

# Children in Danger

**Malnutrition Disaster and ICDS in Madhya Pradesh**

**A sad picture of  
Chronic Hunger and Un-Accountable System**

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# The malnutrition reality in Madhya Pradesh

The Adivasis of Tikamgarh in Madhya Pradesh are always on the move. Their web of activity revolves around the pond in the village, where one finds ample "Samai" grass. The people of the village collect the wild Samai grass in big quantities, they then, dry the grains from the grass to make it into powder and they use this powder to make themselves 'rotis'. This wild grass has become popular among the villagers for long, not because the grass is their traditional food or nutritious enough, but because; it is a substitute for food. It is this wild grass which extinguishes the burning sensation caused by hunger. The starving villagers keep ample of this grass in their homes, though; its consumption causes many diseases which ultimately becomes a death trap for them. In this village, men live in such horrible and unimaginable condition that one can hardly set the line of division between the life of an animal and that of a man. The line seems to merge in this village.

Hierarchy

Jatasankar village, in Chatterpur District has a different story to say, the children in this village go to the school in their area not to study, but because, the drain which runs from the school provides them with ample supply of drinking water! It is not at all surprising that, 8 out of the 32 malnourished children in the village died in the preceding months because the children and adults of the village survive on wild grass for food. The authorities in this area argue that, the grass which the villagers consume, to hold on to the string of existence, is actually their traditional food!

Pockets of malnutrition deaths, have surfaced regularly in the state of Madhya Pradesh in the past seven months. The state stands testimony to the fact that about 55% of the children here are malnourished and there have been 169 malnutrition deaths, within such a short time span. As usual, the state government authorities never acknowledge that the deaths have been due to malnutrition. They are always, quick and prompt in declaring that the deaths have been due to malaria or measles or diarrhea.

Malnourishment and starvation has taken its toll twice on Subash Bheel (a resident of Hingua village, in Badwani district in Madhya Pradesh) who lost 2 of his children (Rakesh and Gaurav) in the last two months. Subhash is a landless tribal with no means of livelihood. This year, the panchayat could provide work for only two days and each day's work fetches a meager amount of Rs 20. Subhash's family consists of 9 members and there is barely, ½ a kg of flour (Atta) at his house. Under such deplorable conditions, a helpless and hopeless Subhash says that, he could not even provide medical facility to his dying children. The lives of three more innocent children of this village, have been laid down at the alter of malnutrition and food insecurity.

Malnourishment is a stage which catches up with a person due to long periods of deprivation from nutritious food. Each individual requires taking in a minimum amount of nutritious food to keep him healthy. When this minimum requirement is not fulfilled the human body becomes weak and the resistance capacity of the person is reduced considerably. The basic indicator of malnutrition is weight and height which should be proportional to age. Malnourishment paves the way for a number of diseases like fever, vomiting, measles, diarrhea etc to catch up with people easily. Under ordinary circumstances these diseases are not deadly and are curable, but when a malnourished child is caught up with these diseases, it becomes a death trap for it. This explains why, in almost all the malnutrition deaths reported, the prima facie cause may be some ordinary disease, but on ultimate analysis it is evident that the underlying cause of the death was malnutrition. The government authorities, who are always eager to wash their hands off these deaths, are quick in denying the actual cause and declaring that the deaths have been due to the diseases.

The dotted mud houses in Shahadole are pitch dark at night, the children in the village with lean limbs, swollen bellies and dirt all over them, are a perfect picture of malnutrition and the disastrous condition that exists in the village. They do not have enough food to keep them alive, let alone the fact that they have never even seen the gates of school. The lesson that these children learn from childhood is, how to survive on a liquid made from a mixture of 8 liters of water in 1 kg of rice, for long periods.

Though India has been dubbed as a welfare state, little is done for the welfare of the poor, as is evident from the situation of the state. The tribals of Madhya Pradesh who were a self-sufficient lot earlier (i.e. before the invasion of the so called civilized people and their laws, technology, market system etc), are the worst affected where, the question of malnutrition arises. Children are perhaps the most severely affected group and, this can be attributed to the fact that 80% of a child's mental and physical growth takes place in the initial two years. During this time the child should be given ample nutrition and care and the absence of nutrition hampers the overall growth and development of the child. A child, who weighs less than 2 kgs at birth, is 3 times more vulnerable to die of ordinary diseases, and when this is coupled with lack of good nutritional food and medicines the vulnerability becomes 20 times more for a child below 5 years.

Shyamlal, who lives in Mahalwari village in Khalwa, has a shocking saga of starvation and debt to reveal. Four of his children are severely malnourished and he is not in a position to provide food or medicines to them. In order to save his children from the clutches of death, Shyamlal borrowed some grain from a moneylender in his village and because there was no medical facility available in his village he also borrowed Rs.800 to take his children to private doctors. Never the less after all this his child died and now he is heavily indebted to the moneylender to whom he has to pay Rs.800 plus double the amount of grain he borrowed.

If we go by the data provided by the Government of Madhya Pradesh, about 57 lakhs of children in Madhya Pradesh are malnourished. A number of programmes have been chalked out by the state to wash out the problem of malnutrition, but they are all undertaken by the state for name sake alone, without yielding much results. The indifferent attitude of the government can be gauged from the fact that, in the state of Madhya Pradesh alone, there are 1.06 cores of children in the age group 0-6, and out of these, only 23.3 lakhs i.e., barely 22% have been brought into the realm of the Integrated Child Development Scheme which aims at providing a reasonable level of nutrition to poor children. The allocations made by the state governments for nutrition has shown little or no increase in the recent years. The prescribed financial norm indicated by the centre is Rs 1 per beneficiary, per day on an average, which is to include cost of fuel, food, transport, administration and condiments. The norm was set in 1991 and has never been revised since then. As against this the state of Madhya Pradesh has spent only Rs 0.49 per beneficiary, per day on SNP.

The state has been clearly indifferent in dealing with the situation. The state spends fortunes on trifle and silly things, but it seems very little responsible for the ever increasing deaths occurring due to malnutrition. It has been aptly said that, hunger is now considered as a curse which some in the society have to live with, though actually, it is the reflection of our misplaced emphasis towards growth for a few. Starvation deaths are a shame for a country hoping for an 8% GDP growth and a respectable place in the international community.

# Truth behind Malnutrition Deaths

Subhash Bhil, a tribal from Hingua village, Badwani district, Madhya Pradesh, lost two of his children to starvation. Still Subhash is landless and has no means of livelihood. This year (2004), the panchayat (village council) could provide work for only two days and each day's work fetched Subhash only Rs 20 - not enough to feed his family of nine. The family survived on samai, a wild grass which usually grows around the village pond. The adivasis (tribals) dry the grain from the grass, powder it and use this to make chappattis to eat.

According to Seema Prakash Michael from the NGO Spandan Samaj Sevi Samiti (part of the Right to Food Campaign), there are 40 more children in this village who are severely malnourished and in grave danger. Tribals in 24 surrounding villages face a similar crisis, according to the NGO. Samai has never been the traditional food of tribals - it is neither nutritious nor filling. But in recent years, this is the only diet most have. The tribals of Tikamgarh district have made it their daily 'food'.

The tribal community in Jatasankar village, Chatterpur district, suffers the same way. Recently, eight of the 32 malnourished children died after being on a samai diet for many months. The authorities argued that the deaths were 'unusual' as samai was the community's 'traditional' food!

Shyamlal, who lives in Mahalwari village in Khalwa, narrates how starvation and debt are destroying families. Shyamlal borrowed some grain and Rs 800 from a moneylender to feed his four children and take them to a doctor as they were often ill. He now has to pay back Rs 800 (1US\$=Rs 45), plus double the amount of grain he borrowed.

Increasingly, tribal pockets in MP are reporting deaths of children caused due to malnutrition; activists and local people say the deaths are caused due to starvation over a long period of time. The Right to Food Campaign support group says that in MP, 55 per cent children of 0-6 year's age group are malnourished and there have been 169 malnutrition deaths since the beginning of 2004.

The state government, however, continues to deny that the deaths have occurred due to long-term malnutrition or starvation and maintains that the children died due to diseases like malaria, measles or diarrhoea.

Malnourishment is caused due to lack of nutritious food over a long period of time. A malnourished person has little immunity and is very vulnerable to diseases. In most malnutrition deaths in MP, the children initially complained of fever, vomiting and diarrhoea - which were not life-threatening. But for a malnourished child, these situations can prove to be fatal. This explains why, in almost all the malnutrition deaths reported, the prima facie cause is often diarrhoea or fever with spells of vomiting.

A 2001 study conducted by the Center for Enquiry into Health and Allied Themes (a Pune-based organisation working on health issues) warned that 80 per cent children from the Bhil tribal community are severely malnourished. This report was submitted to the central and state governments and the Supreme Court in the same year. Yet little has been done to address the issue.

According to data provided by the Bal Sanjeevani Abhiyan (government-run development programme for children), out of the 10 million children in the age group 0-6, barely 22 per cent have been reached by the government's Integrated Child Development Scheme which aims to provide a reasonable level of nutrition to poor children. Experts have also commented on the problem of low birth weight babies in the area. In MP, the under-five mortality rate is 87 per 1000 live births compared to Kerala, which reports 19 per 1,000 live births. Experts say low birth weight babies - 55.1 per cent in MP - are more vulnerable to malnutrition deaths.

The allocations made by the state government for nutrition has shown little or no increase in the recent years. The prescribed financial norm indicated by the Centre is Rs 1 per beneficiary per day on an average, which is to include cost of fuel, food, transport, administration and condiments. The norm was set in 1991 and has not been revised since then. As against this, the MP government has spent only Rs 0.49 per beneficiary per day on Supplementary Nutrition Programme (SNP).

Activists say that the tribal communities in MP were not so badly off until very recently. They were self-sufficient and got adequate nutritious food from the forests. But haphazard development and the negligence of the government have now pushed them towards starvation.

An important source of income of the Gound and Baiga tribals, inhabiting the Sidhi district of MP, was through the collection of tendu leaves from the forests. But the stringent laws forbidding the tribals from entering the forest area and the process of deforestation have deprived them of their regular income.

The condition of the tribals in Jhabua district is pathetic. They have stopped sowing traditional crops - kagra and kangni - as there is no market for them. Instead, they borrow money from moneylenders to buy hybrid seeds and grow soyabean, cotton and tomato. But their crops hardly reach the market; the middlemen sell them to retailers and keep the profits. Eventually, they end up paying most of their earnings to the moneylenders, who sometimes charge an interest rate of 200 per cent. The tribal families in the area have debts ranging from Rs 30,000-60,000.

So far, the Madhya Pradesh government has not taken any concrete steps to break this cycle of hunger and debt and rescue tribal children from starvation deaths.

# Kids steeped in hunger, while officials fiddle

Around 80,000 children in Madhya Pradesh are suffering from severe malnutrition. So stark is the situation that one evaluation report has said that even if the children were saved, they may go blind due to lack of vitamin A. Sachin Kumar Jain chronicles continuing negligence in government departments in M.P.

In last two years malnutrition -- an indicator of human development -- has been on the rise in Madhya Pradesh. According to data collected a few months ago by the state government's own Bal Sanjeevni Abhiyaan scheme, eighty thousand children are suffering from most severe malnutrition and are on the verge of death.

The Bal Sanjeevni Abhiyan scheme itself was launched by the government to address and control the problem of the severe malnutrition in the state. It has completed its 7 phases since June 2001, but the persistence of malnutrition arises from the manner in which children's issues are vested with the Women and Child Development Department. The Health Department as well as the Panchayat and Rural Development Department do not find themselves responsible and accountable towards previous starvation deaths, even though in reality, they have a responsibility. Civil society organizations in the meantime are raising strong concerns about this but the state government remains unmoved on remedying the situation.



Child hospitalised in Ganjbasoda Block Hospital after press reports informed the state government about grim situation of malnutrition in Vidisha District. Pic: Priya Pillai.

Malnutrition in itself is a multi-dimensional problem because it is related with the process of socio-political transformation like social behaviour, household livelihood, state services, equality and human rights with dignity. It has been observed that immediately after the birth of a child, mother feeds the child for around 6 months and then the child does not get nutritional food for his growth and development due to household food insecurity. A child requires more attention and supplementary nutrition during the first two years immediately after birth because during this period of age, 80 percent physical and mental growth takes place. But due to poverty they don't get qualitative food and after a point, hunger deaths begin.

In Madhya Pradesh 37% deaths registered between 0 to 4 years are due to chronic hunger. The Women and Child Development Department has tried to provide daliya (porridge) and panjiri (bulgar) to children up to the age of 6 years. But this approach has had very limited success. Also, in M.P., the under-five mortality rate is 87 per 1000 live births compared to Kerala, which reports 19 per 1,000 live births. Experts say low birth weight babies - 55.1 per cent in M.P. - are more vulnerable to malnutrition deaths. Madhya Pradesh is one of the most populous states in India and together with Bihar, Orissa, Rajasthan and Utter Pradesh will account for 50% of the India' by the year 2012, says the 10th Five-Year Plan, Planning Commission, Government of India. It is also the state with the highest malnutrition.

The Department of Women and Child Development collects data on children with the help of Anganwadi workers from villages related to the children's height and weight and determines which children are

malnourished. But the department does not collect data related to the livelihood, social discrimination and household food insecurity.

Under the national Food For Work Program, the state government provides manual work to the all needy persons along with 10 kg of grain. Employment is the responsibility of the panchayats and other government departments. Contractors and use of labour displacing machinery is banned. In Khandwa, the Spandan organization working for Right to Food and Work had made the connection between chronic malnutrition of children and employment of parents. Spandan has been arguing that families having malnourished children should be given employment on priority basis.

In response, the district administration (through the WCD Department) had taken this step at the state level and issued directions to prioritise such families with malnourished children in the Food for Work program. But the implementation of the FFW program is in the discretion of Department of Rural Development which is not responsive towards children's issues. So implementing the concept of priority in the schemes does not happen.

In the meantime, the children are on the brink. They need immediate health services and to provide them 160 grams daliya to make them healthy does not make sense. Their digestion capacity decreases during acute malnutrition. There is no system in place to provide supplementary nutrition in installments and after a break of 3-4 hours. A report prepared by RCVP Narohana Academy of Administration, which evaluated the Bal Sanjeevni Abiyaan affirms that the Health Department is not taking any responsibility and that badly needed vitamin A is also not provided to the affected children. The report also observed that even if children suffering from severe malnutrition were saved they would become blind due to the lack of vitamin A.

Even when an Anganwadi worker identifies a malnourished child, they are not able to help in the absence of the doctors or the health workers. Anganwadi workers always appeal for help from ANMs (Auxiliary Nurse and Mid-wife) and health officials. If ANMs and health officials wished, they could help, but normally they don't do so because they have not been made responsible since they report to the Health Department. Still, the Anganwadi worker gets less respect than ANM from the community because the ANM's work assumed to be technical in nature. This despite the fact that ANMs are not performing their responsibilities at the community level and are usually not interested in taking the children to the hospital. Anganwadi workers on the other hand play a most crucial role, but they don't receive supplies of supplementary nutrition, medicines, support from the state and training even though high expectations are placed on them.

Government officials usually say that children are dying due to TB, diarrhoea and measles and not due to malnutrition. True. But they conveniently forget that malnutrition creates the ground for these diseases. Only 31% of immunization has been done in Madhya Pradesh, for which the health department is responsible. These diseases occur due to the lack of immunization and decrease the life expectancy of children. Again, the Women and Child Development Department is held responsible for children dying, even though the health department has responsibility too.

Amidst all this, the Department of Child Development announced a new scheme in August 2005 called Bal Shakti Yojana. According to the department, severely malnourished children will be hospitalised and state will also make arrangements for their parents taking care of them in the hospital. The scheme uses colourful words -- it says that children suffering would be admitted in the hospitals till they become healthy and the family members would also be provided the facilities to stay there. The government says it is going to spend an amount of Rs. 12 crores under this scheme, but the facts and figures make these colourful dreams dark.

One, according to a perspective document of the Health Department itself, only a tiny Rs 125 per person is being allotted in the annual budget of the department and this includes costs of medicines and other services. Two, in Madhya Pradesh there are only 12407 beds available in the rural hospitals which are always occupied even when services are not available. 80,000 children are to be treated. If we take out all the patients from the illusive hospitals, we can treat only 12 thousand children at a time. Further, there are only 90-child specialists working in the state system. The state health system requires 718 doctors, (428 in community health centres, 48 in district hospitals and 6 in medical colleges) and emergency doctors. But due to the pressure of the government's work culture and unavailability of infrastructural facilities, many doctors are not ready to work in rural areas.

The Balwadi health centre of Sendhwa block in district Badwani covers 30 villages and its total population is 21,000. For the last three years, the post of the doctor in the centre is lying vacant. In this situation 13 children died due to malnutrition and 16% children are currently suffering from severe malnutrition.

It is well known that health officials and doctors do not take any interest in providing expert services to the rural and marginalised communities in the state. The state government recently terminated the services of 900 doctors who were absent from the work for last 3 years. But doctors say that they are only human and without medicines, equipments and other infrastructural support they cannot perform their duties, and in this situation their presence is useless. It in this light that announcement of the new scheme to redress child malnutrition must be seen.

This issue of child malnutrition is also closely related with the government information system. Information that government officials readily want reaches them immediately through informers. If a meeting is ongoing in tribal villages on the issues of forest and land rights then the informer conveys this to the state government and the chief minister without any hurdles. The Home Department tries to then control such meetings and sometimes orders the arrest of activists immediately. It takes only 5-6 hours to complete this process.

On the other hand, government officials tend to learn information regarding malnutrition and hunger deaths through newspapers, usually only if it becomes a sensational issue. When the response begins, it is after the death of children. Usually, it takes 20-60 days for information to reach the administration or concerned department.

Families facing acute poverty should be identified and be provided with livelihood and dignity on priority. But lack of accountability and coordination between the Department of Women and Child Development, Department of Health, Department of Panchayat and Social Welfare, Departments of Rural and Urban Development, and Department of Education has to be seen as a big draw back in the campaign against malnutrition.

The state and the political groups do not have a strategic understanding to solve the problem of malnutrition. They see it as an untouchable issue to protect their self interests. The government does not want to believe that malnutrition is a result of its anti-human rights development policies. There is no magic that can solve the problem. This is not the issue of the state only, our NGOs and society are also appear to be not very much bothered about it. Children die in the meantime.

***Sachin Kumar Jain is a coordinator of the Vikas Samvad development media advocacy initiative in Madhya Pradesh. He is also associated with the Right to Food campaign for the past 4 years. He wrote this material originally in Hindi and subsequently translated it.***

## Evaluation Report of Bal Sanjeevni Abhiyan Excerpts

**Bal Sanjivani – An impetus to the prevention and reduction of Malnutrition in Madhya Pradesh, is a study conducted by the Madhya Pradesh Women’s Resource Centre of the RCVN Noronha Academy of Administration, Bhopal with the assistance of UNICEF Field Office, Bhopal.**

This Campaign is being carried out in the state in 5 phases and it aimed at the reduction of malnutrition among the children between the age group 0-6. The following are the main points that have been highlighted in the evaluation report of the Campaign:

- A sizable population of the malnourished continue to slip through the system without having access to the much needed preventive and promotive services of the government. (Pg. 30)
- Vitamin A apparently was not provided to the children, the reason cited in many districts being lack of supplies. At least four districts, from which data were available, none provided Vitamin A syrup to children during Bal Sanjeevani Program. (Pg. 44)
- Another disheartening feature was that none of the health workers was present at the time of the Bal Sanjeevani campaign in the village even though a member of the health department was expected to remain present. . . . . Unless the health department can effectively complement the ICDS, and the two work tandem, achieving a substantial reduction in malnutrition will continue to be elusive. (Pg.31)
- Did districts prepare a written micro plan for Bal Sanjeevani Abhiyan? Data were available from only 4 districts out of 45. These were Dewas, Dhar, Indore and Khandwa. No written micro plan was made by any of these districts. If this trend in the four districts is taken as representative of the state, it would appear that written micro plans were not developed at the district level. (Pg. 35)
- The percentage of malnourished children in the first round was 57.57. This declined at the end of the 4<sup>th</sup> round to 55.15 %. With these intensive efforts percent reduction in malnutrition per year was only 1.2 percent. At this rate of reduction it will take 10 years to achieve the goal set in the Nutrition Policy of MP.

## Deaths and only Deaths

We would like to bring to your kind notice the sensitive and burning issue with regard to the critical condition of malnutrition in Madhya Pradesh. There have been 85 deaths due to malnutrition and related diseases in the state in the last 7 months which require urgent intervention. We are releasing this alert note to share the critical situation and the state's response to the problem of malnutrition.

It is an established fact that, 55% of the children in Madhya Pradesh are malnourished and hence require special attention. Due to the intervention of the media and the people's organizations, the situation has come to light and became an issue of debate and campaign. The main cause behind this is the non-compliance with the required minimum levels of nutrition. 80% of a child's mental and physical growth takes place in the initial two years. During this time the child should be given ample care and nutrition. In the case of a malnourished child, there is absence of enough nutrition and care during this period, and hence, the over all development of the child is affected and hampered. The basic indicator of malnutrition is weight and height of the child which is proportional to its age. In India 55%-60% of the children do not stand up to the mark. The resistance capacity of an individual is also linked to the standard of malnourishment. A severely malnourished child will no doubt have very little resistance capacity. This in turn paves the way for a number of diseases like fever, vomiting, measles, diarrhea etc to catch up with them. Under normal circumstances, these diseases are not very dangerous and are curable easily. But as far as a malnourished child is concerned, these diseases become a death trap. It is unforgivable that the system as well as the society has not given much priority to the matter, which has already taken a huge toll on the poor.

## Situation in of MP- A General View

**Badwani - Hingua**, a village in **Sendhwa Tehsil** has catapulted to center stage since it is here that the lives of five innocent children have been laid down at the alter of food insecurity (Reported on 26<sup>th</sup> October, 2004). Given below are the names and details of the children -

1. Gaurav Subhash Bhil aged 1 year, Bhilati settlement of Hingua village, died on 2nd Sept 2004
2. Rakesh Subhash Bhil aged 3 years, Bhilati settlement of Hingua village, died on 24th Sept 2004
3. Parvati Bai Chattersingh Bhil aged 5 years, Bhilati settlement of Hingua village, died on 2nd Oct 2004
4. Jija Bai Jairam Bhil aged 3 year, Bhilati settlement of Hingua village, died on 8th Oct 2004
5. Ajay Jairam Bhil aged 7 year, Bhilati settlement of Hingua village, died on 10th October 2004

Due to malnutrition, their health condition was such that, many diseases caught up with them. Their families were in abject poverty and hence were not even in a position to provide medical facility to them. The Chief Medical Health Officer of Badwani district has confirmed that the deaths have been due to malnutrition. There are 40 more children in this village who are severely malnourished and in grave danger. 184 other children are in the IIIrd stage of malnutrition here. To top it all, 24 surrounding villages are also facing similar grave and critical conditions of malnutrition according to the information provided by Seema Prakash Michael of Spandan Samaj Sevi Samiti, an organization which works in the area of right to food.

**Administration's response** - Malnutrition is not a problem which can be solved in a week's time and it is no doubt, a long drawn process. The response of the state government in this arena is not at all encouraging. Every time deaths occur in a village, the state government authorities go to the place and provide medical and nutritional facilities to the people there. But the problem here is that the government is not taking proper and serious steps to identify such villages in advance i. e. before such mishaps occur. Providing relief after the

deaths have occurred, should not be the strategy of the state, instead, such villages should be identified at the earliest and steps should be taken to provide medical and nutritional facilities at the earliest, so that deaths can be prevented in future. In the year 2001, in a study conducted by CEHAT, it was an established fact that 80% children of Bhil tribal community are severely malnourished. This report was also submitted to the Government and Supreme Court (Case No. 196/2001, PUCL Vs Union of India and Others). In spite of all this, the authorities have turned a blind eye to the situation.

**What the Government Doctor says-** Dr. Lakshmi Baghel, District CMHO, Badwani stated that the severely malnourished children come from those families who migrate to Maharashtra in search of employment<sup>1</sup>. It means that the district administration fails to provide enough employment opportunities to the poor tribal families and it is the children in turn, who are made to pay with their lives for the lapses on the part of the State. It is vital to note here, that the authorities are not made accountable for any lapses at their end. The question of accountability which ought to be given much thought, does not find place any where in the scenario.

The past eight months, stand testimony to the fact that, there have 28 malnutrition deaths in the state. The acute condition has been highlighted by the media and peoples oriented NGOs working in the state much to the embarrassment of the state government authorities at different instances. But the fact remains that it is not being taken seriously by the concerned authorities.

This grave situation continues in other districts of Madhya Pradesh as well-

**Chatterpur-** In Jata Shanker village in Chatterpur district 8 children died due to malnourishment and measles within a period of 12 days in August and September.<sup>2</sup>

**Damoh-** In BhainsaTola village of Damoh district, within a span of two months, 7 tribal children died due to malnutrition. The lack of availability of medical facilities in the village, adds to the difficulties of these tribals. Around 10 families here are on the verge of collapse due to starvation and they have not yet been given Antyodaya cards<sup>3</sup>.

**Khandwa-** In March 2004, 3 children of Saidabad village of Khalwa block of Khandwa district died due to malnutrition and this was brought to the notice of the State authorities by the Right to Food Campaign. This matter was also brought to the notice of the Commissioners of the Supreme Court as well, who in turn issued notice to the Chief Secretary of the state. An interesting fact to be noted in this behalf is that, the state did not think it necessary to, at the least send a reply to the Commissioners. Five months later, on 11th of September 5 more children lost their lives in village Mohalkheri village of the same block.

**Shivpuri-**The Sahariya dominated Shivpuri district is also severely malnourished. But the story of ICDS program is worth mentioning which due to political and un-accountable administrative system is not functioning

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<sup>1</sup> Navbharat, Dated 26-10-2004, Page-1, Lead story ; DeshBhandhu, Dated 26-10-2004, Pge-1, Lead story and Dainik Bhaskar, Dated 26-10-2004

<sup>2</sup> Information provided by Dr. MunnaLal Kurechya. Samhit Vikas Samiti, an organization working in the area on the issue of right to food.

<sup>3</sup> Information provided by Seema Prakash Michael, Spandan Samaj Sevi Samiti, an organization working in the area on the issue of right to food.

properly. The supplementary food for children has not been available with the Anganwadies for last 12 months even after the intervention of Supreme Court Commissioners on this issue<sup>4</sup>.

**Morena** –In the Pahardgarh block of this district which is a tribal dominated area, death due to malnutrition is nothing new. In the months from June to August the following children lost their lives due to malnutrition in the villages of Maanpur, Mara, Jaderu, Dhaundha, Khora and Kusmani:

1. Guddi D/OPuran Adivasi.
2. Pappu S/OKedar Adivasi.
3. Vikas S/O Rasula Adivasi.
4. One year old son of Mahesh Adivasi.
5. Four year old daughter of Ramvaran.

Apart from this, during this period there is one reported case of abortion of a lady (Lakshmi W/O Ramdayal.) due to malnutrition from this area.

**Table showing malnutrition deaths in different districts in Madhya Pradesh in the past eight months of children belonging to the age group 0-6.**

S.No.	District	Village	No of Deaths	Cause of Deaths	Period
1	Badwani	Hingua	5	Malnutrition	October'04
2	Chatterpur	Jatasankar	8	Malnutrition and Measles	August.'04
3	Damoh	Bhaisatola	7	Malnutrition	August'04
4	Khandwa	Saidabad Mohalkheri	8	Malnutrition	March-Sept'04
5	Morena	Maanpur, Mara, Jaderu, Khora and Dhaundha	5	Malnutrition	June– August'04
6	Shivpuri	Different parts of Shivpuri	50 <sup>5</sup>	Malnutrition and Measles	March–May'04

The above table tries to highlight the reported malnutrition deaths in different districts of the state. It is clearly evident that almost all the deaths have taken place in the tribal areas. The gravity of the situation can be gauged by the fact that in the month of August itself, more than 15 malnutrition deaths have occurred in the state.

<sup>4</sup> Information provided by Mr. Ramji Lal Ray, Parhit Samaj Sevi Sanstha, an organization working in the area on the issue of right to food.

<sup>2</sup> From Supreme Court Commissioners Report

## State's response

Though the Constitution of our country aims at the establishment of a welfare state, the authorities and governments seem to be very little very interested in the concept. A no. of programs have been chalked out but, they are all undertaken by the government for name sake alone, without yielding much results. The officials and authorities at the state level are not sensitive enough where the problem is concerned. The budgetary allocations for these programs are forever insufficient. The efforts taken by the Supreme Court in this regard are commendable, but unfortunately the state government appears to have resolved to remain a passive spectator. This attitude of the government can perhaps be attributed to the fact that, there is no accountability for non-performance. The situation is going to change for the better, only if the officials are made personally accountable for the deaths, which occur partly due to their insensitive attitude.

## How Government is addressing the issue on Child development?

### A) The enrollment reality

Table showing enrollment of Children and mothers under SNP, per AWC and % of eligible population in Madhya Pradesh<sup>6</sup>

Name of State	Total Population in Age Group (0 – 6)	Enrollment under SNP (0-6)	% of eligible population enrolled under SNP	Average No. of Children enrolled per AWC (norm is 80)	Average No of mothers enrolled per AWC (norm is 20)
<b>Madhya Pradesh</b>	<b>10,618,323</b>	<b>2,334,789</b>	<b>22</b>	<b>57</b>	<b>15</b>

The table clearly shows the non compliance of the Supreme Court orders so far as the coverage of the beneficiaries is concerned. As far as nutrition is concerned, where the norm set is 80 in the case of children, the actual enrollment in the state is only 57. And where the norm set for pregnant mothers is 20, only 15 have been enrolled. The total population in the state in the age group 0-6 is 10,618,323 and only 2,334,789 have been enrolled under the SNP.

### B) The allocations reality

#### Inadequate allocation per beneficiary per day under SNP

Inadequate allocation per beneficiary per day under SNP (Non Plan) <sup>7</sup>			
Select States	Planning Commissions computation of funds needed for SNP for children (0-4) and mothers (Rs in crores)	Allocation for SNP by State Governments (2002-2003) (Rs in crores)*	Funds allocated against central norm of Rs 1 per beneficiary per day**
Andhra Pradesh	80	85	0.57
Haryana	30	9	0.22
Himachal Pr	9	10	0.48
Jharkhand	Not Available	7	0.42
Karnataka	85	39	0.33
<b>Madhya Pradesh</b>	<b>211</b>	<b>59</b>	<b>0.49</b>
Maharashtra	174	45	0.35
Orissa	93	85	0.87
Uttar Pradesh	439	85	0.51
West Bengal	143	56	0.98
From Commissioners report Note: Planning Commission computation is for undivided MP and UP			

<sup>6</sup> From Supreme Court Commissioners Report

<sup>7</sup> From Supreme Court Commissioners Report

\*\* Authors Calculations, calculated using the central norm of 100 beneficiaries per centre with feeding to take place for a minimum of 300 days in a year.

Source: \*Annexure 5.8.7, Annual Report 02-03, Planning Commission,

The inadequate allocation of funds is also a major issue which proves the negligence of state towards the problem of malnutrition. The analysis shows that according to the Planning Commissions computation of funds, funds needed for SNP for 0-4 years children and mothers Madhya Pradesh are Rs. 211 crores, Instead of this only 59 crores of Rupees made available by the state government.

The center has set a norm of Rs.1.00 per beneficiary per day and the state spends only Rs.0.49 on each child each day. Another interesting fact to be noted in this respect is that the norm of Rs. 1.00 per child per day was set in 1991 and has shown no revision thereafter. In a letter (sent to all the states by the Commissioners of the Supreme Court), they indicated that, "the financial norms need review in view of price escalation over the years". Thus there is an urgent to revise these norms and to increase it to Rs. 2.00 per child per day at the very least.<sup>8</sup>

In assembly Minister of Women and Child Development of Government of Madhya Pradesh replied that during the financial year of 2003-2004 an amount of Rs 85.58 Crore was spent against the actual requirement of Rs 245 Crore. If we analyse the overall situation of allocation one can understand that the allocation of funds to combat malnutrition is constantly on the fall from the past few years.

Year	Pradha Mantri Gramoday	Rashtriya Poshaar Mission.	Total ( in crores)
2002-03	58.6497 Cr	2.1993 Cr.	60.849 Cr.
2003-04	21.2500 Cr.	1.7500 Cr	23.00 Cr.
2004-05	21.2500 Cr.	Not made available.	21.2500 Cr.

From the above table it is clearly understood that the total amount of money spent by the government has been constantly decreasing. In 2002-03 it were 60.849 crores which fell to 23 crores in the financial year 2003-04, which again fell to 21 crores in the year 2004-05. It is also noteworthy that the Rashtriya Poshahar Mission amount has decreased from 2.1993 crores in 2002- 03 to 1.7500 crores in 2003-04 and ultimately in the year 2004-05 it was not given at all.

### C) Reality of Norms:

The government has set the norm per child to be spent on the ICDS as Rs. 1 which in itself is very less and the Supreme Court has also stated that the amount per child is to be increased to an amount of Rs 2/ child per day. Even if we go by the norm for arguments sake, then also the amount of money the government of Madhya Pradesh has been using is not sufficient for providing enough food to the children. The number of children in the state is 1.06 crores, so if the government has to spend Re. 1 on each child for a year then, it should have 365 crores of rupees against which they are spending only Rs. 85.58 crores which includes the contribution of the Central as well as the State government. The government of Madhya Pradesh itself agrees that it has not taken any initiative to increase the norm from Rs. 1 to Rs 2 per child per day.<sup>9</sup>

<sup>8</sup> From Supreme Court Commissioners fifth Report, page-14

<sup>9</sup> List of Question –Answers of the Madhya Pradesh Assembly, Nov – Dec Session of 2004, Monday the 6<sup>th</sup> of December, pg 23, no. 43(no.741).

#### D) Coverage of Anganwadis

Similarly at present the norm for enrollment in the Anganwadi is set as 80 children per anganwadi<sup>10</sup> and the number of children below the age of 6 years is 1.06 crores. So the required number of Anganwadi centers is 1, 32,500 while the number of existing centers is only 49,784.<sup>11</sup>

#### E) Coverage of Children:

In the earlier two instances we have already seen that the allocation of funds and the number of Anganwadi centers, both are insufficient, the resultant factor is that the total number of children in the State is 1.06 crores out of which only 42.90 lakhs children are covered under ICDS and the number of children covered under Supplementary Nutrition Programme (SNP) is only 28.57 lakhs out of the 58 lakhs of malnourished children in the state, which in turn clearly explains why the level of malnutrition deaths in the State is so high.

#### F) Response to the Supreme Court

*Shivpuri model of negligence- Despite the fact that there are Supreme Court orders saying that the ICDS should be implemented in full, in Shivpuri district of Madhya Pradesh in the year 2003-2004 the budgetary allocation for supplementary nutrition was Rs. 2,51,23,000/-, and the department only spent Rs. 90,19,557/-. This result- long and interrupted disruptions in the supply of nutrition to highly vulnerable children and mothers living in the Sahariya dominated area of the state. Today, even after the intervention of the Supreme Court Commissioners, the supply of supplementary nutrition is still in a situation of havoc.<sup>12</sup>*

In the Supreme Court case (196/2001, PUCL vs. Union of India and Others) Supreme Court of India has designated two commissioners to monitor the situation and compliance of the SC orders. These Commissioners seek the support from grass root organizations and analyze the situation after getting information and data from Government and Non-Government sources and submits its report to the Supreme Court. In this process Commissioners have written many letters in different matters related to starvation deaths, malnutrition deaths and non-compliance of the Supreme Court orders to the State Government for taking action, but they did not receive any response from them.

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<sup>10</sup> According to the Report of the Commissioners of the Supreme Court.

<sup>11</sup> Data from Bal Sanjivani, A study conducted by the the Madya Pradesh Women's resource Centre of RCVP Noronha Academy of Administration, Bhopal with the assistance of UNICEF Field Office, Bhopal.

<sup>12</sup> Issue raised by the Right to Food Campaign Madhya Pradesh Group.

Letters receiving no response from Government of Madhya Pradesh <sup>13</sup>	
Issue on which response/ action was to be taken	Reference number of Commissioners Letter
Bad Quality of food under the cooked MDM scheme in Sidhi District	Letter no. Sidhi.MDM/180 /MP dt. 10.04.04
Death due to starvation in Sidhi District	Letter no. Sidhi death/186 /MP dt. 20.04.04
Financial Allocations for the Cooked Midday Meal Scheme	Letter no. MDM/194/GoMP dt. 17.6.04
Infant Deaths due to hunger in Khandwa District	Letter no. Khandwa.deaths/ 182/MP dt. 12.4.04
Non- implementation of Mid Day Meal Scheme	Letter no. MDM.Complt/ Rewa /130/MP Dt. 01.10.03
Non Provision of Supplementary Food under the ICDS in Shivpuri District	Letter no. ICDS Shivpuri. 154/MP dt 03.3.04
Non Provision of Supplementary Food under the ICDS in Shivpuri District	Letter no. ICDS Shivpuri.154 /MP dt. 03.03.04
Non Utilization of Funds for Supplementary Nutrition (ICDS) in Shivpuri District	Letter no. SNP Shivpuri/185 /MP dt. 20.04.04
Starvation Deaths in Chindwara District	Letter no. Chindwara.deaths/ 184/MP dt. 13.04.04
Status of Implementation of ICDS	Letter no. Info.ICDS/176/ <State code> dt. 26.03.04
Violation of Court Orders relating to the ICDS	Letter no. SNP (ICDS)/177/ «State_Code» dt. 29.03.04

The above analysis establishes the fact that even after the constant intervention of Right to Food Campaign, people's organizations and NGOs, the situation still takes a critical turn. It's high time we came together on a war footing and devise methods and action plans to fight the issue immediately.

**G) What do the people's representatives have to say in assembly?** – On 6<sup>th</sup> of December, 2004, in an answer to the question asked in Madhya Pradesh assembly by Dr. Sunilam, MLA, Smt Archana Chitnis (Minister of Women and Child Development, Government of Madhya Pradesh) said that malnutrition is not only a cause of child death and diseases are the main cause. She does not translate the theories in reality. This is to mention that due to very low resistance capacity, poor children are unable to fight very normal diseases like Cough, cold, fever, diarrhea etc. We feel that people's representatives and policy makers are constantly neglecting the severity of the chronic hunger. <sup>14</sup>

<sup>13</sup> From Supreme Court Commissioners fifth Report

<sup>14</sup> List of Question –Answers of the Madhya Pradesh Assembly, Nov – Dec Session of 2004, Monday the 6<sup>th</sup> of December, pg 23, no. 43(no.741).

# **State level Scenario**

**Data from the Kuposhan Niwaran Abhiyan<sup>15</sup>**

Bal Sanjevani Campaign-Phase	Unit	No. of children weighted	General Category	First Grade	Second Grade	Third Grade	Fourth Grade	Total I+II+III+IV
First Phase 14-20 February 2001	Percentage	62.33 Lacs	42.43	32.72	19.36	4.34	1.15	57.57
	No. of Children		26.44	20.39	12.07	2.71	0.72	62.33
Second Phase 2-8 October 2001	Percentage	57.03 Lacs	44.87	33.22	18.83	2.53	0.55	55.13
	No. of Children		25.59	18.95	10.74	1.44	0.32	57.03
Third Phase 16-20 September, 2002	Percentage	59.17 Lacs	43.60	33.99	19.49	2.38	0.54	56.40
	No. of Children		25.80	20.11	11.53	1.41	0.31	59.17
Fourth Phase 5-11 May, 2003	Percentage	60.89 Lacs	44.85	33.32	19.76	1.72	0.35	55.15
	No. of Children		27.30	20.29	12.03	1.05	0.22	60.89

<sup>15</sup> Provided by the Government of Madhya Pradesh/ Bal Sanjeevni Abhiyan

## 2. Kuposhan Niwaran Abhiyan

DATA COLLECTED BY BAL SANJIVANI DURING DIFFERENT PHASES OF ABHIYAN  
(IN PERCENTAGE)<sup>16</sup>

S.No	District	Percentage					
		First phase Oct-01	Second phase Feb-2002	Third phase Sep-2002	Fourth phase May-2003	Fifth phase May-2004	Sixth phase March-2005
1	Rajgarh	58.55	55.19	55.48	49.74	57.15	46.5
2	Sagar	53.81	50.94	51.26	49.74	60.68	47.15
3	Ujjain	56.35	51.15	56.06	53.27	48.69	47.81
4	Bhopal	53.54	50.64	51.34	50.30	50.05	39.93
5	Indore	46.05	41.84	44.31	47.13	48.20	44.97
6	Shahdol	61.75	52.33	59.73	57.80	64.62	60.96
7	Dewas	54.60	53.05	52.67	54.12	52.04	35.6
8	Umariya	59.73	54.21	58.28	53.18	55.70	52.53
9	Tikamgarh	57.97	57.62	58.59	57.84	55.28	52.36
10	Dindori	58.34	56.33	57.46	56.68	56.06	54.62
11	Sidhi	57.78	57.43	60.25	60.18	61.07	58.77
12	Seoni	60.42	54.95	57.04	52.99	56.37	47.75
13	Dhar	65.00	62.08	61.71	59.42	60.26	56.17
14	Mandsore	58.40	57.45	59.76	58.40	58.66	54.34
15	Harda	62.18	57.21	59.68	58.33	61.43	55.28
16	Hoshangabad	55.27	50.79	52.03	50.26	49.69	44.45
17	Jabalpur	57.21	51.42	55.34	54.11	54.68	51.34
18	Narsingpur	52.74	50.44	53.62	51.50	53.84	49.66
19	Khargaoan	65.98	60.59	63.15	59.17	59.93	57.9
20	Betul	61.47	60.97	59.15	58.58	59.24	54.08
21	Khandwa	59.10	57.24	57.15	54.96	58.48	55.26
22	Jhabua	60.78	66.17	61.72	59.48	58.80	51.08
23	Chatterpur	61.97	57.39	56.31	53.33	52.10	50.97
24	Badwani	61.86	61.66	60.50	59.11	59.25	54.58
25	Shajapur	57.96	54.14	56.91	55.37	54.45	47.42
26	Chindwada	53.61	51.17	52.71	51.75	51.88	47.24
27	Gwalior	48.30	45.08	46.41	44.08	47.42	43.89
28	Panna	60.99	38.30	60.28	58.63	60.68	56.36
29	Datiya	55.15	52.82	53.38	53.12	54.76	49.52
30	Morena	50.10	47.46	54.46	49.95	51.39	47.03
31	Katni	57.42	56.95	61.74	59.12	59.69	52.97
32	Satna	58.72	56.69	58.51	55.96	55.22	52.56

<sup>16</sup> Provided by the Department of Women and Child Development, Government of Madhya Pradesh/ Bal Sanjeevni Abhiyan

33	Bhind	46.88	45.04	46.21	47.15	45.98	41.72
34	Mandla	61.35	60.38	58.24	58.61	59.20	55.21
35	Ratlam	53.71	54.62	55.04	71.20	49.20	47.36
36	Balaghat	65.10	58.20	60.05	60.38	60.33	51.57
37	Neemach	56.93	49.84	52.58	51.74	56.12	48.65
38	Rewa	53.30	54.15	53.51	53.69	52.44	51.27
39	Shivpuri	60.95	56.21	60.24	54.90	56.96	50.86
40	Sehore	58.62	59.27	57.77	54.42	54.85	48.6
41	Guna	60.05	56.87	57.04	56.96	55.65	52.51
42	Damoh	57.59	59.00	57.38	59.38	60.42	55.21
43	Vidisha	58.47	61.69	56.42	54.14	56.04	48.32
44	Raisen	55.41	50.73	51.98	51.30	49.39	46.92
45	Sheopur	63.72	58.28	61.30	61.36	60.54	57.69
46	Burhanpur	-	-	-	-	55.26	51.82
47	Ashoknager	-	-	-	-	63.05	56.46
48	Anoppur	-	-	-	-	-	52.56
<b>TOTAL (STATE LEVEL)</b>		<b>57.67</b>	<b>55.02</b>	<b>56.30</b>	<b>55.17</b>	<b>55.56</b>	<b>50.78</b>

**District wise microanalysis  
Of  
Child deaths**

# The Sheopur Disaster

## DEATH OF SAHARIYA CHILDREN

### Background

We would like to steal your attention to the grave and critical condition that has arisen in Patalgarh village in Madhya Pradesh where 13 children have died due to malnutrition and measles- a matter that needs urgent intervention.

Patalgarh has been in the news for the past three weeks, for the most distressing reasons- death of 13 innocent children<sup>17</sup>. Patalgarh is a village situated in Sheopur, a Sahariya dominated district of the state of Madhya Pradesh. The village, which is part of the Karahal Block, is situated at a distance of 70 kms from the district headquarters and 65 kms from the block headquarters. It can be reached by taking the Goras road from Karahal and one has to travel through the thick forest and bumpy, muddy roads.

For the past two years, Sahariya adivasis have been in the focus of discussion in Madhya Pradesh. The reasons are many like drought, vulnerability, exploitation and irresponsibility of the state etc, which is constantly making them victims of death. But even then one does not find any change in the pathetic conditions that exist in the area.

According to the villagers the nightmare started in September 2004 when *Kamondi*, a lady in the village was taken to the hospital for delivery.

When Kamondi started having labour pains in September 2004, she was taken to the District hospital by a bicycle. One cannot even imagine how the lady was taken to the hospital, 70 kms away on a bicycle. She was very weak and anemic. Now, one cannot expect a person who has meals only once a day to be in a better health condition. After giving birth to twins she became weaker. She was discharged from the hospital three days after her delivery and three days after reaching home she died. Four days later one of the children also died. The government has devised a number of schemes for the benefit of pregnant women (maternity benefit scheme), but Kamondi was not fortunate enough. She is not the only person, who did not benefit from the scheme. There is not even a single woman in the whole of Patalgarh village that has benefited from the scheme.

They say that four days after the death of Kamondi some children in the village started developing red rashes on their body accompanied by fever. On seeing this, the elderly members of the community, which is superstitious, said that it was the curse of the Goddess, which had come upon the children, and so there was no need to show the doctor. Gradually the rashes spread over to other children, now accompanied by vomiting and loose motions. In due course (February, 2005 to be exact) the children started dying one by one and the number reached an alarming one, with 13 children dead and 80 children hospitalized<sup>18</sup>. The parents of children say that the children did not have enough food during the course of their illness.

It is clear from the above stated account that the first cases of measles had been detected in September 2004 and the first death due to the post measles occurred in February, 2005. One cannot understand how the health department could be so irresponsible and waits for five months after the first case to take any relief step. This incident is however not news to us, because, this has always been the gimmick of the

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<sup>17</sup> February 9<sup>th</sup>, Dainik Jagran;

<sup>18</sup> February 11<sup>th</sup>, Dainik Bhaskar (Newspaper)

administration, which waits for some large scale disaster to happen before showing made-up concern by suspending a few government authorities. If the health department had been careful and alert enough this tragedy could have been averted because it has occurred almost 5 months after the first symptoms of the disease have been seen. It is high time the State fixed a liability for those government officials, other than suspension and enquiry!

The following a table showing the details relating to the deaths of children:

Sr No.	Name	Father's name	Age	Date of death.	Village	District
1.	Radheyshyam	Durjan	4 years	5-2-2005	Patalgarh	Sheopur
2.	Hanuman	Jugraj	6 years	5-2-2005	Patalgarh	Sheopur
3	Pappu	Morpai	2 years	5-2-2005	Patalgarh	Sheopur
4	Shreshma	Kailash	6 years	5-2-2005	Patalgarh	Sheopur
5	Batti	Chiraunji	8 years	5-2-2005	Patalgarh	Sheopur
6	Pushpa	Siya	10 years	Within one week	Patalgarh	Sheopur
7	Brijesh	Ramdayal	3 years	Within one week	Patalgarh	Sheopur
8	Guddi	Shrambharat	4 months	Within one week	Patalgarh	Sheopur
9	Bharati	Thanvas	4 years	Within one week	Patalgarh	Sheopur
10	Ganga	Chulli	1 years	Within one week	Patalgarh	Sheopur
11	Jamuna	Chulli	1 years	Within one week	Patalgarh	Sheopur
13	Rampyari	Kalla	5 years	Within one week	Patalgarh	Sheopur
14	Lalla	Shramsingh	7 years	Within one week	Patalgarh	Sheopur

## Steps taken by the administration in Sheopur.

### *Points at a glance -*

- The first incidence of measles occurred Patalgarh village in September 2004.
- Authorities came to know about the disease in February when the situation became very severe.
- Five children lost their lives on 5-2-2005.
- Within a week 13 children died.
- Team of doctors from G R Medical College and UNICEF reached the village.<sup>19</sup>
- Two village level health workers were suspended for alleged negligence.<sup>20</sup>
- The number of children hospitalized rises to 50 on 9-2-2005.<sup>21</sup>
- The number of children hospitalized rose to 60 on 11-2-2005.<sup>22</sup>
- The medical team identified the disease as one relating to post measles complications.<sup>23</sup>
- Within a week the number of children hospitalized rose to 80.
- Patalgarh village is inhabited by people belonging to two communities- Sahariya and Marwadi Gurjar.
- The Medical College team has found that the post measles complication spread only among the Sahariya children.

The Sahariya children had the first attack of measles in the month of September, but the medical and administrative authorities in the area were unaware of it and also deny the fact. Gradually the disease spread among the children in the village and by the second week of February 5 children had lost their lives. The next week stood testimony to another few deaths and in due course of time, there were 13 children dead. It was at this point on 6-02-2005 that a *Kotwar* in the village reported the matter to the panchayat, which reported the matter to the Chief Medical Office of the area, who in turn intimated the Block Medical Officer. It was only after this that the Block Medical Officer visited the village and after examining the cases summoned an ambulance from the District hospital and got the children admitted there.

On 8-2-2005 two children lost their lives at the district hospital and after this a team of doctors headed by Dr Ghanshyam from Gwalior and Dr B K Saxena, Child Specialist from Shivpuri District hospital arrived at the hospital. These doctors made chek-up and also took blood samples of the children and promised to send the reports. Gradually the number of children hospitalised rose to 80.<sup>24</sup>

According to the block medical officer Dr. R K Saxena, the disease is not measles but a mixed viral disease. He also says that one out of the 13 children died one and a half months ago. Ram Singn's wife, who gave birth to twin daughters Ganga and Jamuna, was very anemic and the children were severely malnourished, which ultimately led to their death. Some of the children who are still in the hospital are in a bad condition. Ramvaran, 18 months old has swollen belly which is a symptom of mixed viral infection, Jugral, was given immunization on 18-7-2004 apart from this several of the children admitted in the hospital are showing symptoms of fever and cough. According to the doctor, the disease has been there in the village from last year.<sup>25</sup> If this is the case then, how come the ANM's who are supposed to visit the village at regular intervals and keep a check on the condition of the children, lactating mothers and pregnant women, did not know of the critical conditions that had come up? If they were aware of the severe condition that was forming in the village why the District

<sup>19</sup> News dated 9 th February 2005 in Naiduniya.

<sup>20</sup> News dated 9<sup>th</sup> February 2005

<sup>21</sup> News dated 9<sup>th</sup> February 2005 in Nai Duniya.

<sup>22</sup> News dated 10<sup>th</sup> February 2005 in Navbharat.

<sup>23</sup> News dated 10<sup>th</sup> February 2005 in Dainik Bhaskar.

<sup>24</sup> News dated 11<sup>th</sup> February in Dainik Bhaskar.

<sup>25</sup> As spoken to the Right to Food Fellow, Uma Chaturvedi.

Medical team was not made aware of it? Perhaps these unanswered questions are not the concern of the government machinery. Either ways, it was undoubtedly an irresponsible act on the part of the ANM and as of now, no liability has been fixed for such acts, which is perhaps the reason why they seem to repeat themselves.

As usual when the situation became critical, the government and other agencies came to the rescue of the helpless. The administration has suspended two village level medical workers.<sup>26</sup> But the main question to be addressed here is, whether anything concrete and meaningful can be achieved from these suspensions. The situation keeps repeating itself and the administrative authorities wake from their slumber only when some large scale disaster occurs.

### **The situation in *Patalgarh* village.**

The village situated in the interior does not have even the basic infrastructural facility. In order to reach the village one has to travel almost 70 kms by road, crossing forest area. The nearest hospital is situated at a distance of 35 kms.

Drinking water is not available to the villagers. There were no hand pumps in the village until a year ago. Now there are two hand pumps in the village which has to be operated by 4- 5 persons at a time, as they are very difficult to pump. A year ago when the hand pumps were not there in the village, the villagers used to go to the river, 4 kms away, to fetch water. The water in the river was bad and often the people fell sick after drinking it.

### ***Government schemes.***

There is no Anganwadi in Patalgarh village and the nearest anganwadi is situated in Hirapur village, 17 kms away. Perhaps, this is because the total population of the village is 580, and according to the norm established by the government there has to be one anganwadi per 700 people.

The government has no doubt devised a number of schemes for the benefit of the poor and the marginalized communities, but unfortunately all these schemes remain on papers without being implemented. The people of this village have not even heard of the *Indira Awas* scheme. They have small houses made of grass and bamboo in which they live along with their cattle.

The public distribution system can be very effective measure for eradicating poverty, but its implementation is itself a big challenge. Under this system the vulnerable communities are provided food grains at minimum rates, so that inhuman situation like starvation and malnutrition deaths do not arise. In Patalgarh village, only 70 Antyodaya Ann Yojana cards were issued though the total population of the village is about 580. Now, even out of the 70 cards the villagers have access to only 20-22 cards, the rest are in the hands of the Panchayat Secretary. According to 25 year old Tulsi Sahariya, when she asked for her card she was told that it has not been issued and will be given to her as soon as it is issued. The tribals who have the cards have a different story to say- they have to travel to a distance of 17 kms to bring ration and when they go to the FPS (Fair Price Shop), the shop they either find the shop closed or the shop owner says that their share of ration has not arrived. They have to go several times before they get their share of ration that too they never get they never get their share of 35 kgs, instead they barely get 20-25 kgms. The last time they received rice was during holi (i.e. in March 2004, 11 months back). Lashman Singh the ration shop owner is a Kotedar who has opened a

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<sup>26</sup> News dated 9<sup>th</sup> February in .....

ration shop in his house and some ladies from the village also say that he gives them wheat only on alternate months.

None of the social security schemes have been implemented in the village. A few people in the village had received Old Age Pension for a few months but it stopped. When asked, the Sarpanch of the village told the people that, the government had stopped giving pension after 1 year. 70 year old Gajri Bai lives in a dilapidated hut with her husband who is around 80 years of age and till date they have not received any help from the administration or the government. Same is the case with the Vidhwa Pension Scheme- none of the widows in the village have received it. Beba Prem Bai is a widow with four small children and she has no land or any other means of livelihood. Similarly Tilnia Bai is also a widow who does not have any support, she keeps her family alive with the money derived from labour which fetches her around Rs. 50 per day and in a month she gets an average of 8-10 days of labour. The condition of the disabled in the village is no different.

### Sahariya children: In the shadow of malnourishment

## Situation analysis- A community in crisis

As per the data provided by the Regional Medical Research Institute of Tribals in Jabalpur, 93% of Sahariya children are victims of severe malnourishment and 15% are almost on the verge of death, due to malnourishment<sup>27</sup>. The average life span of a Sahariya is 45 years, which is 25% less than that of an average mans life span.<sup>28</sup> The conclusions of this survey were even accepted by the Supreme Court. It is difficult to trace even a single child, youth or a family that is not a victim of severe malnourishment and anemia. However the health and nutritional status of these children is the last priority on the list of the government. This can be clearly understood if we look into the functioning of the Anganwadi centers and the Mid Day Meals scheme in the state, especially in Sheopur.

## Kuposhan Niwaran Abhiyan

### DATA COLLECTED BY BAL SANJIVANI AT DIFFERENT PHASES (IN PERCENTAGE)

District	Percentage				
	First phase	Second phase	Third phase	Fourth phase	Fifth phase
Sheopur	63.72	58.28	61.30	61.36	60.54

The above table clearly shows the malnutrition status of the children of Sheopur. The Abhiyan was conducted in 5 phases. In the first, third and fourth phases more than 60% children were found to be malnourished. In the second phase more than 58% children were malnourished.

Another question which needs some probing is whether, providing one cup of boiled daliya can improve the health condition of these children? As per the Supreme Court recommendations, under the consolidated child development program the children under 6 years of age should be provided supplementary food on regular

<sup>27</sup> According to the data obtained from a study conducted on “The Status of Malnutrition in the State of Madhya Pradesh” by the Regional Research Institute on Tribals, Jabalpur.

<sup>28</sup> Study conducted by the Regional Research Institute on Tribals, Jabalpur.

basis and they should be given 30 calories or 8 to 10 grams of food containing proteins, if the case is of malnourishment than the child should be given double amount of stated meals. But the ground reality is that in the Sahariya populated area this problem is ignored and thus supplying double amount of supplementary meals is not possible for the anganwadis because the supply to from the government itself is not in accordance with the increased demands. This grim reality is underlined by the statistics available for MP. Of the total population of 10,618,323 who are in the age group of 0-6, only 2,334,789 are enrolled under the SNP - a mere 22%. While the norm for the average number of children to be enrolled per AWC is 80, only 57 is the actual enrollment figure. Similarly where the norm set for pregnant mothers is 20 per AWC, only 15 are actually enrolled.

The inadequate allocation of funds is another major issue, showing up the state officials' attitude towards malnutrition. The annual report 2002-03 of the Planning Commission shows that funds needed for the Supplementary Nutrition Program for children of age 0-4 years and mothers in MP is a total of Rs. 211 crores. However only Rs.59 crores have been made available by the state government. The Center has also set a norm of Re.1 per beneficiary per day, but the state only spends 49 paise on each child daily. Further, even this norm of Re.1 was set in 1991 and has not been subsequently revised. A letter sent to all states by the Commissioners of the Supreme Court states, "The financial norms need review if prices escalate over the years." The Commissioners' Fifth Report sets the need currently at Rs. 2.00 per child per day.

The SC Commissioners have also tried to raise the issue of malnutrition and non-compliance with the Court's orders in many letters to the State Government, but have received no response. Despite the Court's orders that ICDS must be implemented in full in Shivpuri district of MP in the year 2003-04, the State spent only about Rs. 90 lakhs out of the allocated Rs.2.5 crores on supplementary nutrition. The result: long and frequent disruptions in the supply of nutrition to highly vulnerable children and mothers living in the area. The pattern of malnutrition deaths continues. It is high time the government accepted the reality with seriousness, and makes sincere efforts in this regard. The acceptance of the situation will at least force the government departments and administration to work with the people and which in turn will pressurize them. So are trying to deny the facts so that they can get rid of all this.

The issue relating to malnutrition cannot be singled out and seen. It is linked with a number of other issues like the functioning of the PDS in the region, the break up of the traditional food security system of the people, the non functioning social security schemes and the ICDS, lack of means to earn livelihood, and above all the irresponsible attitude of the government. The health status of a family is directly dependant on the earning capacity of the family. The Sahariya community which depended mainly on the forest and its produces for livelihood has been ousted from there for the simple reason that, the state can earn more revenue from its control over the forests.

#### ***Findings and Recommendations of the Gwalior Medical College Team<sup>29</sup>***

##### ***Findings :***

- The post measles complications arose only among children of families of 120 Sahariya Adivasis in Patalgarh village.
- The disease has spread due to malnutrition.
- There are 120 children in the age group of 2-10 years in the village, out of which 13 have died and 80 children are inflicted by post measles complication.
- All the children in the village are malnourished and their resistance capacity is not strong enough.

<sup>29</sup> News dated 11<sup>th</sup> February 2005 in Dainik Bhaskar.

- When immunization was given to these children, their resistance capacity was so weak that they caught up with the disease.
- After this the children also started having vomiting and diarrhea which is fatal.
- If the children had not been malnourished, they would not have died due to post measles complications.

***Recommendations :***

- There has to be improvement in the quality of immunization given.
- The sick children are to be kept apart from the healthy children.
- A dose of Vitamin A has to be administered to the children.
- The sick children are to be given good Antibiotic medicines.
- The sick children should be given injections of immunoglobulin as soon as they are hospitalized.

### **The major drawbacks-**

1. The question of accountability is one which has been constantly ignored. Although the Supreme Court has stated that, in the case of starvation deaths and deaths due to malnutrition, the Chief Secretary of the concerned State and the Collectors are to be held liable, the order seems to be only on paper and not in practice.<sup>30</sup> It is high time that the order be complied with. Also, the general trend seen is one where, when there are deaths each time, the lower level authorities (village level health worker, panchayat secretary etc) are suspended but, the higher level officials like the District Medical Officer, Collector etc, should also be held liable. These incidents keep happening because of corruption so immediate steps should be taken to make officials liable in their personal capacity.
2. Another issue that has arisen is one relating to transparency of the concerned authorities. When the Right to Food Fellow approached the office of the District Medical Officer to get some data on the immunization of children in Patalgarh village, the lady in the office gave the register to her. But later when the DMO arrived, he was furious with the lady and ordered the register to be brought back. The DMO now refused to release any data to the public. The Right to Food fellow had applied for a copy of the information under the Right to Information, however even seven days after the application evidently no step has been taken. Keeping people out of bound from public information is not in keeping with the concept of transparency.

### **The sad story of the Sahariyas.....**

The word "Sahara" means "Jungle" and the Sahariyas are a group of tribals who have lived in the jungles, depending mainly on the forest and its produces for their food and other needs. The tribals who call themselves "Sehera or Sair" claim to be the first of the tribes of the country. These adivasis who were dependent on forest for survival for generations had limited needs. Their traditional means of earning a livelihood was one of agriculture, gathering forest products and hunting. The Sahariyas are particularly good at identifying medicinal plants from the forests and collecting honey from beehives. Thus their lives and economy mainly revolved around the forest and its products. They collected minor forest produces like tendu leaves, honey, minji, mahua, gum from trees, different types of green leaves etc and also cultivated jowar, bajra and makka (coarse cereals) on small stretches of land near the forest areas. They live in houses made of grass, bamboo and small logs obtained from the forest. They were a content and independent lot, who lived life on their own terms, free from the complexities of modern life. But the invasion of the so-called civilized people into

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<sup>30</sup> Fifth Report of the Commissioners.

their lives, in the name of, education, health, settlement and development was the most disastrous thing that could happen to them. They were evicted from the forests in the name of forest protection and development.

Ignored by the society, inhuman behavior of system and deprived of their basic needs they are a community that has been subject to a lot of social, economic and political discrimination. Life has not been easy for the Sahariyas after their eviction as the other upper class communities like Thakurs, Gurjars and Brahmins and moneylenders have exploited them.

Unable to bear the political, social and economic exploitation and discrimination meted out by the people who live in villages these tribals moved over to live in *Saharanas* (Sahariya Hamlets) away from the villages.

The Sahariyas who were protected by the vast areas of forests have now been allotted small stretches of land by the forest department. This land is unproductive and degraded and so cultivation cannot be carried out on it. Majority of the Sahariya Adivasis reside in Guna, Shivpuri and Seopuri districts of Madhya Pradesh and in these districts almost all the adivasi families have approximately 2-3 bighas of landholding, but unfortunately, only 1% of the land has irrigation facilities. This clearly means that only one crop can be cultivated in a year. Around 65% of the farmers in this area grow Soya bean, jowar, maize and groundnut in kharif season, and 35% farmers grow crops like wheat, channa and mustered in rabi season. But the total production from this land is inadequate to fulfill, even the needs of an average family of seven members.

For generations Kakora, Fangh, Makhoa, Pamar and ber were an important part of the diet of these adivasis, but due to long periods of drought, these forest produces are also not available. Left with almost no resources the Sahariya Community has been forced to migrate. Under such conditions, the dependency of Sahariyas on labour has increased; and they have been forced to migrate to the places like Bhind, Datiya, and Jaipur in Rajasthan. Even in the workplaces they are exploited by the employers who pay a meager amount to them. Being quiet, introvert and non-controversial by nature they accept whatever comes their way. At one point of time the Sahariyas were making both ends meet by working in the illegal stone mines, but for the past three decades, these illegal mines have been closed to prevent de-forestation, due to the conflict between the forest department and revenue department, which has further added to problems.

The main regions inhabited by the Sahariyas in Madhya Pradesh are Gwalior, Bhind, Morena, Shivpuri, Guna, Vidisha, Raisen and Bundelkhand. In the year 1911 there was a total population of 70000 Sahariyas in Madhya Pradesh and Chattisgarh and according to the 1921 census there were around 6 lakh Sahariya tribals in the country. According to the 1971 Census reports their number is about, 205427 and according to the 2000 census reports, their total population is 440680 spread in 1159 villages.

The Sahariyas are now, a group of primitive tribals who can perhaps be rated as one of the most backward and marginalized communities in the State of Madhya Pradesh. On the verge of extinction and extremely backward in terms of development, the community has been influenced by the process of urbanization and modernization. But this has in no way pulled them into the mainstream of the society; instead, the tribe is constantly losing its tradition culture and heritage.

# The Vidisha Disaster

Eighteen-month-old Vipath Singh can hardly open his hollow eyes and is a picture of chronic hunger and malnutrition. His body is severely lean and his bones do not have even an inch of flesh over them. The only visible portions of his body are his head with very little unhealthy brown hair on it and his stomach, both of which look huge when compared to his lean body. This one and a half year old who is accompanied by his mother hardly weighs 3 kgs and is constantly crying. His almost invisible body, lies on the hospital bed covered in a dirty rag like cloth. According to his mother Raj Bai, he was brought to the hospital five days ago because his condition had deteriorated. Belonging to the Harijan community she is a resident of Karaiya a village situated in the Gang Basoda Block of Vidisha district. Raj Bai has three children of whom Vipath is the youngest. Her husband has deserted her and she now lives with her parents and brothers who have not yet visited them at the hospital. Raj Bai barely has Rs 10 with her and when asked how she will manage with such a meager amount she says that she survives on the food she buys on the 2 rupees coupon from the hospital canteen once a day. The family of four survives on the amount Raj Bai earns as wages from the work she does (Mazdoori). According to her, she gets work around 8-10 days a month and a days labour fetches her around Rs 50. Though her name has been registered in the BPL list she does not have a ration card and she is unable to benefit from the Deendayal Anyodaya Upchar Yojana

According to the doctor's prescription, Vipath is being given treatment in the hospital for diseases, which are the out growth of malnutrition. He is severely anemic and has undergone skin changes. Vipath has not been given immunization, as there are no scars on his body. He has also developed chest infection and Keratomalesia due to Vitamin A deficiency. Even if he survives the serious attack of severe malnutrition, there is little chance that he may be able to see, as his eyes are badly affected. To top it all; the doctors are also treating him for Tuberculosis.

## Backdrop of Vidisha District

Children like Vipath are nothing new to the District. Every summer many Sahariya children like Vipath, perish, and one does not even know the number. According to the 1991 census report the total population of Vidisha District is 970388 of which 20.80 % constitute urban population and the district consists of 1624 villages. There are 122717 people in the district living below the poverty line. Ganjbasoda is a tehsil situated at a distance of 65 km. from the dist. headquarters, housing a population of 140178. The roads leading to the tehsil are in a pathetic condition. The topography of the region consists mainly of mountains and plateaus and the land is mainly barren. The vegetation is sparse and consists mainly of desert type vegetation. The region is spotted with stone mines and the main livelihood option of the people living in the region is working in the mines. This is the main reason why one finds a large number of cases of tuberculosis in the region.

According to the information put up in the Health department site ([www.mp.nic.in/health](http://www.mp.nic.in/health)), the Infant Mortality rate<sup>31</sup> (per 1000 live births) is 75.1 and the prevalence of complete blindness is 228 cases, partial blindness is 6531 cases, tuberculosis is 523, and malaria is 1226 cases<sup>32</sup>. Though the government has mentioned in its site that there are large number of cases of tuberculosis, night blindness and malaria, one can find that the percentage

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<sup>31</sup> Refers to period from 1-1-1999 to date of survey.

<sup>32</sup> Prevalence rate per 1, 00,000 population.

of children who have received full immunizations is only 17.4<sup>33</sup>. The health worker visits only 3.1% of women and children in the area<sup>34</sup>

Ganj Basoda, which is a Sahariya dominated region, has stood testimony to a large number of deaths of children due to malnutrition. Every year there are deaths of Sahariya children in this region. Each summer season brings with it food scarcity and food insecurity and deaths of the helpless and ill-fated.

- In the year 1994, 34 children died in this region out of which 21 children belonged to the Sahariya community.
- In 1997, 42 children died due to malnutrition and all of them belonged to the Sahariya community
- In the October- November months of the year 2002, 17 children were sacrificed at alter of malnutrition.
- In 2004, 7 children died in this region.

Every year children die in Ganj Basoda region and the matter is pushed under the carpet by the administration in the area saying that the deaths are not due to starvation and malnutrition but due to seasonal diseases.

The death of children due to malnutrition is nothing new in this region. These deaths have been occurring every year in different pockets of malnutrition and the matter is not taken up by the administration unless the number of deaths is large. In spite of the fact that there have been deaths constantly in the region, the state administration or the government has not taken any steps to identify the pockets of malnutrition or prevent further deaths in the region.

Uma is another name in the patient list of the District Hospital Vidisha. This Six-year-old girl from Raikhedi village, Ganj Basoda block, barely weighs 6.5 kgs and has been suffering from Diarrhea and fever for the past three months. At first she was taken to a private hospital at Bina for treatment from where she was referred here. She has not been given immunization and like Vipath, she is also severely malnourished. Her hollow eyes portray nothing except blankness and an occasional blinking of the eyelids. She is unable to sit up on her own or hold her head up but she definitely comprehends and understands what is said to her and around her, as one could see a strange sort of sadness in her eyes when the nurse refused permission to have her taken along to the hospital canteen along with her mother.

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<sup>33</sup> Children who have received BCG, three injections of DPT, three doses of polio (Excluding Polio O) and measles.

<sup>34</sup> For the last three months from interview date.

## Situation Analysis

### About Sahaba Village, Tapra Majra (Hamlet)

The Sahaba Village is divided into two hamlets the Upar Majra, which is situated close to the road, and the Tapra Majra, which is situated at a distance of 2kms from the Upar Majra. According to the Panchayat Secretary of the village Gopal Singh Dangi, the population of Sahaba village is somewhere around 1340 and the total number of voters in the village are 627. There are people belonging to different castes namely, Sahariya, Harijan, Lodhi, Yadav, Gadariya Pal, as well as people belonging to the general category. The Upar Majra houses the ration shop, Anganwadi and a few shops. Sahaba Tapra Majra (hamlet) is situated at a distance of 2 kms. from village Sahaba. There is no electricity in the hamlet that is inhabited by Harijans, Sahariyas and a small muslim population of Banjaras. The Sahariya tribes and Harijans constitute the major population. There are 70 households of Harijans and Sahariyas in the Majra according to the villagers. The hamlet is dotted with houses made of stones, with low roofs. The doors, roof, as well as the floor is made up of stones which becomes extremely hot during the summers. There is little or almost no vegetation in the village. The only source of water in the village is the hand pump, which according to the villagers has to be repaired every week. The villagers get the hand pump repaired from contributions collected from amongst the villagers. When this is not possible the villagers bring water from the nearby village (Nahariya) for drinking and other purposes. There are only two persons in the village that can read and write.

Each household on an average consists of at least 8 members. Majority of the villagers earn their livelihood by working in the stone mines and earn Rs. 40 per day. Most of the villagers take debt from the contractor during times of crisis. Each family in the Majra, on an average has taken debt of Rs. 5,000, which is cut from their wages. Almost all the villagers here live in abject poverty and are neck deep in debt.

Few of the villagers of Sahaba Majra have received 5 beegha (2.5 acres approx.) lands from the govt. at Nanukhedi and Sairwasa villages, which are situated at a distance of 25 kms. from Sahaba Majra.

Sarju Bai and Sehanlal Adivasi Sahariya are residents of the Tapra Hamlet of the Sahaba Village. The couple is passing through the worst of times in their life. Sehanlal has a broken hand from the past few months and has also developed a bulge on the finger of his left hand and so he cannot work regularly. Tragedy struck this couple a week ago, when they lost one of their five children (son) to severe malnourishment and starvation. According to Sarju bai the child had become very lean and weak though she cannot say the weight of the child. The child was taken to the Government hospital at Ganj Basoda twice and later it was brought home, where he died.

The couple has four children now, of which the youngest Gangaram is 1.5 years and weighs only 6kgs. Gangaram is also a picture of malnutrition with swollen belly and lean hands and legs and seems to be on the path of his elder brother. Gangaram's father's health does not permit him to work at the stone quarry so both the husband and wife goes to the nearby jungles and collects wood which they sell. They say that each person is able to sell wood for Rs 15 a day and both of them together earn Rs 30 per day. The family does not have a ration card and eat food from flour made of wheat brought from the open market, which they cannot afford and the food available at home is always insufficient. When the RTF team visited their house in the Hamlet the family barely had 1.5 kg of wheat at home. Their children are not enrolled in the Anganwadi of the village nor has Sarju Bai received any benefits from the Maternity Benefit Scheme run by the government.

Munnalal Adivasi Sahariya is another resident of Tapra hamlet who also lost his one year old daughter a week ago. According to him his child was also very weak and was unable to move about. Two days before her death the child had a bout of loose motion and vomiting. The ANM of the village does not come at all and so the weakness of the children goes unnoticed. Munnalal is a daily wage earner working at the Quarry near the village. According to him the villagers have to face very grave and critical situations when the quarrying is stopped during the rainy season, which extends to up to 4 months. During this time the villagers face severe food scarcity and insecurity. In times of scarcity the villagers eat "Samai Grass" which is very difficult to digest. The villagers collect the seeds of the grass, dry it and grind it into powder which they mix with a little wheat flour, because, it is very difficult to swallow the roti's made of the grass. He said that during this period the villagers feed their children also with these rotis, which has little or no nutritious value.

## **ICDS in the village**

The ICDS system in the village is not functioning at all. The Anganwadi in Sahaba Village is situated in the Upar Tola at a distance of 2 kms and the children of the Tapra Tola (Hamlet) do not receive any benefits from this. The villagers have said in their affidavits that the Anganwadi opens only once a week on Tuesdays and the children from Sahariyas do not go there because small children of age group 0 – 6 yrs are not in a position to walk the distance of two kilometers to get a cup of daliya. The Anganwadi worker does not bring their share of supplementary nutrition and distribute it in the tapra hamlet. The Anganwadi opens on Tuesday of every week and inspite of Supreme Court's order that there ought to be one anganwadi in each tola (hamlet) there is none in Sahaba Majra. Most of the villagers of Sahaba Majra are not able to avail the benefits of the Anganwadi situated at Sahaba village 2 kms. from the Majra. The status of immunization among children at Sahaba Majra is also very poor. None of the Children in the village have received immunization, as the RTF team could not find any scars on the body of the children. This is the situation when the administration knows that the area is dotted with stone quarries and one can find a large number of cases of Tuberculosis in the region. The ANM also does not visit the hamlet according to the villagers. Her house is situated at a distance of 3-4 kms from the hamlet and she does not bother to come and visit the children or the pregnant and lactating mothers here. This is the reason why the malnourished children of the hamlet go unnoticed until they are on the verge of death. Another interesting thing that came to the notice of the RTF team here is that none of the children of the Tapra tola have been enrolled in the Anganwadi. The list of the names of the children who are eligible but have not been enrolled in the Anganwadi register has been added as an Annexure. The team could not speak to the Anganwadi Worker as she was not available in the village on that day. When the team visited the Anganwadi in Sahaba village the anganwadi was closed and though the Sahayika was there, she had not made or distributed the daliya.

Format 1 was not pasted in the anganwadi and one could not find any format in which the names of the malnourished children are to be listed. Leafing through the pages of the Anganwadi register the team could hardly find three children who belonged to the III Grade of malnutrition. This baffled the team and prompted the team to do a sample survey of the children of the village. The team divided itself into three different groups and started weighing the children of the village belonging to the age group 0-6. It was to a horror that the team found that there were at least 9 children in the village who belonged to the IIIrd and IVth grade of malnutrition out of the 25 children who were weighed. The following is the list of children who were manually weighed by the RTF team.

**Table showing the Age, Weight and Grade of children**  
(According to the Sample Survey conducted by the RTF Team in *Sahaba* Village)

Sr. No.	Name of the Child	Sex	Age (Years)	Weight (KGs)	Grade	Parent's Name	Caste	Immunization
1	Akash	M	1.5	7.6	II	Kanta Bai/Pramod	Harijan	N
2	Ankesh	M	4	9	III	Gomti Bai/RajaRam	Lodhi	N
3	Kalavati	F	5	13.3	I	Gomti Bai/RajaRam	Lodhi	N
4	Sanju	F	4	11.1	II	Leela Bai		N
5	Seema	F	4	12.5	I	Kusum/Chandan		N
6	Bhuri	F	4	13.6	--	Yashoda/Prahlad	Sahariya	Y
7	Suraj	M	6	15	Mal	Leelabai/ Ramnu		Y
8	RamSakhi	F	6	13.7	IV	Kusum/Chandan	Sahariya	N
9	Sonu	F		-	-	-	-	-
10	Pooja	F	5	14.6	I	Kera Bai/Phullu	Sahariya	N
11	Bharti	F	6	16.2		Kera Bai/Phullu	Sahariya	N
12	Rahul	M	2	6.8	III	Kusum / Chandan	Sahariya	N
13	Vikram	M	7	15.3	Mal.	MunniBai/ShriRam		Y
14	Devant		8 Months	4	IV	Mohan		
15	Jamunia		5	13.2	I	Kashi Ram/Kusum	Sahariya	N
16	Raghuveer	M	6 Months	5.9	I	Geeta/Vishal	Sahariya	Y
17	Asha	F	2	8	II	Rekha/Raju	Sahariya	Y
18	Kaushalya	F	3	6.5	IV	Ansu Bai/Randhir	Sahariya	Y
19	Krishna	F	1	5.4	III	Saki Bai/Vishal	Sahariya	Y
20	Sonam	F	1.5	9	I	LeelaBai/Ramnu	Sahariya	Y
21	Arti	F	7	15.5	Mal.	Sabun Bai/Durjan	Sahariya	Y
22	Sunita	F	5			SakiBai/Barilal	Sahariya	Y
23	Ganga Ram	M	11 Months	6.5	III	Sarjubai/ Sehanlal	Sahariya	N
24	Tulsa Bai	F	18 Months	6.5	III	Ramvati/ Amol Singh	Sahariya	N
25	Sunil	M	18 Months	6	III	Dibai/ Udham Singh	Sahariya	N

**List of Children of Sahaba hamlet under the age group of 0-6 years who are not enrolled in ICDS**

Sr.	Name	Parents name	Age
1	Shoab	Majeed Khan	9 months
2	Shaal	Majeed Khan	3 Years
3	Rukhsaar	Raies Khan	5 Years
4	Sunil	Kallu Adiwasi	1 Years
5	Geeta	Munnalal Adiwasi	4 Years
6	Ganga Ram	Seham lal	11 Months
7	Sapna	Bundel Adiwasi	2 Years
8	Prabha	Devi Singh Adiwasi	5 Years
9	Sanju	Rajesh Adiwasi	1.5 Years
10	Anjali	Rajesh Adiwasi	5 Years
11	Raja	Ram Kunwar Adiwasi	5Years
12	Yogesh	Bundel Singh Adiwasi	4.5 Years
13	Tulsi	Mohan Adiwasi	3.5 Years
14	Neema	Mohan Adiwasi	5 Years
15	Sunil	Udham Singh Adiwasi	1.5 Years
16	Tulsa	Amol Singh Adiwasi	1.5 Years
17	Laxmi	Udham Singh Adiwasi	4 Years
18	Raju	Lal Singh Adiwasi	1.5 Years
19	Prem	Amol Singh	4 Years
20	Priyanka	Bal ram Adiwasi	2 Years
21	Raksha	Chunnilal Bansal	3 Years
22	Abhilasha	Chunnilal Bansal	5 Years
23	Vandana	Dhan Singh Adiwasi	6 Months
24	Anita	Chet Ram	2.5 Years
25	SeemaBia	Sikander Khan	4 Years
26	Khan Mia	Bablu Khan	5 Years
27	Rani	Sarpat Khan	5 Months
28	Angoori	Sharif Khan	6 Months
29	Farzana	Sher Khan	1 Year
30	Arbina	Sharf Khan	6 Months
31	Sanno	Aaku Mia	3 Years
32	Mosambi	Aaku Mia	2 Years
33	Parveen	Aaku Mia	6 Months
34	Anisha	Jalal Mia	5 Months
35	Rafiq	Anwar Mia	4 Years
36	Parween	Anwar Mia	5 Years
37	Anil Mia	Sher Khan	4 Years
38	Azad	Kallu Khan	5 Years
39	Akila	Yusuf Khan	8 Months
40	Shakila	Yusuf Khan	3 Years
41	Paan Bia	Ajit Khan	1 Years

## Targeted Public Distribution System

### Gross Violation of Supreme Court orders

The ration shop of the village situated in the Upar tola of the village is run by Manoj Chaurasiya who has the license to run two ration shops, one in Sahaba village and the other in Muradpur village. Manoj himself has told the RTF team that he opens the shop at Sahaba village thrice a week i.e. on Monday, Tuesday and Wednesday and he has also acknowledged the same in his affidavit dated 25-5-2005. This is when there is order from the Supreme Court to the effect that all ration shops should remain open on all days of the week. On 25th, the day the RTF team visited the village the team found the shop closed and when asked the shop owner did not have a suitable answer to explain why the shop was closed in spite of the fact that it was a Wednesday, which has also been accepted by him in his affidavit.

The villagers say that the ration shop opens only on Tuesday's and the shopkeeper does not give them grains on installment. Even if they buy only part of their share because of scarcity of money the whole amount is written off in their share. The villagers also say that they have not been getting Sugar from the past few months but according to the cards they have all been getting Sugar regularly.

The RTF team came across many families who have problems of food scarcity. None of the Sahariya families in the hamlet except two have the Antyodaya Ann Yojna Cards in spite of the fact that the Supreme Court has clearly stated that all the tribals enlisted as the primitive tribal groups should be given AAY cards irrespective of the fact as to whether they are enlisted in the below poverty line or not. The affidavit signed by 52 villagers of Sahaba village who are Sahariyas but do not have AAY cards has been added as Annexure. To this document. The affidavit of the Panchayat Secretary that says that none except two of the Sahariya tribals are benefiting from the AAY has also been added as Annexure.

Sahariya primitive tribal group families not covered under Antyodaya Ann Yojana in Tapra Tola Sahaba Village.

Devi Singh Sahariya  
Munnala Sahariya  
Shyamlal Sahariya  
Bansilal Sahariya  
Bundel Sahariya  
Amol Sahariya  
Udham Sahariya  
Dhansingh Sahariya  
Mohan Sahariya  
Ramesh Sahariya  
Kashiram Sahariya  
Babulal Sahariya  
Balram Sahariya  
Kishan Sahariya  
Narayan Sahariya  
Chotelal Sahariya  
Dheerajsing Sahariya  
Kallu Sahariya  
Ganpath Sahariya  
Kallu/Manga Sahariya

Ramesh Sahariya  
Ganesh Sahariya  
Dhanabai/Nandaram Sahariya  
SumantaqraBai/Nandram Sahariya

**List of persons who do not have ration cards at all though they are enlisted in the BPL list in Tapra  
Tola, Sahaba Village**

1. Pappu Kushwaha/Puransingh Kushava
2. Paragilal/Jawaharlal Harijan
3. Ganesh/Hariram Harijan.

**National Maternity Benefit Scheme**

**Who care's**

None of the women in the whole of the Sahaba village has received the benefits of the National Maternity Benefit Scheme except two women who got it a year and a half ago. Even in that one of the women were given only Rs 400 for her first delivery and she did not receive any money for her second delivery. Apart from this the ANM does not visit the village and meet pregnant women, advise them on their diet, or give them the required immunization required during pregnancy.

**Anwari:**

Anwari, wife of Mobeen Khan and resident of Sahaba Majra (hamlet) is 6 months pregnant. This is Anwari's third pregnancy. Her first two children died soon after the delivery. While Anwari delivered her first child with help of a Dai, her second child was delivered before the Dai could reach. Anwari is now undergoing mental stress and is scared of the death of her third child. Anwari went for her routine check up to the Block Hospital at Basoda 22 kms from home, four months ago. To reach the hospital she has to first walk down to Udaipur, 5 kms. from Shaba Majra from where she takes a bus to go to Basoda.

Even after 6 months of her pregnancy Anwari has not been registered in the village Aganwadi, hence, she is not receiving any benefit from there. The ANM has never visited Anwari and this is inspite of the fact that she has asked the Anganwadi Worker several times to speak to the ANM . During her first two pregnancies Anwari has not received benefits of the National Maternity Benefit Scheme.

**Eligible not getting National Maternity Benefit Scheme  
Upper Hamlet of Sahaba Village**

1. Anju Bai W/O Randhi Singh
2. Geeta Bai W/O Vishal
3. Rajkumari W/O Sita Ram
4. Rati Bai W/O Chatter Singh
5. Savitri W/O Mohan
6. Ramvati W/O Balram
7. Ram Bai W/O Amaan
8. Bimla W/O Jeevan
9. Sumantra W/O Kamal Singh
10. Munni Bai W/O Ramesh
11. Leela Bai W/O Nandram
12. Kesh Bai W/O Phool Singh
13. Lalti Bai W/O Sohmat
14. Kisso Bai W/O Ram Prasad
15. Moti Bai W/O Gulab Singh
16. Poona Bari W/O Babulal
17. Narbadi Bai W/O Bablu
18. Laxmi W/O Karan
19. Laxmi W/O Kushiram
20. Yashoda W/O Hajari Singh
21. Raju Bai W/O Udham Singh
22. Kusum Singh W/O Chandan Singh
23. Mullu Bai W/O Misri Singh

The affidavit collected from the women of the village has been attached as an Annexure to this report.

**Gram Sabha**

According to the villagers the Gram Sabha has never been convened even once in the past three years. They say that the Gram Sabha may have been called but nobody tells them anything regarding the meetings or their outcomes. There is not even a single person in the hamlet who has attended a Gram Sabha meeting till date.

## **Social Security Pension**

The condition of the Social Security Pension Schemes in the village is similar to that of the other welfare schemes and programmes being run by the government in the village. According to the Panchayat Secretary of the village there are 3 persons in the village who are receiving Old Age Pension, 3 persons who are receiving Disability Pension and one woman who is receiving Vidhwa Pension. This is the situation when, according to the villagers in Tapra tola (hamlet) alone there are 15 women who are widows. Even in the case of the people who are receiving pension they get it once in 4 months that too, not by post.

## **Situation Analysis**

### **About Village Naharia , Ganj Basoda Block of Vidisha District**

Nahariya village, which comes under the Modhi Panchayat and is situated at a distance of 24 kilometers from Ganj Basoda the Block headquarters. Situated very near (2kms distance) to the Tapra tola of Sahaba Village the social and economic condition of this village is very much similar to that of Tapra Tola. The village is situated on a hilly portion and has more vegetation compared to Sahaba. The Village consists of a majority Sahariya Adivasi population. The people of this village earn their livelihood by working as labourers in the stone quarry's nearby. The Sahariyas in this village also live in houses made of stone, which become very hot during the summers. Each family on an average has a debt of above 5- 7 thousand in this village. According to the villagers they take debt for buying medicines, marriages, other ceremonies and in times of scarcity. Most of the families in the village live on a single meal and this is evident from the condition of the men women and children in the village. The men look at least twice older than their actual age and the women and children are malnourished. According to the lactating mothers they are not able to Breast feed their children because they themselves are weak and do not have milk. The RTF team found that in most of the families both the parents go as labourers, leaving the younger children in the care of the elder ones.

### **ICDS Scheme**

Unlike in the Tapra tola there is an anganwadi in Naharia village itself. The anganwadi worker was not there in the village so the team could not talk to her. The team found Bhavri Bai the daughter-in-law of the Anganwadi worker who initially kept saying that she was the Anganwadi worker. But later by interacting with other members of the community, the team came over the reality. There was no sahayika in the Anganwadi and Bhavri Bai helped her mother-in-law in cooking and distributing the daliya. Bhavri Bai had cooked Daliya which she said was being regularly distributed to the children in the village. She however did not know the quantity of daliya to be distributed to each child. She said that they gave two big spoons full of daliya to each child. The Format 1 was not pasted anywhere in the Anganwadi. The Anganwadi registers were also not there nor could one find the weighing machine there. When asked about the registers Bhavri Bai said that they have been taken to her brother-in-law's house, where he fills the registers. On being asked to bring the weighing machine she went home and brought it and it was surprising that the machine had not been taken out of its cover. It was brand new and unused.

The team found that there were a large number of children in the village who were malnourished. Due to lack of time and other constraints relating to the administration the team was unable to weigh all the children in the village but the team weighed 13 children out of whom 8 children are in the IIIrd and IV th Grade of malnutrition.

**Table showing weight of Children of Naharia Village, Ganj Basoda Block of Vidisha District** (According to the survey conducted by the RTF Team in the village)

Sr. No.	Name of the Child	Sex	Age (Years)	Weight (KGs)	Grade	Parent's Name	Caste	Immunization
1	Bittu	M	1	5.4	III	Gaurabai/ Dhanno Singh	Sahariya	N
2	Shivam	M	5 Months	5.4	I	Jijabai/ Gabdu Singh	Sahariya	N
3	Narabadi	F	2.8	8	III	Chotti bai/ Harprasad	Sahariya	N
4	Gita	F	15 Months	4.3	IV	Haque bai/ Khem Chand	Sahariya	N
5	Sangeeta	F	2	6	IV	Rajbai/ Babulal	Sahariya	N
6	Deepti	F	2.5	9	II	Gautam bai/ Munna lal	Sahariya	N
7	Maya	F	5	10.9	III	Gautam bai/ Munna lal	Sahariya	N
8	Pramod	M	4	11.8	I	Banaras bai/ Paras ram	Sahariya	N
9	Moolchand	M	3	8.3	III	Dhanabai/ Ram Singh	Sahariya	N
10	Narbadi	F	2	7.9	II	Vimla/ Sher Singh	Sahariya	N
11	Baijanti	F	5	12.5	II	Parvati Bai/ Dhanno Adivasi	Sahariya	N
12	Lata	F	2.5	8	III	Parvati Bai/ Dhanno Adivasi	Sahariya	N
13	Swarti	F	18 Months	5.9	III	Pan Bai/ Karan Singh	Sahariya	N

### Public Distribution System

Majority of the people of Nahariya village are Below Poverty Line cardholders. Though there are a large number of Primitive Sahariya tribals in this village none of them have the Antyodaya Ann Yojana Card, which would provide them Wheat at the cost of Rs 2 per kg and rice at the cost of Rs 3 per kg. The people of the village say that the ration shop (situated at Sahaba) does not open regularly and grain is not provided to them on instalments.

### Social Security Scheme

The beneficiaries for pension of this village have been enrolled but they do not get the pension regularly. They get it only once in three or four months. Till date none of them have an account in any bank and the Panchayat secretary brings the pension in cash and gives the same to the beneficiaries by hand.

## List of Sahariyas who are beneficiaries of pension but are not receiving the pension regularly in Nahariya Village

1. Tarabai/Malkhan Sahariya (Widow Pension)
2. KhumaniBai/Bulhe Sahariya(Dissability Pension)
3. Ramvati/Gajju Sahariya (Dissability Pension)
4. Kailash/Shyamlal Sahariya (Dissability Pension)
5. Udaybhan/Mavaru Sahariya(Dissability Pension)
6. Rattobai/Padam Sahariya (Widow Pension)
7. Kamlabai/Sanmarsingh Sahariya (Dissability Pension)
8. Punabai/Gulab Sahariya (Widow Pension)
9. Bainibai/Rajaram Sahariya ( Nirashrit Pension)
10. Rajaram/Gajju Sahariya ( Nirashrit Pension)
11. Subbabai/Vrindavan Sahariya (Widow Pension)
12. Aman/Barelal Sahariya ( Old Age Pension)

### Experience of the fact finding team

The report of the deaths of 2 children due to malnutrition in Dainik Bhaskar on 20th May 2005 prompted RTF team to visit Block Ganj Basoda, dist. Vidisha. The team consisted of five members (Priya Pillai and Peashant Dubey from the Right to Food Campaign, Arti Panday from AIDWA, Ranu Arora and Kamar Fatima from Bachpan) excluding the driver of the vehicle. The team spent three days visiting 2 villages (Sahaba and Nahariya) of Gan Basoda block. During its visit to the District hospital the team had an encounter with one of the most vulnerable form of poverty and chronic hunger. At the Dist. Hospital Vidhisha, the team saw the three children who were admitted due to ailments that was a result of chronic malnutrition.

After reaching the District hospital Vidhisha the team split into two to meet the children. Vipath Singh and Uma lay on despair on bed number 7 and 21 respectively. After spending half the day at the hospital the team left for the villages where deaths had been reported.

The team visiting Ganj Basoda to look into the food security system of the region came face to face with a shocking realisation that the administration had been after them right from the time they had reached the district hospital at Vidhisha. The team was constantly chased and harassed by the administration (Tehsildar, Panchayat Secretary and their men) because they were scared that the team was there to investigate into the deaths of the children. The Panchayat Secretary of the Village seemed very eager to provide the team with the required information except for the fact that he did not show the team the official records. On the second day of the visit when the team reached the anganwadi to meet the Anganwadi worker the Panchayat Secretary accompanied the team. The worker was not there and the Secretary asked the Sahayika to show the records to the team. On inspection of the records the RTF team found that many of the names of the children had been missing from the register. When asked for the reason the Sahayika could not explain it. At this point the Panchayat Secretary suggested that the team could take the registers with them and get it photocopied. Not knowing that they were actually being trapped by the administration the team decided to get the registers photocopied.

The team divided itself into three groups, with one group going to get the register photocopied and the other two groups going to different villages to collect data on the situation of health children in the village. Even though the team had divided itself into 3 different groups, men on Motorbikes constantly followed all the three groups. The Tehsildar and a few others apprehended a team member Prashant Dubey and the driver who had

gone with the registers at the photocopy shop and demanded that the registers be given to them. They started questioning Prashant and also threatened to arrest him. They wanted to know what the team had been doing in the village, what sort of data had been collected, why the team had been taking the weight of the children etc. The Tehsildar also warned them that the team had entered the block without seeking permission from the Collector, and so the administrations will not in any way be responsible if something untoward happened to them. After giving the registers to the Tehsildar the two members of the team returned to the village to join the other team members. On their return journey two men constantly followed them on the motorbike. They were worried and scared for the four women team members whom they had left back at two different hamlets of Sahaba Village.

The women team members on the other hand, were also facing difficulties after they had finished collecting data from the upper tola. It was almost 10:00 p.m. and the roads had a deserted look with only five men hanging around. The women team members approached the Aganwadi (which is also the residence of the Sahayika) for shelter but the Sahayika or her family did not respond to the repeated knocks on the door. After the failed efforts to get shelter in the Aganwadi the two women team members had no other option but to wait by the roadside for the arrival of their vehicle to pick them up. Both of them were also worried about their colleague who had gone to get the photocopies. While the women were waiting two men on motorbikes made three to four rounds on the deserted road. Another man with a lighted beedi went to and fro in front of them. It was almost 10: 45 p.m. when at last the vehicle arrived and there was a sigh of relief.

After picking up the two women members from the upper tola, the group went over to the tapra tola where the two other women members had been collecting data. After being briefed about the incident that had occurred and the warnings given by the Tehsildar the team felt scared and unsafe of the Administration. At one point of time they felt extremely vulnerable, insecure and helpless because they knew they had nobody to turn to. It was a fight against a powerful system, which had been trying to hide factual situations and shove off its responsibilities. The team decided to seek shelter and help from the villagers at Tapra tola as the villagers were very cooperative and expressed their concern towards the team's well being.

The team spent the endless night at Mobeen Khan's house. The villagers assured the team of the protection in case of any mishap and guarded the house of Mobeen Khan through out the night. The next morning the team left for Ganj Basoda where they filed an application under the Right to Information Act before the CDPO (Child Development Project Officer), claiming copies of information regarding the village anganwadi.

## **Administrative Response**

There is no change in the manner in which the administration responds to the deaths of children. Each time the deaths occur the government comes over with the same set of explanations and excuses, which have been said time and again. The situation today is such that the administration is not bothered to even change its way of saying things; even the words used are the same.

As usual when the news regarding the death of children were first reported in some of the local newspapers the state Government constituted a team comprising of the Joint Director of the Health Department Dr Ashok Virang, CMO Vidhisha Dr S K Meena, Civil Surgeon Vidhisha DR Pankaj Shukla, Joint Director of WCD RS Raghuvanshi etc to visit the villages of Sahaba, Naharia, Apria, and GudanKhedhi villages and look into the matter of the death of children and report their findings on the same. After the team submitted its report, the State Government categorically denied that there have been any malnutrition deaths in these villages. One can however find that there has been one change in the version put forward by the State, which is different from its earlier explanations. Earlier the administration adopted the tactic of accepting that there have been

deaths but the deaths were caused by seasonal diseases and not due to malnutrition. But this but this time the State has gone a step ahead and simply denied that there have been any deaths.<sup>35</sup> This clearly shows that the new tactic adopted by the State is one of point blank denial. According to Dr Yogiraj Sharma's statement in Hindustan Times, "There are no malnutrition deaths, neither death of children owing to any other reasons, though normally the mortality increases during summer"

It is also surprising how the Fact-finding team could finish its work within just two days and also submit its report the second day. According to the newspaper release the team constituted by the government traveled all the way from Bhopal to Gang Basoda (situated 65 kms from Vidhisha which is the district headquarters) to where the villages are situated (25kms from Gang Basoda), visited 4 villages there and came back and submitted the report as well. The roads in this region are very bad and one cannot travel at speeds more than 20 kms. Moreover these villages are situated at far off distances from each other. In spite of this one cannot imagine how the team could finish its visit in so little time. It is obvious that they did not spend enough time in the villages nor did they try to find out the actual situation in the village. Whether the Sahariya tribals were actually food insecure and what was the condition of the social security schemes among these villagers.

## Conclusion

Lately one has seen that a lot of hue and cry has been raised on the issue relating to the poaching of tigers, but it is unfortunate that the large number of deaths of children in different parts of the state does not get the acceptance of the factual situation let alone the aspect of discussion and advocacy. Even when children are dieing on a daily basis and the villagers are facing the deaths helplessly, the administration, which can do a lot to improve the lives of these hapless people, takes the stand of a passive and irresponsible spectator. With each passing day one finds that the irresponsibility is reaching its zenith. Every individual who feels for these ill fated people know what is the reality and most of all the government and the administration know what the ground realities are but still one finds that they are trying to fool themselves as well as the general public by publicizing that the situation in these villages are perfect. The RTF Group was shocked when it came across a publication on the government website (<http://www.mp.nic.in/gramsampark/form2h/DALL1.ASP>) which is a lie to the core. The official site provides the village profile of Sahaba Village and in it; it clearly mentions that Sahaba can be reached by traveling on a tarred road, which is actually part of history. Today there are remains of a road, which had been tarred at some point of time. Similarly it mentions that the ANM and MPW regularly visit the village, that immunization has been given to all the children in the village and the list goes on. To cross check this information one has to merely go to the village, which will give us a very different factual situation.

Given this attitude of the state it is not at all surprising that the administration has adopted the new tactic of denial of deaths. In light of the grave and critical situation that is building up in the region particularly in the villages of Gang Basoda Block steps should be taken immediately to identify the children who are in the III and IV Grade of malnutrition and to fix the accountability of the concerned administrative officials as well as the peoples representatives. It is high time the other pockets of malnutrition are identified and steps are taken to map the pockets. In spite of the recurring deaths the state has not even bothered to prepare an action plan that is worthwhile and equipped to deal with such situations. Though, on an average there is the death of a child in every 15 days this matter does not seem to be the priority of the State and the administration.

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<sup>35</sup> May 22, 2005, Sunday Hindustan Times, Bhopal.

## More Deaths in Badwani district

The situation of the health facilities made available in the district is not different from that of any other region of the state. There are not enough Primary Health Centers (PHC) and in places where there are PHC's they being run in the most inhuman of conditions. There are no doctors in these centers, no supply of enough medicines and the centers are located at distances, which are very far from the beneficiaries. Due to lack of supply of syringes the nurses reuse the used syringes without even boiling them. These centers today operate merely as places where, women are subject to birth control operations in the most inhuman of conditions, like animals. The condition of the ICDS is also very poor. The ANM's and Anganwadi workers do not visit villages regularly or perform their duties properly. This is the reason why the malnourished children and women are not identified before hand and they come to light only when the situation becomes very grave and critical.

One can see that a large number of women in this region are severely malnourished; the resultant factor is that the children born to these women are underweight right at the time of birth and after their birth they do not get enough supply of breast milk or any other form of nutrition. The pregnant and lactating women also do not get any attention, advice or immunization from the Anganwadi Centers and ANM. Around 70% of the families living in this region migrate to Maharashtra in search of jobs.

### Survey by Adivasi Mukti Sangathan

In a study conducted by Adivasi Mukti Sangathan in six villages of Sendhwa block of Badwani district it is found that State and local administration is constantly trying to manipulate the malnutrition data and polishing the actual severity of Children's food insecurity and grave situation of child health. This study establishes the fact that on the one hand 59 children out of 76 surveyed children are severely malnourished but steps are being taken to address the situation and it has not been taken up by the state so far. And on the other hand state is only trying to prove the figures wrong. They are not concerned about the failure of state in controlling Chronic Hunger.

In Sanadiya hamlet only 4-5 families have BPL Ration Cards and they took great pains to get this card made. Each family had paid an amount ranging from Rs 10 – Rs 20 per card to get the card made. Even those people who have cards are not able to make use of the benefits of the Public Distribution System as the shops do not open regularly and nor does it provide grains on installment. The food for work programme is also not being properly implemented in this region and this is the main reason why the people in this region are compelled to migrate to nearby States in search of labour. Almost all the families living in this region take large amounts of debts from moneylenders. They take debt mainly to provide treatment and medicines to the sick in their families. There are very few government hospitals in the region and the hospitals that are there, are situated at distances which are very far with no facilities at all. In these conditions the poor are forced to take their near and dear ones to private hospitals who charge them exorbitantly.

Village	Surveyed children	severely malnourished children
Devali Badkhusya	21	15
Rajan Gaon	10	06
Madsingya	15	14
Bakhtariya (Nawad)	10	08
Jhamti Badkhusya	10	06
Ajgariya	10	10
<b>Total 6 Villages</b>	<b>76</b>	<b>59</b>

All the six villages are covered by the Balwadi Government Primary Health Center, which is being managed and run by a compounter and there is no doctor available for last 10 years in this hospital. This PHC of Balwadi was

established to provide the health services to the 30 thousand rural populations of 21 villages of Sendhwa block. Unfortunately the hospital is working in inhuman conditions. This hospital is working without staff, medicine (even for general diseases), without doctor and pathology facility, and no ambulance is there.

### **Village- Devali (Badkhusaya)**

This village is highly affected by the severe malnutrition problems and reached the saturation point where three children lost their lives due to State negligence. Survey of 21 children conducted by the sanghthan gives us a clear picture. There are 15 children who are severely malnourished, and the ANM and Anganwadi workers are not aware of this fact. Even after receiving information, The Department of Women and Child Development and Department of Health has not prepared any comprehensive plan to ensure proper treatment and support to the family.

### **Deaths due to malnutrition in Devali Badkhusaya**

<b>Name of the child</b>	<b>Reason of death</b>	<b>Date of Death</b>
Rengu/Kidia	Malnutrition	October, 2004
Sunli/Lakadiya	Malnutrition	October, 2004
Rahul/Nimadia	Malnutrition	13/02/2005
Vaishali/ Kunwar Singh	Malnutrition	09/04/2005
Rahul Bhaila	Malnutrition	15/04/2005

### **Village-Madsingya**

There are five children who are severely malnourished in Sanadiya hamlet of Madsingya village. 70 percent population of the madsingya village migrates to Maharashtra in search of livelihood. Only 5 families of Sanadiya hamlet could manage to get enlisted in the BPL list. Due to lack of Food for Work program and corruption in Government sponsored welfare schemes, they don't have any option but that of availing private health facilities. The Anganwadi is quite far away from the village and immunization of children and pregnant women has not been done on a regular basis. A survey reveals the facts that 14 out of 15 children are malnourished but is unfortunate; hence do not receive any facility, which can ensure their fundamental right to life with dignity.

### **Village- Jhamti Badkhusaya**

The findings of Adiwasi Mukti Sanghathan say that there are 6 out of 10 children of Jhamti Badkhusaya are severely malnourished and people are unable to get the benefit of Integrated Child Development Scheme.

### **Village- Ajgariya**

Similar conditions prevail in Ajgariya village of Sendhwa block where 10 out of 10, which mean 100% of the children are malnourished. Villagers don't know when the anganwadi of their village opens.

### **Village-Rajangaon**

In Rajangaon 6 out of 10 children are malnourished.

### **Village- Bakhtariya**

Survey in this village again reveals the fact that there are 80 percent children who are malnourished.

### **Conclusion**

There is no doubt that the situation in this region, especially the above-mentioned villages is very grave and critical. In light of the above the government should take immediate steps to immediately fill in the vacant posts of doctors in the PHC's as well as ensure that the staff regularly attend to these places. The malnourished children in each village ought to be identified and given the required nutritional facilities and the ANM should come and meet the villagers regularly. The Public Distribution System should function properly and regularly. There are a lot of people who are enlisted in the BPL list but unfortunately they do not have ration cards, so the government should take steps to ensure that these families get cards.

**Supreme Court Orders and Directions  
on  
Integrated Child Development Scheme**

**WRIT PETITION (CIVIL) NO. 196 OF 2001**

**People's Union for Civil Liberties ... Petitioner (s)**

**-Versus-**

**Union of India & Ors. ... Respondent (s)**

SUPREME COURT ORDER OF NOVEMBER 28, 2001

ITEM No.6 Court No. 2 SECTION PIL A/N MATTER  
S U P R E M E C O U R T O F I N D I A  
RECORD OF PROCEEDINGS  
WRIT PETITION (CIVIL) NO. 196 OF 2001

People's Union for Civil Liberties ... Petitioner (s)  
-Versus-  
Union of India & Ors. ... Respondent (s)

(With appln. for interim relief and office report)

*Date : 28/11/2001 This Petition was called on for hearing today.*

UPON hearing counsel the Court made the following ORDER

a number of directions are issued with regard to implementation of various Schemes in terms of the signed order. List the matter for further orders on 11th February, 2002.

(S.L. Goyal)  
Court Master

(Kanchan Jain)  
AR-cum-PS

Signed order is placed on the file.

IN THE SUPREME COURT OF INDIA  
CIVIL ORIGINAL JURISDICTION  
WRIT PETITION (C) NO. 196 OF 2001

People's Union for Civil Liberties ....Petitioner  
-Versus-  
Union of India & Ors. ....Respondents

ORDER

After hearing learned counsel for the parties, we issue, as an interim measure, the following directions:

**1. TARGETED PUBLIC DISTRIBUTION SCHEME (TPDS)**

- (i) It is the case of the Union of India that there has been full compliance with regard to the allotment of foodgrain in relation to the TPDS. However, if any of the States gives a specific instance of non-compliance, the Union of India will do the needful within the framework of the Scheme.
- ii) The States are directed to complete the identification of BPL families, issuing of cards and commencement of distribution of 25 kgs. grain per family per month latest by 1st January, 2002.
- (iii) The Delhi Govt. will ensure that TPDS application forms are freely available and are given and received free of charge and there is an effective mechanism in place to ensure speedy and effective redressal of grievances.

**2. ANTYODAYA ANNA YOJANA**

- (i) It is the case of the Union of India that there has been full compliance with regard to the allotment of foodgrain in relation to Antyodaya Anna Yojana. However, if any of the States gives a specific instance of non-compliance, the Union of India will do the needful within the framework of the Scheme.

- (ii) We direct the States and the Union Territories to complete identification of beneficiaries, issuing of cards and distribution of grain under this Scheme latest by 1st January, 2002.
- (iii) It appears that some Antyodaya beneficiaries may be unable to lift grain because of penury. In such cases, the Centre, the States and the Union Territories are requested to consider giving the quota free after satisfying itself in this behalf.

### **3. MID DAY MEAL SCHEME (MDMS)**

- (i) It is the case of the Union of India that there has been full compliance with regard to the Mid Day Meal Scheme (MDMS). However, if any of the States gives a specific instance of non-compliance, the Union of India will do the needful within the framework of the Scheme.
- (ii) We direct the State Governments/ Union Territories to implement the Mid-Day Meal Scheme by providing every child in every Government and Government assisted Primary Schools with a prepared mid day meal with a minimum content of 300 calories and 8-12 grams of protein each day of school for a minimum of 200 days. Those Governments providing dry rations instead of cooked meals must within three months start providing cooked meals in all Govt. and Govt. aided Primary Schools in all half the Districts of the State ( in order of poverty ) and must within a further period of three months extend the provision of cooked meals to the remaining parts of the State.
- (iii) We direct the Union of India and the FCI to ensure provision of fair average quality grain for the Scheme on time. The States/ Union Territories and the FCI are directed to do joint inspection of food grains. If the food grain is found, on joint inspection, not to be of fair average quality, it will be replaced by the FCI prior to lifting.

### **4. NATIONAL OLD AGE PENSION SCHEME (NOAPS)**

- (i) It is the case of the Union of India that there has been full compliance with regard to the National Old Age Pension Scheme. However, if any of the States gives a specific instance of non-compliance, the Union of India will do the needful within the framework of the Scheme.
- (ii) The States are directed to identify the beneficiaries and to start making payments latest by 1st January, 2002.
- (iii) We direct the State Govts./ Union Territories to make payments promptly by the 7th of each month.

### **5. ANNAPURNA SCHEME**

The States/ Union Territories are directed to identify the beneficiaries and distribute the grain latest by 1st January, 2002.

### **6. INTEGRATED CHILD DEVELOPMENT SCHEME (ICDS)**

(i) We direct the State Govts./ Union Territories to implement the Integrated Child Development Scheme (ICDS) in full and to ensure that every ICDS disbursing centre in the country shall provide as under:

- (a) Each child up to 6 years of age to get 300 calories and 8-10 grams of protein;
- (b) Each adolescent girl to get 500 calories and 20-25 grams of protein;
- (c) Each pregnant woman and each nursing mother to get 500 calories & 20-25 grams of protein;
- (d) Each malnourished child to get 600 calories and 16-20 grams of protein;
- (e) Have a disbursement centre in every settlement.

(ii) It is the case of the Union of India that there has been full compliance of its obligations, if any, under the Scheme. However, if any of the States gives a specific instance of non-compliance, the Union of India will do the needful within the framework of the Scheme.

### **7. NATIONAL MATERNITY BENEFIT SCHEME (NMBS)**

(i) We direct the State Govts./ Union Territories to implement the National Maternity Benefit Scheme (NMBS) by paying all BPL pregnant women Rs. 500/- through the Sarpanch 8-12 weeks prior to delivery for each of the first two

births.

(ii) It is the case of the Union of India that there has been full compliance of its obligations under the Scheme. However, if any of the States gives a specific instance of non-compliance, the Union of India will do the needful within the framework of the Scheme.

#### **8. NATIONAL FAMILY BENEFIT SCHEME**

(i) We direct the State Govts./ Union Territories to implement the National Family Benefit Scheme and pay a BPL family Rs. 10,000/- within four weeks through a local Sarpanch, whenever the primary bread winner of the family dies.

9. We direct that a copy of this order be translated in regional languages and in English by the respective States/ Union Territories and prominently displayed in all Gram Panchayats, Govt. School Buildings and Fair Price Shops.

10. In order to ensure transparency in selection of beneficiaries and their access to these Schemes, the Gram Panchayats will also display a list of all beneficiaries under the various Schemes. Copies of the Schemes and the list of beneficiaries shall be made available by the Gram Panchayats to members of public for inspection.

11. We direct Doordarshan and AIR to adequately publicise various Schemes and this order. We direct the Chief Secretaries of each of the States and Union Territories to ensure compliance of this order. They will report compliance by filing affidavits in this Court within 8 weeks from today with copies to the Attorney General and counsel for the petitioner.

We grant liberty to the Union of India to file affidavit pursuant to the order of this Court dated 21st November, 2001. List the matter for further orders on 11th February, 2002. In the meanwhile, liberty is granted to the parties to apply for further directions, if any.

(B. N. KIRPAL)  
(K. G. BALAKRISHNAN)  
New Delhi  
November 28, 2001

IN THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION WRIT PETITION (CIVIL) NO.196 OF 2001

People's Union for Civil Liberties ... Petitioner (s)

-Versus-

Union of India & Ors. ... Respondent (s)

*Date : 27/04/2004 This Petition was called on for hearing today.*

UPON hearing counsel the Court made the following ORDER

**National Social Assistance Programme (NSAP):**

We have further heard for some time Mr.Gonsalves, learned senior counsel, and Mr.Raju Ramachandran, learned Additional Solicitor General. The various schemes for the poorer sections of the citizens of this country have been the subject matter of the orders passed by this Court from time to time. It seems that some States have discontinued some of the schemes. As an interim measure, till the matter is fully heard in detail, we direct that no scheme covered by the orders made by this Court including the National Old Age Pension Scheme, National Family Benefit Scheme, in particular Annapurna, and National Maternity Benefit Scheme shall be discontinued or restricted in any way without the prior approval of this Court. In other words, it means that till further orders, the schemes would continue to operate and benefit all those who are covered by the schemes. We hope that the Government of India and the State Governments would simplify the procedure so that high proportion of eligible persons remain to be covered by the schemes.

A copy of this order shall be sent to the Chief Secretaries of every State Government/Union Territory. The Union of India, through the concerned Ministry, shall also issue directives to the State Governments/Union Territories to comply with this order.

**ICDS (Integrated Child Development Scheme):**

In respect of Integrated Child Development Scheme, directions were issued on 28th November, 2001. It seems that most of those who are covered by the said order are not getting benefit under the said scheme. We have heard the submissions of Mr. Gonsalves and perused the report submitted by the Commissioners and the directions sought. From the facts and figures that have been furnished to us, it seems evident that there is a large number of mal-nourished children between the age group of 0 to 6 years. These figures are based on the survey conducted under the National Family Benefit Health Scheme. The position is quite alarming. These young children are the future of the nation. Further, it appears that except Kerala and Tamil Nadu where the benefit under the scheme is said to be reaching to about 50 per cent of the children, in the rest of the country the average seems to be below 25 per cent. The position in the States of Bihar, Uttar Pradesh, Jharkhand and Uttaranchal seems to be quite alarming. According to the survey for the period 2002-2003 the access to supplementary nutrition for the children in Bihar reaches about 12.6 per cent of those who are otherwise covered by the scheme. Mr. Raju Ramachandran, learned ASG prays for a short adjournment to discuss the matter with the concerned officials and make submissions on the directions that may be issued to ensure the compliance of the Order dated 28th November, 2001.

As prayed, the case is adjourned to 29th April, 2004. BPL (Below Poverty Line Scheme) The case may be put up for hearing on a non-miscellaneous day after re-opening of the Court after summer vacation.

(N. Annapurna)

Court Master

(S. Thapar)

PS to Registrar

V.P. Tyagi

Court Master

ORDER OF APR 29, 2004

W.P(C)No. 196 OF 2001  
ITEM No.62 Court No. 6 SECTION PIL  
A/N MATTER

S U P R E M E C O U R T O F I N D I A  
R E C O R D O F P R O C E E D I N G S

Writ Petition(Civil) No.196/2001

PEOPLE'S UNION FOR CIVIL LIBERTIES Petitioner (s)

VERSUS

UNION OF INDIA & ORS. Respondent (s)

Date : 29/04/2004 This Petition was called on for hearing today.

**UPON hearing counsel the Court made the following O R D E R**

With the assistance of learned counsel, we have perused various documents including Report No.1 of 2000 prepared by CAG and a working paper on Health, Nutrition and Family Welfare Programme Review of Progress during the Ninth Plan Period by Planning Commission, Government of India (February, 2001). It is evident that Integrated Child Development Scheme (ICDS) is perhaps the largest of all the food supplementation programmes in the world, was initiated in the year 1975 with the following objectives as per the aforesaid document prepared by the Planning commission.

- i) To improve the health and nutrition status of children 0-6 years by providing supplementary food and by coordinating with state health departments to ensure delivery of required health inputs;
- ii) To provide conditions necessary for pre-school children's psychological and social development through early stimulation and education;
- iii) To provide pregnant and lactating women with food supplements;
- iv) To enhance the mother's ability to provide proper child care through health and nutrition education;
- v) To achieve effective coordination of policy and implementation among the various departments to promote child development.

From the facts and figures given in the documents it appears that despite the fact that for the development of children, in particular, mal-nourished and under nourished children, the scheme is elaborate and intends to cover all the children under the age group of 0-6 years but it appears that a lot more deserves to be done in field to ensure that nutritious food reaches to those who are under nourished or mal-nourished or others covered under the scheme.

The food is supplied to children through Aanganwadi Centers (AWCS). In all, there are 6 lac centers. The norms of Government of India provide for one center for the population of 1000 (700 in case of tribal area). According to the petitioner, going by the said norms there should be 14 lac ACWS. It appears that according to the calculation of Government of India the AWCS would be 12 lacs. We direct the Government of India to file within 3 months an affidavit stating the period within which it proposes to increase the number of AWCS so as to cover the 14 lac habitations. We notice that the norm for supply of nutritious food worth rupee one for every child was fixed in the year 1991. The Government of India should consider the revision of the norm of rupee one and incorporate their suggestion in the affidavit.

In respect of sanctioned AWCS, we direct that the same shall be made fully operational by 30th June, 2004. We further direct that the sanctioned AWCS shall supply nutritious food/supplement to the children, adolescent girls and to pregnant and lactating women under the scheme for 300 days in a year.

We direct the Chief Secretaries to file reports showing that for the period from 1st April, 2003 till 31st March, 2004 from the sanctioned AWCS how many children, adolescent girls and pregnant and lactating women were supplied nutritious food/supplement and for how many days during the said period. The report shall be filed by 31st July, 2004. List the matter in the month of August, 2004.

The question regarding Below Poverty Line Scheme will also be taken up on that day instead of July, 2004.  
Not to be treated as part heard.

**(S. Thapar)**

PS to Registrar

**(N. Annapurna)**

Court Master

**(V.P.Tyagi)**

Court Master

ORDER OF OCT 7, 2004

W.P(C)No. 196 OF 2001  
ITEM No.62 Court No. 6 SECTION PIL  
A/N MATTER

S U P R E M E C O U R T O F I N D I A  
RECORD OF PROCEEDINGS

Writ Petition(Civil) No.196/2001

PEOPLE'S UNION FOR CIVIL LIBERTIES Petitioner (s)  
VERSUS

UNION OF INDIA & ORS. Respondent (s)

(With Appln (s). for interim Relief and interim directions, permission to submit addl. documents and for permission to modify the National Maternity Benefit Scheme and Office Report)  
(For further consideration)

With I.A.No.40-41/2004 (For extention of time and interim directions.

Date: 07/10/2004 This Petition was called for hearing today

**UPON hearing counsel the Court made the following  
O R D E R**

We have gone through the 5th (August, 2004) Report of the Commissioners S/Shri Dr. N. C. Saxenal and S.R. Sankaran. First of all, we wish to place on record our compliments and appreciation for the enormous work done by the learned Commissioners and presenting the Report under consideration.

The Report is in three parts. First part is divided into 14 sections covering different schemes. Under Section 1, Integrated Child Development Services (ICDS) has been considered. Part II sets out summary of findings and Part III sets out recommendations.

We would first consider the aspect of ICDS. In order to fully appreciate the problem, it would be useful to notice the background briefly.

ICDS, as noticed in the Order dated 29.4.2004 is perhaps the largest of all the food and supplementation programmes in the world that was initiated in the year 1975 with the following objectives as per the document prepared by Planning Commission:

- 1.To improve the health and nutrition status of children 0-6 years by providing supplementary food and by coordinating with state health departments to ensure delivery of required health inputs;
- 2.To provide conditions necessary for pre-school children's psychological and social development through early stimulation and education;
- 3.To provide pregnant and lactating women with food supplements;
- 4.To enhance the mother's ability to provide proper child care through health and nutrition education;
5. To achieve effective coordination of policy and implementation among the various departments to promote child development.

The scheme intends to cover all the children under age group of 0-6 years. The food is supplied to the children through Anganwadi Centers (For short, AWCs). The norms of Government of India provide for one Centre for a population of one thousand (700 in case of tribal area). It is not in serious dispute, as contended by Mr. Mohan Parasaran, learned Additional Solicitor General that according to norms, there should be approximately 14 lakhs ACWS. Admittedly, nearly 6 lakh Centres have been sanctioned. Many of the sanctioned centers are also not operational as is evident from the Report under consideration. The problem seems to be more acute in States like Bihar, Uttar Pradesh and Jharkhand. It deserves to be noticed that the directions, in respect of ICDS were issued as far back in 28.11.2001. The order dated 27.4.2004 notices that most of those covered by the Order dated 28.11.2001 are not getting the benefit under ICDS. The observation was made on the basis of figures which were provided under National Family Benefit Health Scheme on conducting survey The result was that a large number of children between the age group of 0-6 years were malnourished.

That Order also noticed that the position was alarming in the aforesaid three States as well in the state of Uttaranchal. By Order dated 29.4.2004, the Government of India was directed to file within three months an affidavit stating the period within which it proposed to sanction remaining number of AWCs. The Government of India was all directed to consider the revision of norms of supply of nutrition food worth rupee one to every child in the Centres as norm of rupee one was fixed way back in 1991 and incorporate its suggestion in the affidavit.

It is most unfortunate that instead of three months, nearly six months have expired, the Government of India has still not filed the affidavit and instead an oral application has been made by learned Additional Solicitor General for grant of further time to file an affidavit in terms of the Order dated 29.4.2004. We are shocked at the attitude of the Central Government which is in respect of giving nutritious food to all children though in practice it concerns those unfortunate section of the society who can ill-afford to provide nutritious food to the children of the aforesaid age group. In absence of the affidavit, we could have straightway issued directions for the sanction of the remaining AWCs and for increase of norm of rupee one to rupees two but having regard to the totality of the circumstances, we grant one final opportunity to the Central Government to file affidavit within a period of two weeks whereafter we would consider these two aspects, namely, (i) sanction of 14 lakh AWCs; (ii) increase of norm of rupee one to rupees two.

We make it clear that if the affidavit is not filed, this Court will be left with no option but to issue directions for implementation of the two aspects.

Now, we would deal with the aspect of sanctioned AWCs and their working. In the Order dated 29.4. 2004, it was directed that if the sanctioned AWCs shall be made fully operational by 30th June, 2004. Further direction issued was that the sanctioned AWCs shall supply nutritious food/ supplement to the children, adolescent girls and to pregnant and lactating women under the scheme for 300 days in a year. The Report presents a glooming picture both in regard to the operation of the sanctioned AWCS in some of the States like Uttar Pradesh, Bihar and Jharkhand and the position in those which are operational. Instances have been given in the Report where for months the supplies were not made to the children. For example, in the State of Jharkhand, the sanctioned AWCs were not working from May to December 2003. No satisfactory reply is forthcoming from that State. Further, there are material discrepancies in two affidavits filed by the said State one in September and the one handed over in the Court today. In the September affidavit, it was deposed on oath that 16689 AWCs were operational. In the affidavit filed today, the figure of operational AWCs is stated to be 7429. According to the report, on an average, 42 paise as against the norm of rupee one was being allocated per beneficiary per day by the State of Jharkhand. The position in Bihar and Uttar Pradesh is also no better. Out of 394 sanctioned ICDS projects, only 249 were operational in the State of Bihar. As per the affidavit dated 30th September, 2004, all the projects were being made operational from 4th October, 2004.

Whether that has happened or not, Mr. B.B. Singh, learned counsel appearing for the State is unable to state for want of instructions. Be that as it made, if all have not been made operational since 4th October, 2004 has already passed and gone we direct that the same shall be made operational in period not later than one week from today.

In the State of Uttar Pradesh, though percentage of non functional/non-operational AWCs is more as per the Report but according to the State, admittedly 24 per cent are not operational. In the affidavit, it has been claimed that the remaining will be operational by 30th November, 2004. We direct the State Government to make operational all sanctioned AWCs by 30th November, 2004. After that, we would not entertain any application for extension of time.

The Report also mentions that some of AWCs are operating from private houses including those of grain dealers which it is suggested is not a healthy way of working as it is likely to increase the chances of pilferage of the grain etc. We are happy to note that as stated in the affidavit of State of Uttar Pradesh, it has made efforts to shift AWCS to primary schools. It is a good example for other States to follow. The Report also mentions about the attempt to centralise the procurements in some of the States which has many fallouts. It has been explained in one of the affidavits that the procurements is at district level and not at the State level. Further, the problem of using contractors for procurement has also been mentioned in the Report suggesting that it should be done by agencies and officers at the Government level.

These are only by way of illustrations as to facts and figures given in Section 1 of the Report relating to Integrated Child Development Services. . Having heard Mr. Colin Gonsalves, learned Senior Counsel appearing for the petitioner and learned Additional Solicitor General Appearing for the Central Government and learned counsel appearing for the State Governments in particular, the States of Bihar, Jharkhand and Uttar Pradesh, for present, we issue following directions :

1. The aspect of sanctioning 14 lakhs AWCs and increase of norm of rupee one to rupees 2 per child per day would be considered by this Court after two weeks.
2. The efforts shall be made that all SC/ST hamlets/habitations in the country have Anganwadi Centres as early as possible.
3. The contractors shall not be used for supply of nutrition in Anganwadis and preferably ICDS funds shall be spent by making use of village communities, self-help groups and Mahila Mandals for buying of grains and preparation of meals.
4. All State Governments/Union Territories shall put on their website full data for the ICDS schemes including where AWCs are operational, the number of beneficiaries category-wise, the funds allocated and used and other related matters.
5. All State Governments/Union Territories shall use the Pradhanmantri Gramodaya Yojna fund (PMGY) in addition to the state allocation and not as a substitute for state funding.
6. As far as possible, the children under PMGY shall be provided with good food at the Centre itself.
7. All the State Governments/ Union Territories shall allocate funds for ICDS on the basis of norm of one rupee per child per day, 100 beneficiaries per AWC and 300 days feeding in a year, i.e., on the same basis on which the Centre make the allocation.
8. BPL shall not be used as an eligibility criterion for ICDS.
9. All sanctioned projects shall be operationalised and provided food as per these norms and wherever utensils have not been provided, the same shall be provided (Instance of Jharkhand State has been noticed in the Report where utensils have not been provided). The vacancies for the operational ICDS shall be filled forthwith. Instance of Uttar Pradesh where vacancies have not been filled up is quite alarming though in the affidavit it has been stated that a drive has been initiated to fill up the vacancies.

10. All the State Governments/Union Territories shall utilise the entire State and Central allocation under ICDS/PMGY and under no Circumstances, the same shall be diverted and preferably also not returned to the Centre and, if returned, a detailed explanation for non-utilisation shall be filled in the Court.

11. All State/Union Territories shall make earnest efforts to cover the slums under ICDS.

12. The Central Government and the State/Union Territories shall ensure that all amounts allocated are sanctioned in time so that there is no disruption whatsoever in the feeding of Children.

Our attention has been drawn to what is stated at page 20 . in box 2, regarding failure of authorities to take appropriate action despite Commissioner's intervention in the case of Madhya Pradesh pertaining to the area mentioned therein and the non payment to the work force. We direct the State Government to either make payment of wages to the labourers or file an affidavit giving detailed ,explanation with two weeks.

(Satish K. Yadav )

Court Master

( V.P. Tyagi )

Court Master