vary. For instance, many families in Patalgarh, who lost their children, said the children died of cough and high fever. One child had died in Sarhadi Khurd also due to high fever, two days prior to the visit of the JCE. According to Ram Kishore, an adivasi, his child was less than one year old when he died. But it is abundantly clear that in all these villages children are severely malnourished. According to the district administration, there were 4 severely malnourished children in Ranipura. But the JCE found that the actual situation is much worse than this. For instance, Laxmi d/o Srilal and Babooti, is an extremely malnourished child in Ranipura but no medical attention was being paid to this child. In fact, Babooti, mother of Laxmi, is a highly malnourished woman, who needs urgent attention herself. According to reports received after the visit of the JCE, Laxmi died a few days ago.

- 6.1.2. In Patalgarh, the JCE came to know about several cases of child deaths. Guddi w/o Gamandi is a severely malnourished woman. She lost her five children during the past few years ("*sookh ke mar gaye*"). Tulsi, another severely malnourished woman in the village, lost her two children, a girl and a boy during last year. The district administration has a list of cases of malnutrition in Patalgarh. But the actual number of severely malnourished children needing urgent attention is much more.
- 6.1.3. The JCE also noted several cases of neglect of child health in other villages, even where the ANM seems to be active to some extent. For instance, in Kothra-kapoor, the JCE found that there were several children in poor health. One child, Harilal s/o Barsedilal, has a huge swelling near his eye. It could have easily been cured if medical attention was provided in time. There were at least 9 such children in Kothra-kapoor, who suffered from illnesses rendered worse because they were never attended to. This is despite the fact that the local ANM, Ms. Savitri Badoriya, regularly visits the village once a month. The village people told the JCE that this ANM treats children on payment of Rs. 25/- per child.
- 6.1.4. Most alarmingly, we have received unconfirmed reports after the visit of the JCE, that all four children included in the list of severely malnourished by the local administration, (Bansi, Sonu, Sukhlal and Kiran) have died. This points to the dangerous levels to which the current situation can escalate.
- 6.1.5. All this points to a complete failure of governance, of the failure of the state to provide the very basic entitlements to its citizens, in this case the nation's future, its children. Rather than engage in a fruitless debate on the immediate cause of death, our task has to be to suggest ways and means by which the situation be urgently remedied.

6.2. Status of Health Facilities and Infrastructure

6.2.1. The JCE found that the health infrastructure and manpower in the district is inadequate to take care of even its regular health needs. Total population of the district is 5.60 lakhs. It has one district hospital, 2 Community Health Centres (CHCs), 8 Primary Health Centres (PHCs) and 89 Health Sub-centres (HSCs). These facilities are far below the norms accepted by the Health Department for tribal and other areas. As per these norms, there should be one PHC per 20,000 people in tribal areas and 30,000 people in other areas. Similarly, there should be one HSC per 3,000 population in tribal areas and 5,000 population in other areas. The ground level situation in Sheopur district and Karahal block shows that the system is operating far below norms (Table 3). PHCs in Sheopur as a whole are about a third of the required number. In Karahal they are not even a quarter of what is required as per norms, which themselves would need to be revised in view of the terrible conditions in such areas. Hence, they are overloaded even in its day-to-day functioning and completely crumbles in emergencies.

Table 3

Health Centres in Sheopur District and Karahal Block: Norms and Actual

	Sheopur District		Karahal Block	
	PHC	HSC	PHC	HSC
Total Population	559715	559715	144515	144515
Requirement as per norms (weighted average of norms for tribal and other areas)	21	127	6	40
Actually Existing	8	89	1	25
Deficit	13	38	5	15

6.2.2. The problem is compounded by the fact that the existing PHCs and HSCs are poorly equipped in terms of personnel and facilities. There is a huge gap between what is required and what has been sanctioned for the district in terms of health personnel. But even if we take the positions sanctioned, we find that many of these posts are lying vacant. The gap is the maximum in the case of doctors and staff nurses (Table 4). With such poorly staffed hospitals and health centres, it is not possible to expect the system to have a large outreach. As a result, curative services are nearly absent and preventive services are rendered only in a haphazard manner.

Table 4

Staffing Pattern in Hospitals and Health Centres, Sheopur District

	Sanctioned	Actual	Vacant
Doctors	33	13	20

Staff Nurses	21	02	19
MPW (Men)	89	77	12
MPW (Women)	89	78	11

- 6.2.3. While the public system is totally in a stupor, what makes the situation even more serious is the near total absence of any private health care system to replace it. The poverty and backwardness of the area does not allow for the proliferation of private underqualified "doctors", a regular feature where the public system is absent. As a result, illnesses go untreated and health related problems go unattended, gradually escalating into calamities like starvation deaths.
- 6.2.4. The JCE came across several cases where even the meagre health facilities available in the area were denied to the poor because of endemic corruption in the system. In village Ranipura, Badribaba told the JCE that he took his daughter Barpi to the Karahal block hospital but they refused to admit her. She was asked to go to Sheopur district hospital, 65 km from Ranipura, way beyond the means of Badribaba. In another case, in the same village, Bhagirath took his daughter Kapoori to the block CHC, where again she was not admitted. The CHC asked Bhagirath to produce the Deendayal Antyodaya Upchar card, but no such card seems to have been distributed in the village. The CHC refused to accept the BPL card, which Bhagirath had. In Ranipura, the JCE asked the village meeting whether anyone has ever got any benefit from the Deendayal card. The answer was in the negative.
- 6.2.5. There were also cases of outright corruption. Mamta w/o Phoolsingh in Kothrakapooro village told the JCE that she got Rs. 1700 after delivery, under Janani Surakhsha Yojana. But part of this amount was distributed in the hospital itself. She had to give Rs. 300 to the nurse, Rs. 150 to the sweeper and Rs. 500 as rent for the room. These appear to be standard "rates" under the scheme. Even after getting this money from the hospital under the scheme, Phoolsingh had to purchase Rs. 330 worth of medicines from outside for her treatment. Bilasi bai of Kothrakapooro village told the JCE that she went to Karahal hospital for delivery but the nurse asked for money. Hence, she did not get herself admitted to the hospital. There were a lot of complaints about the behaviour of the hospital staff as well.
- 6.2.6. It should be remembered that in India over one lakh women die every year due to pregnancy-related complications. Only 10% of the deliveries in rural areas take place in hospitals. India has the highest proportion (87%) of anaemic pregnant women in the world. The Janani Surakhsha Yojana, specifically intended to promote safe hospital deliveries, appears to be a complete wash-out in all respects in Sheopur district, due to high corruption of the hospital staff.
- 6.2.7. The JCE also noted several complaints of acute tuberculosis in these villages. Raju

Ramdayal in Ranipura is one such case. In Kothra-kapoorra the JCE came across two such cases.

6.3. Integrated Child Development Services (ICDS)

- 6.3.1. In its order dated 28th November, 2001, the Supreme Court gave direction that there should be one Anganwadi Centre (AWC) in each settlement. This directive was further reiterated by the Supreme Court in its order dated 7th October 2004 wherein it called for an increase in the number of AWCs from 6 lakhs to 14 lakhs. The ICDS guidelines have suggested the norm of one AWC per 1000 population in non-tribal areas and 700 per population in tribal areas. These norms are in line with the objective of universalisation of ICDS, which is the largest programme of child nutrition in the world.
- 6.3.2. Going by these numbers, the AWCs in Sheopur district are not sufficient to fulfill the universalisation objective. We find that a significant gap exists between what is required as per norms, what has been sanctioned and the actual position on the ground (Table 5).

Table 5
Number of Anganwadis in Sheopur District, Norms and Actual

	As per Norms	Sanctioned	Actual	Gap
No. of Anganwadis	850	647	587	263
Anganwadi Worker	850	647	587	263
Anganwadi Sahayika	850	647	587	263

- 6.3.3. More alarming, perhaps, is the miserable state of the programme, particularly in tribal areas. For instance, in Ranipura the ICDS has been operational since 1987. But even now, the AWC opens only 2 days in a week. The Anganwadi Worker (AWW) reaches the village on those days between 12 noon and 1 pm. The AWC register shows that 129 children are enrolled and getting the benefit of the Supplementary Nutrition Programme (SNP). But given the state of ill-health of the children in the village, this is a highly dubious claim. Here, as in many other areas, the AWC mainly functions as a point of distribution of supplementary nutrition, which is only one of the several objectives of ICDS. The village has no Anganwadi Bhavan. It is at present being run from a house. The AWC has no stethoscope, weighing machine or BP measuring instrument. The record keeping at the AWC is poor. Birth dates are not recorded accurately and hence it is difficult to know the degree of malnourishment of children. The district administration says that record keeping is poor since the AWWs are either illiterate or semi-literate. In the absence of accurate recording, many of the functions of the AWC are difficult to verify. As noted above, child health is in a very poor state even in a village like Kothra-kapoorra, where there was some evidence of the AWCs being functional (the AWC

here provides cooked food of adequate nutritional content to some children at least).

- 6.3.4. A sharp contrast to this overall picture, at least in terms of ICDS, was found in Patalgarh village. Patalgarh has been in the limelight of official and media attention ever since reported starvation deaths in February 2005. After the Supreme Court intervention in 2005, the District Collector held a camp in Patalgarh to accelerate the process of delivery of health and child nutrition services in January 2006. Following the camp, the AWC opened here in April 2006. Our inquiries in the village showed that the AWC opened on all days in a week and covered all children in the village. Though record keeping is poor and equipment to check weight, BP etc., were absent here also, the SNP and child immunisation programmes seem to be going on comparatively well. The better performance of the ICDS in Patalgarh is a clear indication of what can be achieved if the administration invests a little time and resources to strengthen functioning of such vital programmes. It is also an example of the impact of Supreme Court intervention. But the case does show up the limitations of social activists who need to broaden the scope of their efforts and not merely restrict themselves to highlighting cases from a few villages.

6.4. Midday Meal Scheme (MDMS)

- 6.4.1. A recent ICSSR survey concludes that "the shift to a *ruchikar* (relishing) mid-day meal in Madhya Pradesh in 2004 marks a dramatic improvement over the earlier *daliya*-based meal. The *ruchikar* meal is being provided with fair regularity in most schools across the state. The meal is an immense contribution to overcoming classroom hunger for millions of children whose families may have been unable to provide them food." ⁴
- 6.4.2. However, in Sheopur district, the sorry state of primary education renders the MDMS almost ineffective. According to the information provided by the district administration, the actual number of teachers is less than the sanctioned number of posts. As a result, many of the 452 government primary schools in the district are highly understaffed. The pupil: teacher ratio in pre-primary and primary schools ranges from 52 to 75 in the 3 blocks of Sheopur, with the worst case being that of Karahal block. The JCE noted that in village Ranipura, the Pupil-Teacher Ratio is 108 whereas in Sarhadi Khurd, it was as high as 180. In Patalgarh, the District Collector had suspended two teachers for failure in attending school and as a result

⁴ Shah, M. & J. Jain (2005): *Antyodaya Anna Yojana and Mid-day Meals in Madhya Pradesh*:

Findings of a Survey in Seven Districts, Economic and Political Weekly, 26th November

the school there has no teacher. One Guruji with the help of an animator is handling 150 pupils.

- 6.4.3. Because of all these, schools do not open every day and, therefore, midday meals are served only on those days when the school opens. In Ranipura, the teacher does not come to school at all⁵ and as a result the school as well as MDMS is dysfunctional. In Sarhadi Khurd, the teacher comes only on two days in a week and the MDMS is functional only on those days. In Patalgarh, the MDMS started after the intervention of the Supreme Court in January.⁶ Meals are provided only on those days when the school is functioning. The district administration was not aware of the revised rates of Rs. 2 per child per day, though the GoMP has released the order to this effect in August. Hence, they are still following the norm of Rs. 1.25 per child.

6.5. Targeted Public Distribution System (TPDS)

- 6.5.1. The Supreme Court gave a clear direction in its order dated 8th May 2002 that the PDS shops should remain open throughout the month during fixed hours. Details of what the shop contains shall be displayed on the notice board. In its order dated 2nd May 2003, the Supreme Court further directed that the licenses of those who do not keep their shops open throughout the month during the stipulated period would be cancelled. In the same order, the Supreme Court directed to permit BPL families to purchase grain in instalments.
- 6.5.2. The JCE found that the working of the TPDS in Sheopur district is in violation of all these orders.
- For instance, shops were open only on two days in a month (24th and 25th) in **Kothra-kapoor**. There have also been months when the shop did not open at all. Purchase in instalments was not allowed. Even if the ration shop failed to open during a month and no grain was distributed, the card holders were not given any extra grain beyond their entitlements during the next month.
 - In **Ranipura**, the shop opens only on three days in a week. The ration shop was located in Karahal, about 15 km away from the village. The entitlement per card was reduced from 30 kg to 15 kg about 6 months ago and it remains that

⁵ Interestingly, after the JCE completed the village meeting, the teacher came to us and complained that the number of children (108) is too high for him to handle alone. The village people pounced on him and said that it will be a problem for him only if he ever comes to school! As per their reports, this teacher never comes to the village and as a result classes are never held.

⁶ In Patalgarh, the JCE observed that a large number of children were employed at the NREGA work site near the village. It is, therefore, doubtful whether the school attendance is as high as it is reported in the village meeting.

way until today. Many Sahariya families are yet to receive AAY cards despite clear order of the Supreme Court entitling all PTGs to AAY cards. In Sarhadi Khurd, the PDS shop opens only three days in a month.

- **Patalgarh** had no PDS access before the Supreme Court intervention in January. Now, a "PDS tractor" brings grain to the village from the nearby Hirapur village (15 km away) once in a month. There is no fixed day for the arrival of the tractor. Grain purchase in instalments is not allowed. This means that if people do not have money to buy their full entitlement on the day of the arrival of PDS tractor, they do not get any grain during a whole month. In the village meeting, people told the JCE that on such months they manage with bajra. During the previous Supreme Court intervention, temporary cards were distributed in the village to enable PDS access to people. The JCE found those cards were still in circulation, in spite of the assurance by the district administration that issue of fresh cards will be completed by August 2006.

6.5.3. According to the information provided by the Collector, there are 116415 APL, 21796 BPL and 41463 Antyodaya cardholders in the district. There are 180 fair price shops in the district. This comes to about 647 APL, 121 BPL and 230 Antyodaya cards per PDS shop. On an average, there is one PDS shop for 3 villages in the district. Considering the distances between villages and even settlements within villages, this number is grossly unsatisfactory. Hence, systems like mobile PDS (in the line of mobile PDS tractor arranged for Patalgarh) should be considered.

6.6. National Rural Employment Guarantee Act (NREGA)

6.6.1. Sheopur is one of the districts selected for implementation of NREGA in MP. In almost all villages visited, the JCE found that job cards have been distributed to people. The total job cards distributed and the physical progress of the Scheme is shown in the following table based on the data provided by the district administration:

Table 6
Progress of NREGA in the District until September 2006

1	Total Families as per Census 2001	81328
2	Total Number of Registered Families under NREGA in 2006	108797
3	Job Cards Distributed	108797
4	No of People Demanding Work since April 2006	46261
5	No of People Employed under NREGA since April 2006	45929
6	% of people Employed / Total Registered	42.2%
7	Funds Available under NREGA so far in 2006-07 (Rs.)	3533.46

	Lakh)	
8	Total Expenditure under NREGA so far in 2006-07 (Rs. Lakh)	2192.86
9	Employment Generated ('000 Persondays)	1636
10	Employment per Employed Person (Days)	36
11	Share of Women in Employed Persons	38%
12	Share of Tribals in Employed Persons	51%

6.6.2. But the actual working of the system on the ground reveals that there are a number of issues to be sorted out.

- **Ranipura** is part of Sesaipura Panchayat. During the last season, Rs. 10 lakhs worth work was done in Sesaipura Panchayat. But nobody from Ranipura was employed there. The reason seems to be that the Sarpanch is from Sesaipura village.
- In most of the villages visited, the job cards were with the Panchayat Secretary, who makes all entries in the card. In Ranipura, the Sarpanch got them back from the Secretary just before the visit of the JCE.
- Radhesham of **Rohini** village (neighbouring Ranipura) told the JCE that he along with several others had made a job application under NREGA in August 2006. But no work has started in the village yet. In their meeting with the Collector, the JCE briefed the administration about this. The Collector immediately gave orders to start work in Rohini but information from the district indicates that nothing seems to have still moved still in Rohini as far as NREGA is concerned.
- In the village meeting at **Kothra-kapoor**, the issue of use of contractors in NREGA came up. The village people mentioned that the actual work supervision and measurements were in the hands of "contractors". The administration denied any use of contractors in NREGA works. They explained that one person from the village is usually employed as a team leader ("mate") to oversee work being done. Their claim was that it is this mate who is wrongly referred to as the contractor by the village people.
- In **Sarhadi Khurd**, the village people informed the JCE that the NREGA is working well. All workers are paid the minimum wages (Rs. 60 per day). The sarpanch got a talaab construction done under NREGA with an expenditure of Rs. 5 lakhs. While making payments by measurement, the size of the excavation pits was fixed at 100 cubic feet (2.70 cubic metres) and the task was to be performed by two people at a wage rate of Rs. 60 per day. The implicit rate per

cubic metre works out to Rs 44, which is higher than what the Schedule of Rates provide for hard mooram in MP. This high rate may be justified because of the hard rock strata which excavation would encounter at very shallow depths in the district.

- In **Patalgarh**, the JCE visited a road construction site taken up under NREGA. The village people also told the JCE that a talaab for Rs. 3.5 lakhs was constructed under NREGA during the last summer. The people at the road construction site informed the JCE that they are getting minimum wages (Rs. 60 per day) and have to excavate 100 cubic feet per day. Kallu s/o Jetha and Kailash s/o Mawa (two labourers at the work site) told the JCE that regular measurements are being done and payments are made every week without delay. The work on the road started from 4th September onwards. According to the village people, the road is a priority because it is through this road that the Patalgarh people have to carry their goods to the nearest *haat* (market) at Hirapur. Contrary to other villages where the "plan" for NREGA works was done externally and works included low priority items, the work chosen at Patalgarh seems to be in conformity with the needs of the people.
- The JCE found that there is large-scale employment of child labour at the work site. There is some arrangement to provide drinking water to the workers but other facilities such as shade for children and periods of rest, first-aid box with adequate material for emergency treatment for minor injuries etc. (Schedule II of the NREGA, 2005), were not provided at the work site.
- The JCE noted a few cases where the entries in the job card did not match the money reportedly received by the worker. For instance, Ramjilal of Kothra-kapoorra told the JCE that he received payment of Rs. 550 for work on talaab construction under NREGA. But the figure entered in the job card was Rs. 1473 (1105 + 368). Pritam, from village Kothra-kapoorra, told the JCE that he got only Rs. 600 as wages whereas the job card entry showed a figure of Rs. 368 x 4 = 1472. The JCE briefed the Collector about these cases.
- On the whole, the work on NREGA seems to have opened a new opportunity in Sheopur district. It should be possible to utilise this opportunity and take the district along a path of development by channeling substantial public investment through NREGA. This will be discussed in detail in the next section.

7. RECOMMENDATIONS OF THE JCE

It is our view that the very grim picture that emerges from our findings above is a

reflection of two kinds of failure

1. The very poor state of implementation of government programmes
2. The overall lack of any development thrust in the region

Our recommendations will, therefore, address both these challenges, while bringing to bear upon them the special provisions that need to be made for the especially backward Sahariya community. While addressing the issue of starvation in a rights framework to make an insensitive state accountable to the voices of the people, we must also address the larger issue of economic and social development of the region. There are structural reasons for persistent poverty and malnutrition, which need to be immediately tackled on a war footing, if starvation deaths in the area have to be checked.

Complaints

- 7.1. The Appendix to this report contains 32 complaints given to the JCE during its Sheopur visit. Each of these needs to be urgently redressed by the district administration.

Health

- 7.2. All severely malnourished children and those suffering from long and/or severe illness should be immediately attended to by the district administration (including hospitalisation). Many of these children can easily be treated and are entering a serious condition only because of delay in attending to their problems. Here the district administration should work in close partnership with civil society organisations, with both sides adopting an open and co-operative attitude towards each other, in the interests of the larger goal of health security, especially of children.
- 7.3. 13 new PHCs (including 5 in Karahal) and 38 new HSCs (including 15 in Karahal), all fully staffed, need to be immediately set up so that their number at the very least conforms to official norms. The state government must be asked to make these provisions in case there is any constraint at their end. The location of these centres should be decided bearing in mind the **hotspots of ill-health and malnourishment** within the district. The district administration may also like to assess whether it needs to set up health centres over and above the official norms in order to tackle the real health emergency in the district.
- 7.4. An idea that could have great potential has been attempted by the district administration. In remote hotspot villages, they have ambulances, which are linked to a public telephone in these villages. The system as we saw it was not yet working well but it could be of great service in medical emergencies if a proper effort is put in to make it work.

- 7.5. Similarly the Deen Dayal Chalit Aushadhlaya is a very good recent initiative but it was found that it never ventures beyond the main road villages. A concerted effort needs to be made to link it to remote villages, at great distance from the main road, as these are the people for whom such services have been devised in the first place. According to the district administration, there are 22 such villages in Karahal block. All of them should benefit from such mobile schemes.
- 7.6. The district administration claims that they have distributed 18,467 Deen Dayal Antyodaya Upchar Yojana cards. But in most instances we found that while people have these cards they have derived little, if any, benefit from them. A concerted effort needs to be made to generate greater awareness about the benefits of this scheme and to make the staff handling it more responsive to the needs of the people.
- 7.7. All steps need to be taken to ensure adequate staff in all health centres. 20 doctors, 19 staff nurses, 12 MPWs (men) and 11 MPWs (women) need to be immediately appointed in the existing hospital and health centres.
- 7.8. Urgent steps need to be taken to ensure that each hospital and health centre is fully provided with all requisite equipment and facilities.
- 7.9. Elected representatives, media and civil society, as also respected local citizens should be involved in Citizens' Monitoring Committees at each level to ensure that these health centres function in an accountable and responsive manner

ICDS

- 7.10. Urgent steps are required to reach a target of 850 AWCs in Sheopur district as per the norms of the Supreme Court, within 6 months. Priority in this may be given to the malnutrition hotspots in the district.
- 7.11. It must be ensured that all sanctioned AWCs that are not “operational” are operationalised immediately, as per Supreme Court orders.
- 7.12. All AWCs must be provided with all necessary facilities (clean drinking water, storage facilities, basic furniture, cooking utensils, weighing scales, medical kits, charts, toys, etc) so that they perform their requisite functions.
- 7.13. Timely and adequate remuneration of anganwadi workers should be ensured.
- 7.14. The quality of training programmes for AWWs needs radical improvement, building on positive experiences such as those in Tamil Nadu.
- 7.15. As strongly recommended by the National Advisory Council (NAC), a second anganwadi worker, with special responsibility for children under three in each anganwadi, needs to be appointed. This is essential to ensure that children under three receive adequate attention, and to strengthen "home-based" child care arrangements for this age group. This second anganwadi worker could also double

up as a female “community health worker” in every village. As the NAC says, community health workers need to be integrated with the health system, and the anganwadi is a natural meeting point for the two.

Mid-day Meals

- 7.16. Since the GoMP has already passed the order dated 8/8/2006 allotting Rs2 per child per day for the mid-day meal, every step must be taken to redesign the meal as per this order.
- 7.17. The protein content of the meal needs to be increased. On days when vegetables are given, dal must also be provided. Protein content can also be improved by mixing *besan* (gram flour) in the rotis and by following the traditional practice of mixing various dals in vegetable preparations. Children would also enjoy roasted gram that could be provided as a supplement, especially if dal is not being served.
- 7.18. The meal must be supplemented with micro-nutrients such as Vitamin A, iron and iodine. Chronic respiratory and stomach infections undermine efficiency of nutrient absorption and utilisation. Which, in turn, increases vulnerability to infection. Recognising this synergy between health and nutrition, school health programmes should be integrated with the mid-day meal.
- 7.19. Given the great difficulties in buying vegetables from the market and the time and money spent on this as also the shortage of water, each school should be equipped with their own kitchen garden for vegetables, roof water harvesting and drip irrigation system. One person should be specially employed to supervise and manage this system. The total expense of the system (including this person's wage) can be covered under NREGA.
- 7.20. Safe drinking water must be assured in all schools.
- 7.21. All schools must have proper kitchens as per the orders of the Supreme Court. They must also be equipped with requisite utensils for cooking, serving, storage and eating. A special enclosure must be created in each school for serving the meal that is secure from both sun and rain.
- 7.22. Official norms of cooks/child must be strictly adhered to. More cooks should be urgently appointed where there is an acute shortage of cooks.
- 7.23. In appointing fresh cooks, highest priority must be given to Dalits, in line with the order of the Supreme Court
- 7.24. Cooks must be paid a fixed wage, based on the statutory minimum wage (taking into account their hours of work). All salary arrears of cooks must be paid forthwith
- 7.25. Teachers must be relieved of the burden of administering the meal. One person (Organiser) must be appointed for looking after all aspects of the management of

the mid-day meal, as in the southern states.

- 7.26. Even other than the burden of the mid-day meal, more teachers need to be appointed and more classrooms built so that the national norm for students/teacher ratio (applied to each class and not across classes) and classrooms are strictly adhered to.

TPDS

- 7.27. The density of PDS outlets in tribal areas has to be increased. We cannot penalise people living in sparsely populated regions and spread-out settlements. These are already the poorest regions of the country that do not find a place on India's development map.
- 7.28. Enforce the Supreme Court order allowing purchase of grain in instalments
- 7.29. Enforce the Supreme Court order entitling all members of Primitive Tribe Group to get AAY cards
- 7.30. Enforce the Supreme Court order dated 20th April 2004 which stipulates that holding a BPL card should not be a pre-condition for getting an AAY card. This has been a factor restricting the expansion of the AAY to all deserving families (given the well-known irregularities in the BPL survey that has left out so many of the deserving poor)
- 7.31. Ensure that all entitled families get their full quota of 35kg grain per month
- 7.32. Ensure that the full monthly quota of grain reaches the FPS in the first week of every month
- 7.33. The present practice of PDS outlets is to maintain a stock roughly equivalent to the offtake in the past few months. If this practice continues, it would be almost impossible to follow the orders of the Supreme Court that require that shops be kept open every day and that families be allowed to buy grain in parts. It is clear that if serious efforts are to be made to raise offtake, shops will have to stock grain, which the entire BPL/AAY population (that the shop caters to) is entitled to in a month.
- 7.34. Set up effective Gram Sabha-based Monitoring Committees that are authorised to oversee the functioning of the Fair Price Shops in order to check corrupt practices. Grass-roots community based organisations will have to play a vital role in empowering these committees and ensuring that they function as effective watchdogs
- 7.35. Mobile PDS Vans can play an important role in remote areas like Patalgarh.
- 7.36. Vigorous efforts need to be made, especially by grass-roots organisations, to spread greater awareness of Supreme Court orders in the Right to Food case. These orders have opened up an unprecedented window of opportunity to promote food security for the poorest in India.

NREGA

- 7.37. While all the above measures are extremely important to provide immediate relief to the suffering people of Sheopur, it is also clear that without a "big push" for development based on massive public investment, these problems will not go away. All round development of the area needs scaling up the density of interventions impacting poverty. NREGA provides the best vehicle for such a thrust to be carried forward.
- 7.38. We are struck by the claim of the district administration that it has distributed a total of 1,08,797 job cards under NREGA. We would like to emphasise, however, that this is only the first step. What needs to be assured is that proper plans are made in each Gram Panchayat and that they are effectively implemented and social audited at regular intervals as prescribed in NREGA guidelines.
- 7.39. Sheopur has good forest cover, an undulating topography, along with an average annual rainfall of 816 mm. Its geology suggests that surface water harvesting through an intensive programme of watershed development and forest conservation holds abundant potential there. This has largely remained an untried option. NREGA is centred on water-related works. A simple calculation shows that if we have already distributed over 1 lakh cards, the district can generate a total demand for work amounting to Rs.15-20 lakhs per annum per village. This is a massive investment that can change the face of Sheopur within 5 years. There is absolutely no reason for there to be a shortage of water in Sheopur.
- 7.40. If this is done, NREGA can become a vehicle of complete social and economic transformation of Sheopur and also of a revolution in rural governance through panchayats, given the huge emphasis on transparency in the NREGA guidelines. This is the challenge facing the administration, panchayats and civil society organisations who have to come together to make NREGA a success. It will be impossible for any one of these three on their own to ensure success of NREGA.
- 7.41. Building on this foundation of water security a whole host of livelihood options open up: food security through dryland agriculture, increased intensity of cropping, oilseed and pulse marketing, NTFP processing and marketing, dairying, pisciculture etc
- 7.42. An effort must be made to involve research institutions, concerned government departments, subject matter experts and senior NGOs who can help in each of these initiatives.

8. CONCLUDING OBSERVATIONS

In the end we would like to alert the district administration that unlike the rest of the country and even most of MP, Sheopur district has had a monsoon failure this year and so it is likely to be facing a severe drought in the summer of 2007. Unless the steps we have outlined above are taken urgently in real earnest, we could see a huge human tragedy unfolding in Sheopur next year.

At the same time, we would like to make it absolutely clear that the kind of "nutritional emergency" that prevails in a small district like Sheopur is completely preventable if the administration undertakes the steps outlined above and if it can work in close partnership with civil society organisations to achieve these common goals.

The District Collector must provide an Action Taken Report on the all the above-mentioned points to Dr Mihir Shah latest by the 31st of December 2006