

Children in Danger

Malnutrition deaths in Vidisha district of Madhya Pradesh



Vipat, a severely malnourished child hospitalized at block hospital Gajbasoda

Report of an independent joint enquiry group



Right to Food Campaign Support Group, Madhya Pradesh
E7/226, 1st Floor Arera Colony, Shahpura, Bhopal, Madhya Pradesh, India
Ph- 0755- 5252789, rtfmp@rediffmail.com

Index

1. Report on Malnutrition Deaths in Vidisha District	3
2. Backdrop of Vidisha District	3
<i>Situation Analysis</i>	
3. About Sahaba Village	5
4. ICDS in the Village	6
5. Table showing the Age, Weight and Grade of children	7
6. List of Children of Sahaba hamlet under the age group of 0-6	
7. years who are not enrolled in ICDS	9
8. TPDS: Gross Violation of Supreme Court orders	10
9. Sahariya primitive tribal group families not covered	
10. under Antyodaya Ann Yojana in Tapra Tola Sahaba Village	10
11. List of persons who do not have ration cards at all though	
12. they are enlisted in the BPL list in Tapra Tola, Sahaba Village	11
13. National Maternity Benefit Scheme- Who care's	12
14. Eligible not getting National Maternity Benefit Scheme	
15. Upper Hamlet of Sahaba Village	12
16. Gram Sabha	13
17. Social Security Pension	13
<i>Situation Analysis</i>	
18. About Village Naharia	14
19. Table showing weight of Children of Naharia Village	
20. Ganj Basoda Block of Vidisha	15
21. Public Distribution System	16
22. Social Security Schemes	16
23. List of Sahariyas who are beneficiaries of pension but	
24. are not receiving the pension regularly in Nahariya Village	16
25. Experience of the fact finding team	16
26. Administrative Response	18
27. Conclusion	19

Report on Malnutrition Deaths in Vidisha District

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 Keratomalacia 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), the Infant Mortality rate¹ (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 cases². 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 of children who have received full immunizations is only 17.4³. The health worker visits only 3.1% of women and children in the area⁴

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.

¹ Refers to period from 1-1-1999 to date of survey.

² Prevalence rate per 1, 00,000 population.

³ Children who have received BCG, three injections of DPT, three doses of polio (Excluding Polio O) and measles.

⁴ 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 in spite 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	Jamuni a		5	13.2	I	Kashi Ram/Kusum	Sahariya	N
16	Raghuv eer	M	6 Months	5.9	I	Geeta/Vishal	Sahariya	Y
17	Asha	F	2	8	II	Rekha/Raju	Sahariya	Y
18	Kaushal ya	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	Shoaib	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.

1. Devi Singh Sahariya
2. Munnala Sahariya
3. Shyamlal Sahariya
4. Bansilal Sahariya
5. Bundel Sahariya
6. Amol Sahariya
7. Udham Sahariya
8. Dhansingh Sahariya

9. Mohan Sahariya
10. Ramesh Sahariya
11. Kashiram Sahariya
12. Babulal Sahariya
13. Balram Sahariya
14. Kishan Sahariya
15. Narayan Sahariya
16. Chotelal Sahariya
17. Dheerajsing Sahariya
18. Kallu Sahariya
19. Ganpath Sahariya
20. Kallu/Manga Sahariya
21. Ramesh Sahariya
22. Ganesh Sahariya
23. Dhanabai/Nandaram Sahariya
24. 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. Poonna 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 Widhwa 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 Gang 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-laws 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. Khumani Bai/Bulhe Sahariya (Dissability Pension)
3. Ramvati/Gajju Sahariya (Dissability Pension)
4. Kailash/Shyam Lal 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 Anganwadi (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 Anganwadi 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 Gudankhedi 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.⁵ This clearly shows that the new tactic adopted by the State is one of point blank

⁵ May 22, 2005, Sunday Hindustan Times, Bhopal.

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.